

# 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

**2012**

Open to Public Inspection

<b>A</b> For the <b>2012</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Discovery Eye Foundation</b></td> <td rowspan="4"><b>D</b> Employer identification number <b>95-4228653</b></td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><b>6222 Wilshire Blvd.</b></td> <td><b>260</b></td> </tr> <tr> <td colspan="2">City, town, or post office, state, and ZIP code <b>Los Angeles, CA 90048</b></td> <td><b>E</b> Telephone number <b>(310) 623-4466</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>Jack Schoellerman</b> <b>same as C above</b></td> <td><b>G</b> Gross receipts \$ <b>2,283,263.</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>www.discoveryeye.org</b></td> <td><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►</td> <td><b>H(c)</b> Group exemption number ►</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1968</b></td> <td><b>M</b> State of legal domicile: <b>CA</b></td> </tr> </table>	<b>C</b> Name of organization <b>Discovery Eye Foundation</b>		<b>D</b> Employer identification number <b>95-4228653</b>	Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>6222 Wilshire Blvd.</b>	<b>260</b>	City, town, or post office, state, and ZIP code <b>Los Angeles, CA 90048</b>		<b>E</b> Telephone number <b>(310) 623-4466</b>	<b>F</b> Name and address of principal officer: <b>Jack Schoellerman</b> <b>same as C above</b>		<b>G</b> Gross receipts \$ <b>2,283,263.</b>	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: <b>www.discoveryeye.org</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>H(c)</b> Group exemption number ►	<b>L</b> Year of formation: <b>1968</b>		<b>M</b> State of legal domicile: <b>CA</b>
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<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	10	
	6	Total number of volunteers (estimate if necessary)	3	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	987,004.	1,138,170.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	188,511.	582,693.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,523.	11,208.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,180,038.	1,732,071.	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	313,407.	846,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	470,752.	503,816.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ► <b>121,011.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	553,956.	786,856.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,338,115.	2,136,872.
19	Revenue less expenses. Subtract line 18 from line 12	<158,077.>	<404,801.>	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	7,424,365.	7,014,683.
	21	Total liabilities (Part X, line 26)	24,507.	19,626.
22	Net assets or fund balances. Subtract line 21 from line 20	7,399,858.	6,995,057.	

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	Signature of officer 		Date <b>5-24-2013</b>
	Type or print name and title <b>Anthony B. Nesburn, M.D., President</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Carmen D. Mosley, CPA</b>		Date <b>5/23/13</b>
	Preparer's signature 		Check if self-employed <input type="checkbox"/> PTIN <b>P00475769</b>
	Firm's name Firm's address <b>Harrington Group, CPAs, LLP</b> <b>2670 Mission Street, Suite 200</b> <b>San Marino, CA 91108</b>	Firm's EIN <b>95-4557617</b>	Phone no. <b>(626) 403-6801</b>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

OMB No. 1545-1709

► **File a separate application for each return.**

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

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

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

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

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

Part I only ☐

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

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Discovery Eye Foundation</b>	Employer identification number (EIN) or <b>95-4228653</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6222 Wilshire Blvd., No. 260</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Los Angeles, CA 90048</b>	

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

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

**Gracie Rogoff, Administrator - Discovery Eye Foundation**

- The books are in the care of ► **6222 Wilshire Blvd., Suite 260 - Los Angeles, CA 90048**  
Telephone No. ► **(310) 623-4466** FAX No. ► **(310) 623-1837**

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2012** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

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

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

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

Form 8868 (Rev. 1-2013)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

1 Briefly describe the organization's mission:

The mission of the Discovery Eye Foundation is to provide research, treatment, education and advocacy for corneal and retinal eye diseases that will improve the quality of life.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,413,365. Including grants of \$ 846,200.) (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 \$ 319,793. 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 enhancement. See the AMD website at [www.amd.org](http://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](http://www.nkcf.org)

