

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No. 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions.**C** Name of organization

Discovery Eye Foundation

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

6222 Wilshire Blvd., Ste. 260

City or town, state or country, and ZIP + 4

Los Angeles, CA 90048

F Name and address of principal officer: Jack Schoellerman

6222 Wilshire Blvd., Ste. 260, Los Angeles,

D Employer identification number

95-4228653

E Telephone number

(310) 623-4466

G Gross receipts \$ 5,565,319.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.discoveryeye.org**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1968 **M** State of legal domicile: CA**Part I Summary****1** Briefly describe the organization's mission or most significant activities: Please see Schedule O.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of employees (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,729,039.	3,323,327.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	337,844.	-133,851.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,652.	69,468.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,052,817.	3,258,944.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,648,353.	1,319,412.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,100,401.	1,377,519.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 350,268.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	862,627.	933,071.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,611,381.	3,630,002.
19 Revenue less expenses. Subtract line 18 from line 12	-558,564.	-371,058.

Net Assets or Fund Balances

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	10,279,916.	8,706,066.
21 Total liabilities (Part X, line 26)	54,545.	89,727.
22 Net assets or fund balances. Subtract line 21 from line 20	10,225,371.	8,616,339.

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 _____ Date _____
 Jack Schoellerman, President
 Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4
 Harrington Group, CPAs, LLP
 2670 Mission Street, Suite 200
 San Marino, CA 91108
 EIN ▶ 95-4557617
 Phone no. ▶ (626) 403-6801

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

832001 12-10-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: See Schedule O for Continuation

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.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 700,000. including grants of \$) (Revenue \$)

RESEARCH: Funds were disbursed for preliminary research on herpes infections of the eye, diabetic retinopathy, keratoconus and refractive surgery applications as well as genetic research on macular degeneration. Such preliminary studies serve as precursors for NIH funding of research grants in diabetic retinopathy and ocular herpes.

4b (Code:) (Expenses \$ 500,000. including grants of \$) (Revenue \$)

EDUCATION: The Macular Degeneration Partnership (MDP) provides patients, families and the general public with information regarding age-related macular degeneration (AMD) including how to minimize risk, new treatments, research and resources for low vision habilitation. See the AMD website at www.amd.org

The National Keratoconus Foundation (NKCF) provides patients, families and the general public with information regarding keratoconus (KC) including new treatments, research, resources and maintains the KC Link which provides information to eye care professionals as well as patients. See the NKCF website at www.nkcf.org

4c (Code:) (Expenses \$ 1,319,215. including grants of \$) (Revenue \$)

Other programs.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,519,215. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any 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>	6	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>	7	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>	8	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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	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 U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	13	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	7	
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	21	
1b	Enter the number of voting members that are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? 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
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?		
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

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: **Gracie Rogoff, Discovery Eye Foundation - (310) 623-4466**
6222 Wilshire Blvd., Ste. 260, Los Angeles, CA 90048

