Form **990-F7**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

and ending For the 2012 calendar year, or tax year beginning Check if applicable: D Employer identification number **C** Name of organization FOUNDATION OF THE AMERICAN SOCIETY Address change OF RETINA SPECIALISTS, 74-2955964 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 20 N WACKER DRIVE 2030 3125788760 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return CHICAGO, IL60606 Number > Cash X Accrual H Check ► X if the organization is not Accounting Method: Other (specify) Website: ► WWW.AMERICANRETINA.ORG required to attach Schedule B **Tax-exempt status** (check only one) — **X** 501(c)(3) — 501(c) () **◄** (insert no.) — 4947(a)(1) or — 527 (Form 990, 990-EZ, or 990-PF). Check from if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 81,632. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X 58,958. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 12,000. 2 Membership dues and assessments 3 3 Investment income SEE SCHEDULE O 9.037. 4 Gross amount from sale of assets other than inventory 5a 1,612 Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 1,612. 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d **7a** Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 9 81,632. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 2,500. 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 150. 13 14 2,763. 14 Occupancy, rent, utilities, and maintenance 34,272. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 61,954. 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 101,639. Excess or (deficit) for the year (Subtract line 17 from line 9) -20,007. 18 18 **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 287,144. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O -847.20 20 266,290. Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Pa	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to res	pond to any ques	stion in	this Part II			X
				(A) B	eginning of year			nd of year
22	Cash,	, savings, and investments			262,294	- 22		296,171
23		and buildings				23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE C)[24,850	. 24		0 .
25		assets			287,144	25		296,171.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE C)		0 .	26		29,881.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)			287,144	27		266,290.
Pa	art III	Statement of Program Service Accomplishme	nts (see the instr	uctions	for Part III)		E	xpenses
		Check if the organization used Schedule O to res	pond to any ques	stion in	this Part III	X		for section
Wha	t is the	organization's primary exempt purpose?SEE SCHEDULE C						and 501(c)(4) ons and section
		organization's program service accomplishments for each of its three largest program		xpenses. In	a clear and concise		4947(a)(1	l) trusts; optional
		ibe the services provided, the number of persons benefited, and other relevant inform	•				for others	·-)
28	SEE	SCHEDULE O						
	(Grants	s \$) If this amount includes foreign	grants check here		•		28a	91,520
29	10	, a a a a	<u> </u>					· · · · · · · · · · · · · · · · · · ·
						_		
	(Grants	s \$) If this amount includes foreign	grants chack here				29a	
30	Coranto) ii tiis amount includes loleigh (grants, check here					
00								
						_		
	(Cuant	Δ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	wanta alaasi bawa				30a	
21	(Grants		•				30a	
31	-						31a	
20	(Grants	, ,				_	32	91,520
		program service expenses (add lines 28a through 31a)						
Pa	art IV	<u> </u>				ee tne	Instructions	for Part IV)
_		Check if the organization used Schedule O to res	pond to any ques	suon in	this Part IV			
			/h\	_	(-)	(d)		(a) Fatimantan
		() N 189	(b) Average hours			` contr	alth benefits, ributions to	(-,
<u> </u>		(a) Name and title	per week devoted	to co	mpensation (Forms N-2/1099-MISC)	` ćontr emplo plans,	ributions to oyee benefit and deferred	amount of other
				to co	mpensation (Forms	` ćontr emplo plans,	ributions to oyee benefit	(-,
		HUANG, MD, MBA	per week devoted to position	to co	mpensation (Forms W-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation
MΑ	AIRI	HUANG, MD, MBA MAN	per week devoted	to co	mpensation (Forms N-2/1099-MISC)	` ćontr emplo plans,	ributions to oyee benefit and deferred	amount of other compensation
	AIRI RK I	HUANG, MD, MBA MAN HAMMER, MD	per week devoted to position	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation
\overline{PR}	AIRI RK I ESII	HUANG, MD, MBA MAN HAMMER, MD DENT	per week devoted to position	to co	mpensation (Forms W-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PR JO	AIRI RK 1 ESI1 HN '	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD	per week devoted position 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	object benefit and deferred opensation	amount of other compensation 0
PR JO VI	AIRI RK I ESII HN '	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT	per week devoted to position	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation 0 .
PR JO VI MA	AIRI RK I ESII HN ' CE I RK I	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD	per week devoted position 1.00 1.00 1.00	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	opee benefit and deferred pensation O •	amount of other compensation 0 a
PR JO VI MA TR	AIRI RK I ESII HN ' CE I RK I EASI	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD	per week devoted position 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	object benefit and deferred opensation	amount of other compensation 0 a
PR JO VI MA TR JO	AIRI RK I ESII HN ' CE I RK I EASI	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD	per week devoted position 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 •	` ćontr emplo plans,	opee benefit and deferred pensation O • O •	amount of other compensation 0 . 0 .
PR JO VI MA TR JO SE	AIRI RK I ESII HN ' CE I RK I EASU HN I	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD	per week devoted position 1.00 1.00 1.00	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	opee benefit and deferred pensation O •	amount of other compensation 0 . 0 .
PR JO VI MA TR JO SE TA	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD	per week devoted position 1.00 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 • 0 •	` ćontr emplo plans,	open before the control of the contr	amount of other compensation 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASU HN I CRE' REK REC'	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD	per week devoted position 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 •	` ćontr emplo plans,	opee benefit and deferred pensation O • O •	amount of other compensation 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASU HN I CRE' REK REC'	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 • 0 •	` ćontr emplo plans,	open before the control of the contr	amount of other compensation 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0