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

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

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

4e Total program service expenses **1,733,158.**



**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)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
<b>d</b> If "Yes," indicate the number of Forms 8822 filed during the year		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	N/A	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members or shareholders	N/A	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	N/A	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b> Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 21		
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? .....	<b>2</b> 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? .....	<b>3</b>	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
6 Did the organization have members or stockholders? .....	<b>6</b>	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? .....	<b>8a</b> X	
b Each committee with authority to act on behalf of the governing body? .....	<b>8b</b> X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>9</b>	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b> X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b> X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b> X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b> X	
13 Did the organization have a written whistleblower policy? .....	<b>13</b> X	
14 Did the organization have a written document retention and destruction policy? .....	<b>14</b> 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 .....	<b>15a</b> X	
b Other officers or key employees of the organization .....	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**Gracie Rogoff, Administrator - Discovery Eye Foundation - (310) 623-4466**  
**6222 Wilshire Blvd., Suite 260, Los Angeles, CA 90048**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Jack Schoellerman CEO	2.00	X		X				0.	0.	0.
(2) Anthony B. Nesburn, M.D., FACS President & Medical Director	1.00	X		X				43,200.	0.	0.
(3) Mario Antonini Vice President	0.30	X		X				0.	0.	0.
(4) Iris Cantor Vice President	0.30	X		X				0.	0.	0.
(5) Jon Pynoos, Ph.D. Vice President	1.00	X		X				0.	0.	0.
(6) Joan Seidel Treasurer	1.00	X		X				0.	0.	0.
(7) Mandy Einstein Secretary	0.50	X		X				0.	0.	0.
(8) M. Cristina Kenney, M.D., Ph.D. Asst. Secretary	1.00	X		X				12,000.	0.	0.
(9) David S. Boyer, M.D. Board Member	0.30	X						0.	0.	0.
(10) Judy Carroll Board Member	0.30	X						0.	0.	0.
(11) Cassie De Young Board Member	0.30	X						0.	0.	0.
(12) Cliff Einstein Board Member	0.50	X						0.	0.	0.
(13) Ryan Fisher Board Member	0.30	X						0.	0.	0.
(14) Beverly Gelfand Board Member	0.30	X						0.	0.	0.
(15) James E. Hart Board Member	0.10	X						0.	0.	0.
(16) Arnold W. Klein, M.D. Board Member	0.10	X						0.	0.	0.
(17) Roni Coehn Leiderman, Ph.D. Board Member	0.30	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) John Parrish Board Member	0.10	X						0.	0.	0.
(19) Allen A. Posner, O.D. Board Member	0.10	X						0.	0.	0.
(20) Rita J. Pynoos Board Member	0.10	X						0.	0.	0.
(21) James J. Salz, M.D. Board Member	0.30	X						0.	0.	0.
(22) Wendy J. Seretan Board Member	0.10	X						0.	0.	0.
(23) Sylvia Weisz Board Member	0.10	X						0.	0.	0.
(24) Susan DeRemer V.P. Development	40.00			X				105,000.	0.	0.
<b>1b Sub-total</b> .....								160,200.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								160,200.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Terry O'Neal, 13 University Circle, Rancho Mirage, CA 92270	Assistant RRP Program w/ FDA Cert.	181,932.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	9,564.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,128,606.			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>1,138,170.</b>			
<b>Program Service Revenue</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			180,013.		180,013.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	919,715.		
	b Less: cost or other basis and sales expenses			517,035.		
	c Gain or (loss)			402,680.		
	d Net gain or (loss)			402,680.		402,680.
	8 a Gross income from fundraising events (not including \$ 9,564. of contributions reported on line 1c). See Part IV, line 18	a	34,157.			
	b Less: direct expenses	b	34,157.			
	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						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a <b>Miscellaneous income</b>		900099	11,208.		11,208.	
b						
c						
d All other revenue						
e <b>Total. Add lines 11a-11d</b>			<b>11,208.</b>			
<b>12 Total revenue. See instructions.</b>			<b>1,732,071.</b>	<b>0.</b>	<b>0.</b>	<b>593,901.</b>