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jack Schoellerman President	0.00	X						0.	0.	0.
Iris Cantor Vice President	0.00	X						0.	0.	0.
Mario Antonini Vice President	0.00	X						0.	0.	0.
Jon Pynoos, Ph.D. Vice President	0.00	X						0.	0.	0.
Joan Seidel Treasurer	0.00	X						0.	0.	0.
Mandy Einstein Asst. Secretary	0.00	X						0.	0.	0.
M. Christina Kenney, M.D. Asst. Secretary	0.00	X						0.	0.	0.
Anthony B. Nesburn, M.D. Medical Director	0.00	X						0.	0.	0.
David S. Boyer, M.D. Board Member	0.00	X						0.	0.	0.
Judy Carroll Board Member	0.00	X						0.	0.	0.
Clifford Einstein Board Member	0.00	X						0.	0.	0.
Beverly Gelfand Board Member	0.00	X						0.	0.	0.
Arnold W. Klein, M.D. Board Member	0.00	X						0.	0.	0.
Roni Leiderman, Ph.D. Board Member	0.00	X						0.	0.	0.
John Parrish Board Member	0.00	X						0.	0.	0.
Allen A. Posner, O.D. Board Member	0.00	X						0.	0.	0.
Rita Pynoos Board Member	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
James J. Salz, M.D. Board Member	0.00	X						0.	0.	0.
Barry Smooke Board Member	0.00	X						0.	0.	0.
Sylvia Weisz Board Member	0.00	X						0.	0.	0.
Susan DeRemer V.P. Development	40.00			X				10,625.	0.	929.
Sheryl Alexander V.P. Development (former	40.00			X			X	112,500.	0.	3,593.
1b Total								123,125.	0.	4,522.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) 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 42,217.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3281110.			
	g Noncash contributions included in lines 1a-1f: \$	5,180.			
	h Total. Add lines 1a-1f	3,323,327.			
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)		341,791.	341,791.	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross Rents	(i) Real (ii) Personal			
	b Loss: 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)		-475,642.	-475,642.	
	8 a Gross income from fundraising events (not including \$ 42,217. of contributions reported on line 1c). See Part IV, line 18	a	78,152.		
	b Less: direct expenses	b	78,152.		
	c Net income or (loss) from fundraising events		0.		
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11 a Miscellaneous income		69,468.	69,468.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		69,468.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,258,944.	-64,383.	0.	0.

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	1,319,412.	1,319,412.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,135,157.	662,299.	301,912.	170,946.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,699.	4,526.	4,799.	374.
9 Other employee benefits	201,015.	93,797.	99,466.	7,752.
10 Payroll taxes	31,648.	14,767.	15,660.	1,221.
11 Fees for services (non-employees):				
a Management	70,200.	42,200.	28,000.	
b Legal	10,511.	4,323.	4,576.	1,612.
c Accounting	17,200.	7,073.	7,488.	2,639.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	284,102.	116,836.	123,682.	43,584.
12 Advertising and promotion				
13 Office expenses	260,968.	130,578.	52,780.	77,610.
14 Information technology				
15 Royalties				
16 Occupancy	84,800.	41,323.	22,816.	20,661.
17 Travel	5,292.	2,190.	1,499.	1,603.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,880.	54,819.	10,403.	7,658.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,334.	431.	2,878.	25.
23 Insurance	4,908.		4,908.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Grant expense-others	57,911.	0.	57,911.	0.
b Miscellaneous	29,846.	6,473.	14,272.	9,101.
c Other expenses	11,282.	6,483.	4,496.	303.
d Honorariums	10,000.	10,000.	0.	0.
e Dues, memberships, and	9,837.	1,685.	2,973.	5,179.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,630,002.	2,519,215.	760,519.	350,268.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	77,720.	1	
	2 Savings and temporary cash investments	384,798.	2	580,947.
	3 Pledges and grants receivable, net	57,709.	3	137,891.
	4 Accounts receivable, net	260.	4	1,754.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	565,524.	9	809,414.
	10a Land, buildings, and equipment: cost basis ... 10a	146,430.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	136,575.		
		24,161.	10c	9,855.
	11 Investments - publicly traded securities	8,801,993.	11	6,880,056.
	12 Investments - other securities. See Part IV, line 11	367,751.	12	275,472.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	10,677.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,279,916.	16	8,706,066.	
Liabilities	17 Accounts payable and accrued expenses	54,545.	17	89,727.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	54,545.	26	89,727.
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	3,956,691.	27	3,961,465.
	28 Temporarily restricted net assets	2,107,122.	28	4,654,874.
	29 Permanently restricted net assets	4,161,558.	29	0.
	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	10,225,371.	33	8,616,339.
	34 Total liabilities and net assets/fund balances	10,279,916.	34	8,706,066.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input checked="" type="checkbox"/>	
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
c If "Yes" to lines 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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits?		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	479,524.	620,076.	3005526.	2729039.	3281110.	10115275.
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 - 3	479,524.	620,076.	3005526.	2729039.	3281110.	10115275.
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)						3404121.
6 Public support. Subtract line 5 from line 4.						6711154.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	479,524.	620,076.	3005526.	2729039.	3281110.	10115275.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	288,835.	280,708.	311,614.	337,844.	341,791.	1560792.
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.)	5,680.	4,343.	3,461.	5,652.	69,468.	88,604.
11 Total support. Add lines 7 through 10						11764671.
12 Gross receipts from related activities, etc. (see instructions)					12	632,242.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	57.04 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	35.99 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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"/>		