FOUNDATION OF THE AMERICAN SOCIETY OF RETINA SPECIALISTS, INC. 74-2955964 Form 990-EZ (2012) Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	35a		х
h	on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	-17	<u> </u>
	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		Х
	complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	_		
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed $ ightharpoonup$ IL		_	
42 a	The organization's books are in care of \blacktriangleright JILL BLIM Telephone no. \blacktriangleright 312578			
	Located at ► 20 N WACKER DRIVE, CHICAGO, IL ZIP+4 ►	5060	6	
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		Yes	
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			7,7
_	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			77
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

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If "Yes," o		litical campaign activities	on bobalf of ar in an	nonition to cons	idataa far ni	ublic office?			
11 165, 0	rganization engage, directly or indirectly, in pol		·	•				16	Х
Part VI	omplete Schedule C, Part I Section 501(c)(3) organizations	only					*	10	71
	All section 501(c)(3) organizations must a	-	19h and 52, and co	mnlete the tal	ales for line	s 50 and 5	.1		
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·		=					
		o to roop on a to any	400000000000000000000000000000000000000					Yes	No
47 Did the o	rganization engage in lobbying activities or hav	ve a section 501(h) electi	on in effect during th	e tax year? If "Yo	es," complet	e Sch. C, Par	t II 🔽	17	Х
48 Is the org	panization a school as described in section 170	(b)(1)(A)(ii)? If "Yes," co	mplete Schedule E				🔽	18	Х
	rganization make any transfers to an exempt n							9a	Х
b If "Yes," v	vas the related organization a section 527 orga	nization?					4	9b	
50 Complete	e this table for the organization's five highest co	ompensated employees (other than officers, d	lirectors, trustee	s and key er	nployees) wl	no eacl	received	more
than \$10	0,000 of compensation from the organization.	If there is none, enter "N							
	(a) Name and title of each employee paid more than \$100,000		(b) Average hou		Reportable sation (Forms	(d) Health be contribution	enefits,	(e) Estin	
		_	per week devoted position		099-MISC)	employee be	enefit	amount of compens	
	NON	E	рознон			compensa	tion	Compens	ation
f Total nur	nber of other employees paid over \$100,000		•						
51 Complete	e this table for the organization's five highest co	ompensated independen	t contractors who eac	ch received more	than \$100.	000 of comp	ensatio	on from th	е
	ion. If there is none, enter "None." NON				γ φ,	000 01 00111p			
	d address of each independent contractor paid	more than \$100,000	(b)	Type of service			(c) Co	mpensatio	n
	· · · · · · · · · · · · · · · · · · ·		ì						
	nber of other independent contractors each rec			>					
	nber of other independent contractors each rec rganization complete Schedule A? Note ; All se		tions and 4947(a)(1)	>					
52 Did the o	rganization complete Schedule A? Note: All se e trusts must attach a completed Schedule A	ction 501(c)(3) organiza		·	nowledge and	Parities in is mi	× X	Yes	No
52 Did the o	rganization complete Schedule A? Note: All se	ction 501(c)(3) organiza	ules and statements, and	·	nowledge and	i beller, it is tru	► X e, correc	Yes	
52 Did the o charitable Under penalities of Declaration of pre	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc. parer (other than officer) is based on all information of v	ction 501(c)(3) organiza	ules and statements, and	·	nowledge and	belief, it is tru	► X e, correc	Yes ct, and comp	
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note; All see a trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of the Signature of officer	ction 501(c)(3) organiza luding accompanying sched which preparer has any know	ules and statements, and	·	nowledge and	Date	► X e, correc	Yes	
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc. parer (other than officer) is based on all information of v	ction 501(c)(3) organiza luding accompanying sched which preparer has any know	ules and statements, and	·	nowledge and	belief, it is tru	► X e, correc	Yes	
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, increarer (other than officer) is based on all information of visignature of officer SUBER HUANG, CHAIRM Type or print name and title	ction 501(c)(3) organiza	uies and statements, and ledge.	to the best of my i	cnowledge and	l bellef, it is tru		Yes	
charitable	rganization complete Schedule A? Note; All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, increarer (other than officer) is based on all information of the Signature of officer SUBER HUANG, CHAIRM	ction 501(c)(3) organiza luding accompanying sched which preparer has any know	ules and statements, and	to the best of my i	Check	Date		Yes	
charitable charitable conder penalties of Declaration of pre Sign Here	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc parer (other than officer) is based on all information of v Signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name	ction 501(c)(3) organiza	uies and statements, and ledge.	to the best of my i	cnowledge and	Date if PTIN	V		viete.
charitable charitable conder penanties of Declaration of pre Sign Here Paid Preparer	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc parer (other than officer) is based on all information of the Signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS	uding accompanying sched which preparer has any know	uies and statements, and ledge.	to the best of my i	Checkself- emplo	Date J if PTIN yed P 1	002	84587	viete.
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note: All see the trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of the signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS Firm's name SELDEN FOX,	uding accompanying sched which preparer has any know	uies and statements, and ledge.	to the best of my i	Checkself- emplo	Date Date PTIN yed PO PO PO PO PO PO PO PO PO P	002	84587 5770	riete.
charitable charitable conder penanties of Declaration of pre Sign Here Paid Preparer	rganization complete Schedule A? Note: All see the trusts must attach a completed Schedule A in perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of v Signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS Firm's name SELDEN FOX, Firm's address 619 ENTERPR	tion 501(c)(3) organization 501(c)(3) organiz	iles and statements, and ledge.	to the best of my i	Checkself- emplo	Date Date PTIN yed PO PO PO PO PO PO PO PO PO P	002	84587	riete.
charitable Under penalties of Declaration of pre Sign Here Paid Preparer Use Only	rganization complete Schedule A? Note: All see the trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of the signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS Firm's name SELDEN FOX,	LTD. LTD. LISE DRIVE ILL 60523-88	iles and statements, and ledge.	to the best of my i	Checkself- emplo	Date Date PTIN yed PO PO PO PO PO PO PO PO PO P	0028 298 -95	84587 5770	riete.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