**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).

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

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 United States. See Part IV, line 21	846,200.	846,200.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	160,200.	127,198.	11,534.	21,468.
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	255,488.	203,027.	18,764.	33,697.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,541.	1,671.	729.	141.
9 Other employee benefits	52,821.	38,792.	7,957.	6,072.
10 Payroll taxes	32,766.	26,877.	5,835.	54.
11 Fees for services (non-employees):				
a Management				
b Legal	22,775.	22,775.		
c Accounting	19,385.	19,385.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	398,921.	262,782.	114,574.	21,565.
12 Advertising and promotion	27,256.	20,493.	4,400.	2,363.
13 Office expenses	52,402.	26,699.	11,623.	14,080.
14 Information technology				
15 Royalties				
16 Occupancy	41,849.	27,570.	14,279.	
17 Travel	4,571.	192.	4,367.	12.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,319.	51,664.	5,843.	812.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,142.		8,142.	
23 Insurance	6,165.		6,165.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Commission expense</u>	44,829.	78.	44,751.	
b <u>Supplies</u>	38,170.	24,256.	13,543.	371.
c <u>Miscellaneous</u>	27,021.	8,272.	6,601.	12,148.
d <u>Education materials</u>	18,587.	12,320.		6,267.
e All other expenses	18,464.	12,907.	3,596.	1,961.
25 Total functional expenses. Add lines 1 through 24e	2,136,872.	1,733,158.	282,703.	121,011.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	371,747.	2	372,641.
	3 Pledges and grants receivable, net .....		3	25,000.
	4 Accounts receivable, net .....		4	243.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	219,657.	9	259,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 196,430.		
	b Less: accumulated depreciation .....	10b 152,678.	10c	43,752.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	6,825,968.	12	6,308,933.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	5,099.	15	5,099.
16 <b>Total assets. Add lines 1 through 15 (must equal line 34)</b> .....	7,424,365.	16	7,014,683.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	24,507.	17	19,626.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities. Add lines 17 through 25</b> .....	24,507.	26	19,626.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	5,543,117.	27	5,726,612.
	28 Temporarily restricted net assets .....	1,856,741.	28	1,268,445.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	7,399,858.	33	6,995,057.	
34 <b>Total liabilities and net assets/fund balances</b> .....	7,424,365.	34	7,014,683.	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,732,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,136,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	<404,801.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,399,858.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,995,057.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

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

Form 990 (2012)



**Department of the Treasury**  
**Internal Revenue Service**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

OMB No. 1545-0047

# 2012

**Open to Public Inspection**

## Discovery Eye Foundation

95-4228653

**The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)**

- 1 ☐ A church, convention, church, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

[illegible]

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,323,327.	1,921,699.	1,929,726.	987,004.	1,138,170.	9,299,926.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3 .....	3,323,327.	1,921,699.	1,929,726.	987,004.	1,138,170.	9,299,926.
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) .....						5,210,517.
6 Public support. Subtract line 5 from line 4.						4,089,409.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	3,323,327.	1,921,699.	1,929,726.	987,004.	1,138,170.	9,299,926.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	341,791.	203,419.	185,280.	188,511.	180,013.	1,099,014.
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.) .....	69,468.	2,772.	3,765.	4,523.	11,208.	91,736.
11 Total support. Add lines 7 through 10						10,490,676.
12 Gross receipts from related activities, etc. (see instructions) .....					12	144,825.
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 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	38.98 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	45.24 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 .....						<input type="checkbox"/>

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

Discovery Eye Foundation95-4228653

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 foundationCheck 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>Discovery Eye Foundation</b>	Employer identification number <b>95-4228653</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Adele Selldorf Ms. J. Fogg, 10866 Wilshire Blvd. Los Angeles, CA 90024	\$ 107,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Estate of Mary Louise Catalano 1707 Micheltorena St. Los Angeles, CA 90026	\$ 319,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Genentech 1399 New York Ave., NW Ste. 300 Washington, DC 20025	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Mr. & Mrs. Frank Arnstein 1017 Laurel Way Beverly Hills, CA 90210	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Margie Oswald 1432 Tanager Way Los Angeles, CA 90069	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Martin Blackman Skirball Foundation-31 W. 32nd New York, NY 10019	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)