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

Discovery Eye Foundation

95-4228653

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Discovery Eye Foundation

95-4228653

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Lincy Foundation 150 S. Rodeo Drive, Suite 250 Beverly Hills, CA 90212	\$ 2,380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	The International Retinal Research 1720 University Blvd. Birmingham, AL 35233	\$ 99,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Ms. Linda Isabel Horn 6222 Wilshire Blvd., Suite 260 Los Angeles, CA 90048	\$ 205,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Discovery Eye Foundation

Employer identification number
95-4228653

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a-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 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 8/17/08	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
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 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		146,430.	136,575.	9,855.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,855.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,258,944.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,630,002.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-371,058.
4	Net unrealized gains (losses) on investments	4	-1,229,175.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-8,799.
9	Total adjustments (net). Add lines 4-8	9	-1,237,974.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,609,032.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,099,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,229,175.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	69,353.
e	Add lines 2a through 2d	2e	-1,159,822.
3	Subtract line 2e from line 1	3	3,258,944.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,258,944.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,708,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	78,152.
e	Add lines 2a through 2d	2e	78,152.
3	Subtract line 2e from line 1	3	3,630,002.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,630,002.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Discovery Eye Foundation

Employer identification number
95-4228653

Part I General Information on Grants and Assistance

- 1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCI Foundation UCI Irvine Irvine, CA 92697			1,338,550.	0.			Support Opthal. Research
University of Missouri-Columbia University of Missouri Columbia, MO 65211			30,000.	0.			Retinal Research
Schepens Eye Institute 39 Cross St. Peabody, MA 01960			805,000.	0.			Retinal Research
Charles Stark Draper Lab., Inc. 540 Merrill Rd. Pittsfield, MA 01201			62,500.	0.			Retinal Research
Case School of Engineering Case Western Reserve University Cleveland, OH 44106			25,000.	0.			Retinal Research
University of Louisville University of Louisville Louisville, KY 40292			225,000.	0.			Retinal Research

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

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

Research grants are submitted to DEF and reviewed by the Scientific
Advisory Committee. Upon the recommendations of the Committee,
proposals are submitted to the Board for funding consideration.

Department of the Treasury
Internal Revenue Service

Discovery Eye Foundation

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

Employer identification number

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)
---------------	---

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Discovery Eye Foundation

Employer identification number

95-4228653

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is 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	1b	
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?	2	X
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 type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<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:		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

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

Schedule J (Form 990) 2008

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.

852112 12-23-08

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Discovery Eye Foundation

Employer identification number

95-4228653

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	5,180	Stockbroker
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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

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

29

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?

	Yes	No
30a		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?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

--	--	--

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Discovery Eye Foundation

Employer identification number
95-4228653

Form 990, Part I, Line 1, Description of Organization Mission:

To provide funding for basic scientific ophthalmology research and retinal regeneration programs. To provide educational materials and support to patients, families and ocular physicians with reference to debilitating eye disorders such as keratoconus, macular degeneration, diabetic retinopathy, ocular herpes.