FOUNDATION OF THE AMERICAN SOCIETY OF RETINA SPECIALISTS, INC.

Employer identification number 74-2955964

Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	ructions.					
nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
					170(b)(1)	(A)(iii).						
•	•	•					(b)(1)(A)(ii	i). Enter	the ho	spital's r	name	<u>.</u>
							(-/(-/(-/(-/(-/(-/(-/(-/(-/(-/(,				,
-		henefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	it describ	ed in			
-	· ·		inversity o	wrica or o	ociated by	a governi	nontal uni	it describ	cu iii			
		,		al : at	470/b\/s	IV A V. A						
							6 41			d 11-	1 %	
-	•	· · · · · · · · · · · · · · · · · · ·	or its supp	ort from a	governme	entai unit c	or trom the	general	public	describ	ea in	
-		•	6	D								
			tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	anization	after J	une 30,	1975	١.
•		•						•				٢
				•		2). See se o	ction 509(a)(3). Ch	eck the	e box th	at	
							. — —					
, ,	•	•		•	-		٠.			,	•	
								9(a)(1) or	sectio	n 509(a)	(2).	
			the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	•											
										_		
												No
												X
										Ig(ii)		X
									[11	g(iii)	Ш	X
Provide the fo	ollowing information	about the supported org	ganization	(s).								
	<u> </u>											
of supported	(ii) EIN	(iii) Type of organization					(vi) Is Lorganizatio	s the on in col.	(vii) Ar	nount of	mone	tary
anization		(l (i) organiz	ed in the I		suppor	t	
~		, , , , ,	Yes	No	Yes	No	Yes	No				
CAN	F.4. 00 F.4.000		l							_		- ~
TY OF R	74-2251032	9	X		X		X			3	, 76	<u> 3.</u>
												