Name of organization

Employer identification number

**Discovery Eye Foundation****95-4228653**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**  
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		196,430.	152,678.	43,752.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				43,752.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) Stocks	1,380,259.	End-of-Year Market Value
(B) Government fixed income		
(C) funds	301,267.	End-of-Year Market Value
(D) Money market funds	3,073,959.	End-of-Year Market Value
(E) Mutual funds	1,375,967.	End-of-Year Market Value
(F) Annuity	177,481.	End-of-Year Market Value
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,308,933.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements .....	1	1,732,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments .....	2a	
b	Donated services and use of facilities .....	2b	
c	Recoveries of prior year grants .....	2c	
d	Other (Describe in Part XIII.) .....	2d	
e	Add lines 2a through 2d .....	2e	0.
3	Subtract line 2e from line 1 .....	3	1,732,071.
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 XIII.) .....	4b	
c	Add lines 4a and 4b .....	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	1,732,071.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements .....	1	2,136,872.
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	Other losses .....	2c	
d	Other (Describe in Part XIII.) .....	2d	
e	Add lines 2a through 2d .....	2e	0.
3	Subtract line 2e from line 1 .....	3	2,136,872.
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 XIII.) .....	4b	
c	Add lines 4a and 4b .....	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	2,136,872.

**Part XIII Supplemental Information**

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

**Part X, Line 2:** Discovery is exempt from taxation under Internal

Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Discovery in its federal and

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information *(continued)*

state exempt organization tax returns are more likely than not to be sustained upon examination. Discovery returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

**Department of the Treasury**  
**Internal Revenue Service**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

2012

### Open To Public Inspection

Name of the organization

## Discovery Eye Foundation

**Employer identification number**  
**95-4228653**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes      ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total .....						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	(a) Event #1 OCVS (event type)	(b) Event #2 Hiller Screening (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts .....	25,570.	18,151.		43,721.
2 Less: Contributions .....	11,278.	<1,714.>		9,564.
3 Gross income (line 1 minus line 2) .....	14,292.	19,865.		34,157.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....	2,500.	196.		2,696.
7 Food and beverages .....	3,570.	4,713.		8,283.
8 Entertainment .....				
9 Other direct expenses .....	8,222.	14,956.		23,178.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 34,157 )
11 Net income summary. Combine line 3, column (d), and line 10 .....				0.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

**2012**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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
Regents of the University of California - Irvine - 5171 California Avenue, Suite 150 - Irvine, CA 92697	95-2226406		846,200.	0.			Basic Opthal. Research

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: Award recipients submit annual reports to DEF  
outlining their progress and expenditures.

DEF gave the University of California Irvine a research grant in the  
amount of \$846,200 to fund programs in stem cell, macular degeneration  
and ressearch support for the scientists at UCI -- Grant proposals are  
submitted and reviewed by an independent Scientific Advisory Committee,  
who rate the grants and submit them to the DEF Executive Finance  
Committee for their review and possible referral to the full DEF board

**Part IV** Supplemental Information

for funding consideration.

**Department of the Treasury**  
**Internal Revenue Service**

**► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

**► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

# 2012

## Open To Public Inspection

**Employer identification number**  
**95-4228653**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.**

[illegible]

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

**Complete if the organization answered "Yes" on Form 990, Part IV, line 27.**

[illegible]

**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Anthony B. Nesburn, M.D.,	Board Member	43,200.	Consulting		X
M. Cristina Kenney, M.D.,	Board Member	12,000.	Consulting		X

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:(a) Name of Person: Anthony B. Nesburn, M.D., FACS(b) Relationship Between Interested Person and Organization:Board Member(c) Amount of Transaction \$ 43,200.(d) Description of Transaction: Consulting fee(e) Sharing of Organization Revenues? = No(a) Name of Person: M. Cristina Kenney, M.D., Ph.D.(b) Relationship Between Interested Person and Organization:Board Member(c) Amount of Transaction \$ 12,000.(d) Description of Transaction: Consulting fee(e) Sharing of Organization Revenues? = No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

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:

DEF supported research continues at the University of California Irvine and thru the Stem Cell Regeneration Partnership, which is a collaboration with 9 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 re-designed our websites, The Discovery Eye Foundation, Macular Degeneration Partnership and National Keratoconus Foundation. The new sites have been made more user friendly with scalable fonts and high contrast view option. The new websites have given us the chance to reach out to social networks and charity tracking sites, increasing our visibility. Patient Education Seminars continue to be given throughout the U.S.