Form 990, Part III, Line 1, Description of Organization Mission:

DEF supported research continues both at the University of California Irvine. Progress is also being made through the Stem Cell Regeneration Partnership, a collaboration with nine other universities around the world. To better inform our constituents of the progress being made, as well as provide outreach to people affected by age-related macular degeneration and keratoconus, we have redesigned 2 of our 3 websites, The Discovery Eye Foundation and the Macular Degeneration Partnership. The 3rd site for NKCF is under construction. The new sites have been made more user-friendly with scalable fonts and high contrast view options, enabling us to reach out to social networks and charity tracking sites, increasing our audience and making our fundraising efforts more transparent.

Form 990, Part III, Line 2, New Program Services:

In 2008, the Macular Degeneration Partnership directly reached over 42,000 people, through AMD.org, the toll-free warm line, monthly support group meetings, workshops and conferences like the AARP Life @ 50+ Annual Event and Expo. Almost 4,000 new members requested

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

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Discovery Eye Foundation

Employer identification number
95-4228653

educational print materials. Services include providing information on age-related macular degeneration. local and national resources and support for patient, family and friends.

The NKCF website (at www.nkcf.org) offers information about keratoconus and treatment options to a worldwide audience. The NKCF newsletter was sent, free of charge, to over 18,000 patients and eye care professionals nationally and internationally. KC-link, a free interactive e-mail based discussion group with 20,000 members is moderated by the NKCF and provides a vital resource for the KC community offering those with KC a chance to communicate with others who understand the daily frustration of living with the disease. On the Toll Free Information Line *(800-521-2524) patients, family members and professionals nationwide received personal information, referrals and support. The NKCF Tissue Procurement Program provided keratoconus corneal tissue to scientists for research into causes and progression of the disease. The NKCF assisted in recruiting patients and families for various genetic and clinical research studies. The NKCF's patients' information booklets "What is Keratoconus?" and "Corneal Transplant Surgery" were distributed free of charge to patients throughout the world. Both booklets are available in English and Spanish.

DEF has supported research at UCI and 9 other universities nationwide to advance the study of Retinal Regeneration. This study is being conducted under the guidance of Drs. Henry Klassen (at UCI) and Michael Young, from the Schepens Eye Institute. DEF has also supported

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

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Employer identification number

95-4228653

scientists at UCI conducting studies in herpes simplex, macular degeneration genetics, glaucoma research, diabetic retinopathy and keratoconus. These research grants are paving the way for the basic research scientists to apply for NIH grants.

Form 990, Part III, Line 4b, Program Service Accomplishments

Both the MDP and NKCF programs provide patient education support groups throughout the USA. (See Part III, Line 2).

Form 990, Part VI, Section A, line 2: Dr. Anthony Nesburn, Medical Director, and Dr. Christina Kenney, Assistant Secretary, are married.

Form 990, Part VI, Section A, line 10: A copy of the organization's Form 990 is provided to the organization's governing body before it was filed for their review.

Form 990, Part VI, Section B, Line 12c: The policies are reviewed at least annually with counsel.

Form 990, Part VI, Section B, Line 15: The compensation of the organization's top management are reviewed and approved by the counsel.

Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy and financial statements available to the public through its own website, Guidestar's website and upon request.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

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Name of the organization

Discovery Eye Foundation

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95-4228653

upon request.

TAXABLE YEAR
2008

California Exempt Organization Annual Information Return

828941 12-10-08
FORM
199

Calendar Year 2008 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? ☐ Yes ☒ No B Type of organization Exempt under Section 23701 d (Insert letter)
IRC Section 4947(a)(1) trust ☐

CORP #
1621778

Corporation/Organization Name

FEIN

Discovery Eye Foundation

95-4228653

Address

6222 Wilshire Blvd., Ste. 260

City

Los Angeles

State ZIP Code

CA 90048

C Amended Return? ☐ Yes ☒ No

D Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No

(a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates _____

(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization formed by a group ruling? ☐ Yes ☒ No