1										3	.76	3.
	A church, con A school des A hospital or A medical rescity, and stat An organizati section 170 A federal, state An organizati section 170 A community An organizati activities relatincome and to See section An organizati more publicly describes the a X Type By checking foundation milithe organiz supporting on Since August (i) A persothe gover (ii) A family (iii) A 35% of Provide the formal supported anization	nization is not a private foundation A church, convention of churche A school described in section 17 A hospital or a cooperative hospi A medical research organization ocity, and state: An organization operated for the section 170(b)(1)(A)(iv). (Complet A federal, state, or local government An organization that normally recessection 170(b)(1)(A)(vi). (Complet A community trust described in section 170(b)(1)(A)(vi). (Complet A community trust described in section 170(b)(1)(A)(vi). (Complet A community trust described in section 509(a)(2). (Complete An organization that normally recessed and organization organized and organization organization describes the type of supporting a X Type I b	A church, convention of churches, or association of church A school described in section 170(b)(1)(A)(ii). (Attach Sc A hospital or a cooperative hospital service organization of city, and state: An organization operated for the benefit of a college or usection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental uni An organization that normally receives a substantial part section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). An organization that normally receives: (1) more than 33 activities related to its exempt functions - subject to certaincome and unrelated business taxable income (less section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to te An organization organized and operated exclusively for the more publicly supported organizations described in section as a substantial part section 509(a)(2). (Complete Part III.) By checking this box, I certify that the organization and compla Type I	nization is not a private foundation because it is: (For lines 1 through A church, convention of churches, or association of churches desc A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described A medical research organization operated in conjunction with a hoseity, and state: An organization operated for the benefit of a college or university of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit describe An organization that normally receives a substantial part of its supprescion 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives: (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain exceptincome and unrelated business taxable income (less section 511 ta See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for publication organized and operated exclusively for the benefit more publicly supported organizations described in section 509(a)(describes the type of supporting organization and complete lines 1 a X Type I b Type II c Type III - Fu By checking this box, I certify that the organization is not controlled foundation managers and other than one or more publicly supporte If the organization received a written determination from the IRS the supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or c (i) A person who directly or indirectly controls, either alone or tog the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A family member of a person described in (ii) above? (iii) A family member of a person described on lines 1-9 above or IRC section) (see instructions)) (iv) Is the controlled entity of a person described on lines 1-9 above or IRC section) (see instructions)	ization is not a private foundation because it is: (For lines 1 through 11, check A church, convention of churches, or association of churches described in set A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital descrity, and state: An organization operated for the benefit of a college or university owned or organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support in activities related to its exempt functions - subject to certain exceptions, and (income and unrelated business taxable income (less section 511 tax) from buses section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. (2) An organization organized and operated exclusively for the benefit of, to performore publicly supported organizations described in section 509(a)(1) or sectid describes the type of supporting organization and complete lines 11e through a Martin Type II b Type II c Type III - Functionally By checking this box, I certify that the organization is not controlled directly or foundation managers and other than one or more publicly supported organization than one or more publicly supported organization from the IRS that it is a Ty supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution (i) A person who directly or indirectly controls, either alone or together with the governing body of the supported organization? (ii) A family member of a person described in (i) or (ii) above? Provide the following info	ization is not a private foundation because it is: (For lines 1 through 11, check only one by A church, convention of churches, or association of churches described in section 170 (b) (1)(A)(ii). (Attach Schedule E.) A school described in section 170(b) (1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in sectiv, and state: An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government or governmen	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170 city, and state: An organization operated for the benefit of a college or university owned or operated by a governing section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, nactivities related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% or its estate to the sexempt functions: subject to certain exceptions, and (2) no more than 33 1/3% or its support from contributions, nactivities related business taxable income (less section 511 tax) from businesses acquired be See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of, more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) or inclined by the supporting organization or composition	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A morganization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives a substantial part of its support from contributions, membershi activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membershi activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membershi activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support solval (2) (2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car more publicly supported organization and person described in section 509(a)(2). See section 509(a	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chand so chard severable of section 170(b)(1)(A)(iii). A chand so coperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entericity, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization than normally receives; (1) more than 33 1/3% of its support from a governmental unit or from the general section 170(b)(1)(A)(v)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) An organization than normally receives; (1) more than 33 1/3% of its support from contributions, membership fees, a activities related to its exemptions functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organization section 509(a)(2). See section 509(a)(3). Che describes the type of supporting organization and complete lines 11 e through 11h. a	A church, convention of churches, or association of ordunches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of ordunches described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the horology, and state: 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 III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gro activities related to its exempt functions - subject to certain seceptions, and (2) no more than 33 1/3% of its support from a carbon 170(b)(1)(A)(vi). (Complete Part III.) An organization unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpomre publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the describes the type of supporting organization and complete lines 11e through 11h. a	A church, convention of churches, or association of churches described in section 170(b) (1)A(ii). A church, convention of churches, or association of churches described in section 170(b) (1)A(ii). A school described in section 170(b) (1)A(iii). A hospital or a cooperative hospital service organization described in section 170(b) (1)A(iii). A medical research organization operated in conjunction with a hospital described in section 170(b) (1)A(iii). 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). A rederal, state, or local government or governmental unit described in section 170(b) (1)A(iv). A rederal, state, or local government or governmental unit described in section 170(b) (1)A(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public describ section 170(b) (1)A(iv). A community trust described in section 170(b) (1)A(iv). A	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 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). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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 investri income and unrelated business taxable income (less section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(2). See section 509(a)(3). Check the box that described variety and complete lines in the through 11h. a X Type I C Type II Functionally integrated Type II Non-functionally integrated Type II Non-functionally integrated Type II Non-functionally integrated Type II T