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 is the husband of Dr. M. Cristina Kenney, MD, PhD, Assistant Secretary of DEF - Mr. Clifford Einstein and Mrs. Mandy Einstein are husband and wife - Dr. Jon Pynoos is the son of Rita Pynoos.

Form 990, Part VI, Section B, line 11: The Form 990 is distributed to the Executive Finance Committee of the Discovery Eye Foundation for their review prior to submitting to accountants for submission.

Name of the organization

Discovery Eye Foundation

Employer identification number  
95-4228653

Form 990, Part VI, Section B, Line 12c: Policy is reviewed on an annual basis and amended as needed.

Form 990, Part VI, Section B, Line 15a: Vice President of Development - salary search was conducted by an outside recruiting company in 2008.

Form 990, Part VI, Section C, Line 19: Financial statements are posted on the DEF website - Governing documents and conflict of interest policy are provided upon request.

Form 990, Part IX, Line 11g, Other Fees:

Outside Services:

Program service expenses	262,782.
Management and general expenses	114,574.
Fundraising expenses	21,565.
Total expenses	398,921.
Total Other Fees on Form 990, Part IX, line 11g, Col A	398,921.

Form 990, Part III, Line 1:

Statement of Program Service Accomplishment

DEF provided bridge funding for research projects concerned with age-related macular degeneration, glaucoma, ocular herpes, stem cell regeneration and corneal scarring. This allowed several projects to continue until primary funding was granted later in the year.

Collaborations with other universities in the U.S. and around the world are continuing with the Stem Cell Regeneration Program and the

Neuroprotective Drug Delivery Program. Both are showing considerable

Name of the organization

Discovery Eye Foundation

Employer identification number

95-4228653

progress with hopes of entering into clinical trials later in the year.

DEF continues to expand its education content through quarterly e-newsletters, a variety of social media and a website that is being re-designed for better content delivery and mobile accessibility.

The Macular Degeneration Partnership provides information, support and resources to people with age-related macular degeneration and to their families. In addition, MDP raises awareness of the disease and promotes early detection and early treatment. The AMD.org website reached 122,000 visitors, an increase of 55% since 2010. Through the website individuals can communicate via email with our trained professionals; through the toll-free "warm line" they can speak directly with a supportive professional about their concerns and have their questions answered. Over 3,000 people across the country contact us every year through the website and toll-free number. The AMD Toolkit, a comprehensive packet of information, is sent to 1,500 people each year, with thousands more distributed at meetings and conferences. At events like the AARP Annual Expo, Abilities Expo, support groups and presentation to local groups, MDP reached almost 7,000 individuals this year. There are 5,500 subscribers to the free monthly AMD Update e-newsletter. Collaboration is a trademark of MDP and this year saw programs with Braille Institute, American Optometric Association, AARP, American Society on Aging and AMD Alliance International.

The National Keratoconus Foundation continues to raise the awareness of keratoconus (an eye disease), in the general public and ophthalmic communities. The NKCF offers free information and support services to those with keratoconus and their families. Information includes written materials about keratoconus in English and Spanish, describing this



Name of the organization

Discovery Eye Foundation

Employer identification number

95-4228653

disease and the treatment options available. Our services include referrals to specialists and support groups, newsletters published 3 times a year and distributed electronically nationally and internationally to over 20,000 patients and eye care professionals. The NKCF administrates and moderates the KC-Link, a free inter-active email based discussion group with 2,700 members worldwide and the NKCF Forum, a web based bulletin board with over 3,300 members. KC-Link and the Forum provide unique and vital resources for the KC community offering those with keratoconus the opportunity to communicate with others who understand the daily frustrations of living with this eye disease. Our website ([www.nkcf.org](http://www.nkcf.org)) offers immediate information to a worldwide audience. It is visited by over 14,000 people monthly. The NKCF toll-free information line (800-521-2524) offers support, information and referrals to patients and family members. The calls are answered by a registered nurse specially trained in ophthalmology. Our monthly electronic "e-update" keeps those with keratoconus informed of new developments in the field. The NKCF sponsors a KC Roundtable discussion group at the annual Association of Research in Vision & Ophthalmology (ARVO) meeting which is attended by an international group of scientists, ophthalmologists and optometrists in order to share information and foster collaborations in the scientific community. As an educational arm of DEF, the NKCF will continue to expand these programs in the future.