(e) Federal Group Exemption Number _____

(f) Is a roster of subordinates attached? ☐ Yes ☒ No

E Final return?
☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date _____

F Check the box if the organization filed: (1) ☐ 990T (2) ☐ 990PF (3) ☐ 990H

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ☒

H Accounting method used (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

M Is the organization a Limited Liability Corporation? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 1	2,241,992.00
	2	Gross dues and assessments from members and affiliates	• 2	00
	3	Gross contributions, gifts, grants, and similar amounts received Stmt 1	• 3	3,323,327.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	• 4	5,565,319.00
	5	Cost of goods sold	• 5	00
	6	Cost or other basis, and sales expenses of assets sold	• 6	2,228,223.00
	7	Total costs. Add line 5 and line 6	7	2,228,223.00
	8	Total gross income. Subtract line 7 from line 4	• 8	3,337,096.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	• 9	3,708,154.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	-371,058.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	• 14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title President	Date	Telephone (310) 423-6455
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
	Harrington Group, CPAs, LLP			95-4557617
	2670 Mission Street, Suite 200			Telephone (626) 403-6801
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Discovery Eye Foundation

95-4228653

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

828951 12-05-08

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	• 1	78,152.00
	2	Interest	• 2	187,067.00
	3	Dividends	• 3	154,724.00
	4	Gross rents	• 4	00
	5	Gross royalties	• 5	00
	6	Gross amount received from sale of assets (See instructions)	• 6	1,752,581.00
	7	Other income	• 7	69,468.00
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,241,992.00
	9	Contributions, gifts, grants, and similar amounts paid	• 9	1,319,412.00
	10	Disbursements to or for members	• 10	00
	11	Compensation of officers, directors, and trustees	• 11	0.00
	12	Other salaries and wages	• 12	1,135,157.00
	13	Interest	• 13	00
	14	Taxes	• 14	31,648.00
	15	Rents	• 15	84,800.00
	16	Depreciation and depletion (See instructions)	• 16	3,334.00
	17	Other	• 17	1,133,803.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	3,708,154.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		462,518.		• 580,947.
2 Net accounts receivable		260.		• 1,754.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock Stmt 6		8,801,993.		• 6,880,056.
8 Mortgage loans (number of loans)				•
9 Other investments Stmt 7		367,751.		• 275,472.
10 a Depreciable assets	195,633.		146,430.	
b Less accumulated depreciation	(171,472.)	24,161.	(136,575.)	9,855.
11 Land				•
12 Other assets Stmt 8		623,233.		• 957,982.
13 Total assets		10,279,916.		8,706,066.
Liabilities and net worth				
14 Accounts payable		54,545.		• 89,727.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				•
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		10,225,371.		• 8,616,339.
22 Total liabilities and net worth		10,279,916.		8,706,066.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• -371,058.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-371,058.
6 Total			
Add line 1 through line 5	-371,058.		

Form 199	Cash Contributions of \$5000 or More Included on Part I, Line 3	Statement 1
----------	--	-------------

Contributor's Name	Contributor's Address	Date of Gift	Amount
The Lincy Foundation	150 S. Rodeo Drive, Suite 250 Beverly Hills, CA 90212		2,380,000.
The International Retinal Research	1720 University Blvd. Birmingham, AL 35233		99,494.
Ms. Linda Isabel Horn	6222 Wilshire Blvd., Suite 260 Los Angeles, CA 90048		205,015.
Genentech	1 DNA Way S. San Francisco, CA 94080		50,000.
Ms. Blanche Smith	10490 Big Canoe Big Canoe, GA 30143		25,000.
DevicePharm	2100 Main Street, Ste. 250 Irvine, CA 92614		21,251.
Mr. & Mrs. Frank Arnstein	1017 Laurel Way Beverly Hills, CA 90210		20,000.
The Schoellerman Foundation	2030 Main Street, Ste. 1600 Irvine, CA 92614		30,000.
Bill & Bonny Levine Foundation	6505 Wilshire Blvd., Ste. 1200 Los Angeles, CA 90048		15,000.
Synergeyes, Inc.	2232 Rutherford St. Carlsbad, CA 92008		15,000.
Mrs. Rita J. Pynoos	455 N. Palm Drive, #5 Beverly Hills, CA 90210		35,000.
Swardlick Marketing Group	P.O. Box 4728 Portland. ME 04112		11,000.
Allergan	2525 Dupont Drive Irvine, CA 92612		10,000.
Antonini Family Foundation	11374 Tuxford Street Sun Valley, CA 91352		10,000.
Blanchard Contact Lens, Inc.	8025 South Willow Street Manchester, NH 03103		10,000.
Mr. & Mrs. Clifford Einstein	11940 Brentwood Grove Los Angeles, CA 90049		10,000.

Virginia Friedhofer Charitable Trust	8730 Wilshire Blvd., #530 Beverly Hills, CA 90211	10,000.
Mr. & Mrs. Herbert Gelfand	9431 Sunset Blvd. Beverly Hills, CA 90210	10,000.
M. Christina Kenney	18128 Wakecrest Dr. Malibu, CA 90265	10,000.
Mary Kay, Inc.	16251 Dallas Pkwy Addison, TX 75001	10,000.
The Nesburn Family Foundation	1013 Laurel Way Beverly Hills, CA 90210	10,000.
Santa Fe Art Foundation	P.O. Box 2437 Santa Fe, NM 87504	10,000.
The David and Sylvia Weisz Family Foundation	1901 Avenue of the Stars, #610 Los Angeles, CA 90067	10,000.
Mr. Stanley Zax	813 N. Bedford Drive Beverly Hills, CA 90210	10,000.
Mrs. Shirley Ascher	320 W. Temple St., 9th Floor Los Angeles, CA 90012	9,792.
Mr. Jim Leonard	532-3rd Street Manhattan Beach, CA 90266	6,500.
Max Factor Family Foundation	6505 Wilshire Blvd., Ste. 1200 Los Angeles, CA 90048	6,250.
Advanced Medical Optics	1700 E. St., Andrew Place Santa Ana, 92705	5,000.
The Ahmanson Foundation	9215 Wilshire Blvd. Beverly Hills, CA 90210	5,000.
Alcon Foundation	6201 S. Freeway Fort Worth, TX 76134	5,000.
Mr. Tom Arnold	340 S. Crescent Drive Beverly Hills, CA 90212	5,000.
Blank Family Foundation	3455 NW 5th Street Miami, FL 33125	5,000.
The Iris and B. Gerald Cantor Foundation	1180 S. Beverly Drive, Ste. 321 Los Angeles, CA 90035	5,000.
Feinberg Family Foundation	501 S. Beverly Drive, 3rd Floor Beverly Hills, CA 90212	5,000.

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Charlotte Hathaway Charitable Trust	8730 Wilshire Blvd., #530 Beverly Hills, CA 90211	5,000.
Mrs. Frances Hirsh	502 San Vicente Blvd., Apt. 202 Santa Monica, CA 90402	5,000.
Ms. Carolyn Kleefeld	10 Harris Court, Ste. C-3 Monterey, CA 93940	5,000.
Dr. & Mrs. Allen A. Posner	102 Via Toluca San Clemente, CA 92672	5,000.
Mr. & Mrs. Barry Smooke	155-5th Anita Drive Los Angeles, CA 90049	5,000.
Mrs. Frederick Weisman	265 S. Carolwood Dr. Los Angeles, CA 90077	5,000.
Total Included on Line 3		<u>3,114,302.</u>

Form 199	Gross Amount From Sale of Assets	Statement	2
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Description	Date Acquired	Date Sold	Method Acquired	
			Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	2,217,251.	0.	0.	1,752,581.