TAXABLE YEAR

2012

# California Exempt Organization Annual Information Return

228941 12-18-12  
FORM

199

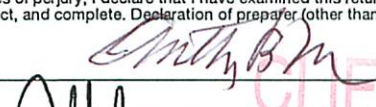

Calendar Year 2012 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.	
Corporation/Organization Name <b>DISCOVERY EYE FOUNDATION</b>	California corporation number <b>1621778</b>
Address (suite, room, or PMB no.) <b>6222 WILSHIRE BLVD., NO. 260</b>	FEIN <b>95-4228653</b>
City <b>LOS ANGELES</b>	State ZIP Code <b>CA 90048</b>

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return?</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p><b>E</b> Check accounting method:</p> <p>(1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?</p> <p>(1) • <input type="checkbox"/> 990T (2) • <input type="checkbox"/> 990(PF) (3) • <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," what is the parent's name? _____</p> <p><b>I</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," explain, and attach copies of revised documents.</p>	<p><b>J</b> If exempt under R&amp;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&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--

**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	1,145,093.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	1,138,170.00
	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 \$50,000, see General Instruction B		
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	517,035.00
		7 Total costs. Add line 5 and line 6	7
Expenses	8 Total gross income. Subtract line 7 from line 4	8	1,766,228.00
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,171,029.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<404,801.00
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

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.

Sign Here	Signature of officer 	Title <b>PRESIDENT</b>	Date <b>5-25-2013</b>	• Telephone <b>(310) 423-6455</b>
	Preparer's signature 	Date <b>5/23/13</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00475769</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address <b>HARRINGTON GROUP, CPAS, LLP</b> <b>2670 MISSION STREET, SUITE 200</b> <b>SAN MARINO, CA 91108</b>	• FEIN <b>95-4557617</b>		
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• Telephone <b>(626) 403-6801</b>		

## DISCOVERY EYE FOUNDATION

95-4228653

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 12-18-12

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions .....	•	1	34,157. 00
	2	Interest .....	•	2	180,013. 00
	3	Dividends .....	•	3	00
	4	Gross rents .....	•	4	00
	5	Gross royalties .....	•	5	00
	6	Gross amount received from sale of assets (See Instructions) .....	•	6	919,715. 00
	7	Other income .....	•	7	11,208. 00
	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	1,145,093. 00
	9	Contributions, gifts, grants, and similar amounts paid .....	•	9	846,200. 00
Expenses and Disbursements	10	Disbursements to or for members .....	•	10	00
	11	Compensation of officers, directors, and trustees .....	•	11	160,200. 00
	12	Other salaries and wages .....	•	12	255,488. 00
	13	Interest .....	•	13	00
	14	Taxes .....	•	14	32,766. 00
	15	Rents .....	•	15	41,849. 00
	16	Depreciation and depletion (See instructions) .....	•	16	8,142. 00
	17	Other Expenses and Disbursements .....	•	17	826,384. 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	•	18	2,171,029. 00

**Schedule L** Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash .....		371,747.		• 372,641.
2 Net accounts receivable .....				• 243.
3 Net notes receivable .....				•
4 Inventories .....				•
5 Federal and state government obligations .....				•
6 Investments in other bonds .....				•
7 Investments in stock .....				•
8 Mortgage loans .....				•
9 Other investments .....	STMT 6	6,825,968.		• 6,308,933.
10 a Depreciable assets .....	146,430.		196,430.	
b Less accumulated depreciation .....	( 144,536. )	1,894.	( 152,678. )	43,752.
11 Land .....				•
12 Other assets .....	STMT 7	224,756.		• 289,114.
13 Total assets .....		7,424,365.		7,014,683.
Liabilities and net worth				
14 Accounts payable .....		24,507.		• 19,626.
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 .....		7,399,858.		• 6,995,057.
22 Total liabilities and net worth .....		7,424,365.		7,014,683.