Description	Date Acquired	Date Sold	Method Acquired	
			PURCHASED	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	10,972.	0.	0.	0.
Total to Form 199, Page 2, ln 6	2,228,223.	0.	0.	1,752,581.

Form 199	Other Income	Statement	3
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Description	Amount
Miscellaneous income	0.
Miscellaneous income	69,468.
Total to Form 199, Part II, line 7	69,468.

Form 199 Compensation of Officers, Directors and Trustees Statement 4

<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Jack Schoellerman 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	President 0.00	0.
Iris Cantor 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Vice President 0.00	0.
Mario Antonini 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Vice President 0.00	0.
Jon Pynoos, Ph.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Vice President 0.00	0.
Joan Seidel 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Treasurer 0.00	0.
Mandy Einstein 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Asst. Secretary 0.00	0.
M. Christina Kenney, M.D., Ph.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Asst. Secretary 0.00	0.
Anthony B. Nesburn, M.D., FACS 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Medical Director 0.00	0.
David S. Boyer, M.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Judy Carroll 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Clifford Einstein 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.

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Beverly Gelfand 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Arnold W. Klein, M.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Roni Leiderman, Ph.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
JOhn Parrish 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Allen A. Posner, O.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Rita Pynoos 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
James J. Salz, M.D. 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Barry Smooke 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Sylvia Weisz 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.00	0.
Susan DeRemer 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	V.P. Development 40.00	0.
Sheryl Alexander 6222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	V.P. Development (former) 40.00	0.

Total to Form 199, Part II, line 11

0.

Form 199	Other Expenses	Statement	5
Description		Amount	
Grant expense-others		57,911.	
Miscellaneous		29,846.	
Other expenses		11,282.	
Honorariums		10,000.	
Dues, memberships, and		9,837.	
Direct expenses of fundraising events		78,152.	
Pension plan contributions		9,699.	
Other employee benefits		201,015.	
Management fees		70,200.	
Legal fees		10,511.	
Accounting fees		17,200.	
Other professional fees		284,102.	
Office expenses		260,968.	
Travel		5,292.	
Conferences and conventions		72,880.	
Insurance		4,908.	
Total to Form 199, Part II, line 17		1,133,803.	

Form 199	Investments in Stock	Statement	6
Description	Beg. of Year	End of Year	
Publicly Traded Securities	8,801,993.	6,880,056.	
Total to Form 199, Schedule L, line 7	8,801,993.	6,880,056.	

Form 199	Other Investments	Statement	7
Description	Beg. of Year	End of Year	
Certificates of deposit	213,768.	116,586.	
Annuity	153,983.	158,886.	
Total to Form 199, Schedule L, line 9	367,751.	275,472.	

Form 199	Other Assets	Statement	8
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	57,709.	137,891.	
Prepaid Expenses and Deferred Charges	565,524.	809,414.	
Deposits	0.	10,677.	
Total to Form 199, Schedule L, line 12	623,233.	957,982.	

Form 199	Fund Balances	Statement	9
Description	Beg. of Year	End of Year	
Unrestricted Assets	3,956,691.	3,961,465.	
Temporarily Restricted Assets	2,107,122.	4,654,874.	
Permanently Restricted Assets	4,161,558.	0.	
Total to Form 199, Schedule L, line 21	10,225,371.	8,616,339.	

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 73365

Discovery Eye Foundation

Name of Organization

6222 Wilshire Blvd., Ste. 260

Address (Number and Street)

Los Angeles, CA 90048

City or Town, State and ZIP Code

Check if:

☒ Change of address

☐ Amended report

Corporate or Organization No. 1621778

Federal Employer I.D. No. 95-4228653

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2008 ending 12/31/2008) list:
Gross annual revenue \$ 3,258,944. Total assets \$ 8,706,066.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (310) 623-4466

Organization's e-mail address grogoff@uci.edu

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Jack Schoellerman

President

Signature of authorized officer

Printed Name

Title

Date