**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 \$50,000.

1 Net income per books .....	• <404,801.>	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 .....	<404,801.>
6 Total. Add line 1 through line 5 .....	<404,801.>		

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

Contributor's Name	Contributor's Address	Date of Gift	Amount
Academy of Motion Pictures Arts & Science	8949 Wilshire Blvd. Beverly Hills, CA, 90211		5,000.
Chmanson Foundation	9215 Wilshire Blvd. Beverly Hills, CA, 90210		5,000.
Elice & Julius Kantor Trust	8730 Wilshire Blvd., Ste. 520 Beverly Hills, CA, 90210		20,000.
Allergan Foundation	2525 Dupont Dr. Irvine, CA, 92623		6,000.
Antonini Family Foundation	11374 Tuxford St. Sun Valley, CA, 91352		15,100.
Arnold Foundation	1888 Century Park East, #900 Los Angeles, CA, 90067		5,000.
Bill & Bonny Levine Foundation	6505 Wilshire Blvd., Ste. 1200 Los Angeles, CA, 90048		10,000.
Carolyn Kleefield	10 Harris Court, Ste. C-3 Monterey, CA, 90265		10,000.
David & Sylvia Weiss Foundation	1901 Avenue of the Stars, #610 Los Angeles, CA, 90067		5,000.
David Hockney	7508 Santa Monica Blvd. Los Angeles, CA, 90046		5,000.
David Silverstein	2185 Argyle Ave. Hollywood, CA, 90068		15,000.
Dr. & Mrs. Allen Posner	1020 Via Toluca San Clemente, CA, 92672		5,000.
Estate of Adele Selldorf	Ms. J. Fogg, 10866 Wilshire Blvd. Los Angeles, CA, 90024		107,935.
Estate of Alvin Goldstein	333 Jericho Turnpike, #315 Jericho, NY, 11753		11,737.
Estate of Mary Louise Catalano	1707 Micheltorena St. Los Angeles, CA, 90026		319,284.

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Leinberg Family Foundation	501 S. Beverly Dr., 3rd Fl. Beverly Hills, CA, 90212	5,000.
Frances Hirsh	502 San Vicente Blvd., Unit 202 Santa Monica, CA, 90402	5,650.
Frederick Weisman Philanthropic Prog	265 N. Carolwood Dr. Los Angeles, CA, 90077	5,000.
Genentech	1399 New York Ave., NW Ste. 300 Washington, DC, 20025	150,000.
Mathaway Charitable Trust	8730 Wilshire Blvd., Ste. 530 Beverly Hills, CA, 90211	10,000.
Morris & B. Gerald Cantor Foundation	1180 S. Beverly Dr., #321 Los Angeles, CA, 90035	5,000.
Mon V. Smith Foundation	9440 Santa Monica Blvd., #300 Beverly Hills, CA, 90210	10,000.
Dr. Cristina Kenney	18128 Wakecrest Dr. Malibu, CA, 90265	11,526.
Dr. & Mrs. Clifford Einstein	11940 Brentwood Grove Dr. Los Angeles, CA, 90049	5,500.
Dr. & Mrs. David Kelton	423 N. Rockingham Rd. Los Angeles, CA, 90049	5,000.
Dr. & Mrs. Frank Arnstein	1017 Laurel Way Beverly Hills, CA, 90210	25,000.
Dr. & Mrs. Jerome Blank	3455 NW 54th St., Ste. 900 Miami, FL, 33142	5,000.
Gargie Oswald	1432 Tanager Way Los Angeles, CA, 90069	25,000.
Martin Blackman	Skirball Foundation-31 W. 32nd New York, NY, 10019	25,000.
Max Factor Family Foundation	6505 Wilshire Blvd., Ste. 1200 Los Angeles, CA, 90048	15,000.
Mesburn Family Foundation	18128 Wakecrest Dr. Malibu, CA, 90265	15,000.
Pacific Life Foundation	700 Newport Center Dr. Newport Beach, CA, 92660	10,000.
Regeneron	777 Old Saw Mill River Rd. Tarrytown, NY, 10591	5,000.

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Robert Kahn	80 C Old Hill Rd. Westport, CT, 06880	8,000.
Schoellerman Foundation	2845 Cassia St. Newport Beach, CA, 92660	22,000.
Stanley Zax	813 n. Bedford Dr. Beverly Hills, CA, 90210	10,000.
Thatcher Foundation	5501 Keokuk Ave. Woodland Hills, CA, 91387	10,000.
ICI-Dept. Ophthalmology	118 Med Surg Irvine, CA, 92697	10,000.
Virginia Friedhofer Charitable Trust	8730 Wilshire Blvd., Ste. 520 Beverly Hills, CA, 90210	10,000.
Walter Stearns	6222 Wilshire Blvd., Ste. 260 Los Angeles, CA, 90048	5,000.
Total Included on Line 3		<u>957,732.</u>

Form 199	Gross Amount From Sale of Assets	Statement	2
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Description	Date Acquired	Date Sold	Method Acquired	
Sale of investments			Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	517,035.	0.	0.	919,715.
Total to Form 199, Page 2, ln 6	517,035.	0.	0.	919,715.

Form 199	Other Income	Statement	3
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Description	Amount
Miscellaneous income	11,208.
Total to Form 199, Part II, line 7	11,208.



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Form 199      Compensation of Officers, Directors and Trustees      Statement      4

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Name and Address	Title and Average Hrs Worked/Wk	Compensation
Jack Schoellerman 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	CEO 2.00	0.
Anthony B. Nesburn, M.D., FACS 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	President & Medical Doctor 1.00	43,200.
Mario Antonini 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Vice President 0.30	0.
Iris Cantor 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Vice President 0.30	0.
Jon Pynoos, Ph.D. 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Vice President 1.00	0.
Joan Seidel 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Treasurer 1.00	0.
Sandy Einstein 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Secretary 0.50	0.
M. Cristina Kenney, M.D., Ph.D. 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Asst. Secretary 1.00	12,000.
David S. Boyer, M.D. 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.30	0.
Rudy Carroll 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.30	0.
Massie De Young 5222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.30	0.



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Cliff Einstein 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.50	0.
Ryan Fisher 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.30	0.
Beverly Gelfand 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.30	0.
James E. Hart 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.10	0.
Arnold W. Klein, M.D. 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.10	0.
Roni Coehn Leiderman, Ph.D. 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.30	0.
John Parrish 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.10	0.
Allen A. Posner, O.D. 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.10	0.
Lita J. Pynoos 222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.10	0.
James J. Salz, M.D. 222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.30	0.
Mendy J. Seretan 222 Wilshire Blvd., No. 260 Los Angeles, CA 90048	Board Member 0.10	0.
Sylvia Weisz 222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	Board Member 0.10	0.
Susan DeRemer 222 Wilshire Blvd., Ste. 260 Los Angeles, CA 90048	V.P. Development 40.00	105,000.

Total to Form 199, Part II, line 11

160,200.

Form 199	Other Expenses	Statement	5
Description		Amount	
Commission expense		44,829.	
Supplies		38,170.	
Miscellaneous		27,021.	
Education materials		18,587.	
Direct expenses of fundraising events		34,157.	
Pension plan contributions		2,541.	
Other employee benefits		52,821.	
Legal fees		22,775.	
Accounting fees		19,385.	
Other professional fees		398,921.	
Advertising and promotion		27,256.	
Office expenses		52,402.	
Travel		4,571.	
Conferences and conventions		58,319.	
Insurance		6,165.	
All other expenses		18,464.	
Total to Form 199, Part II, line 17		826,384.	

Form 199	Other Investments	Statement	6
Description	Beg. of Year	End of Year	
Stocks	3,779,850.	1,380,259.	
Government fixed income funds	397,256.	301,267.	
Money market funds	247,581.	3,073,959.	
Mutual funds	2,100,748.	1,375,967.	
Annuity	174,079.	177,481.	
Certificates of deposits	126,454.	0.	
Total to Form 199, Schedule L, line 9	6,825,968.	6,308,933.	

Form 199	Other Assets	Statement	7
Description	Beg. of Year	End of Year	
Receivables and Grants Receivable	0.	25,000.	
Prepaid Expenses and Deferred Charges	219,657.	259,015.	
Deposits	5,099.	5,099.	
Total to Form 199, Schedule L, line 12	224,756.	289,114.	