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

(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.)

Sec	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2012 (I					14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o	•		•		•	
	stop here. The organization qualifies						
k	33 1/3% support test - 2011. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a		s >

Schedule A (Form 990 or 990-EZ) 2012

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	low, piedoc com	oloto i art II.j				
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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 20, 1075						
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						
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	-			•		
check this box and stop here						<u></u>
Section C. Computation of Public					l l	
15 Public support percentage for 2012 (lir					15	<u>%</u>
16 Public support percentage from 2011					16	<u>%</u>
Section D. Computation of Inves			40 / (**)		1	
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 26					18	<u>%</u>
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2011. If the o	-					
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶Щ
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u></u> ▶∟

SCHEDULE 0 (Form 990 or 990-EZ)

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. Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service

Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION OF THE AMERICAN SOCIETY

Employer identification number

Name of the organization	OF RETINA SPECIALISTS, INC.	OCIETY	Employer id 74-29	entification number 5 5 9 6 4
FORM 990-EZ, PA	ART I, LINE 4, OTHER INVESTMENT	r income:		
DESCRIPTION OF	PROPERTY:			AMOUNT:
DIVIDEND INCOME	1			9,037.
FORM 990-EZ, PA	ART I, LINE 8, OTHER REVENUE:			
DESCRIPTION OF	OTHER REVENUE:			AMOUNT:
OTHER INCOME				25.
FORM 990-EZ, PA	ART I, LINE 16, OTHER EXPENSES:	!		
DESCRIPTION OF	OTHER EXPENSES:			AMOUNT:
ALLOCATED SALAR	RIES AND EMPLOYEE BENEFITS			49,811.
TRAVEL				432.
OFFICE EXPENSE				6,823.
MARKETING				1,125.
ANNUAL MEETING				3,763.
TOTAL TO FORM 9	90-EZ, LINE 16			61,954.
FORM 990-EZ, PA	ART I, LINE 20, CHANGES IN NET	ASSETS:		
CHANGES IN NET	ASSETS OR FUND BALANCES:			AMOUNT:
UNREALIZED LOSS	ON INVESTMENTS			-847.
FORM 990-EZ, PA	ART II, LINE 24, OTHER ASSETS:			
DESCRIPTION		BEG. OF	YEAR	END OF YEAR
DUE FROM ASRS 5	01(C)(6)	24,	850.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O (Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service FOUNDATION OF THE AMERICAN SOCIETY Name of the organization **Employer identification number** 74-2955964 RETINA SPECIALISTS INC. BEG. OF YEAR DESCRIPTION END OF YEAR DUE TO ASRS 501(C)(6) 0. 29,731. 0. 150. ACCOUNTS PAYABLE 0. TOTAL TO FORM 990-EZ, LINE 26 29,881. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUNDATION ENDEAVORS TO SUPPORT PRACTITIONERS AND PATIENTS IN ALL ASPECTS OF VITREORETINAL CARE. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH OUR WEBSITE WE INCREASED PUBLIC AWARENESS OF RETINAL DISEASES, INCLUDING WAYS TO IMPROVE, PRESERVE, AND RESTORE VISION. AN EMPHASIS WAS MADE ON EDUCATING THE PUBLIC ON THE BENEFITS OF THE PREVENTION OF AGE MACULAR DEGENERATION FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **990-F7**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

and ending For the 2012 calendar year, or tax year beginning Check if applicable: D Employer identification number **C** Name of organization FOUNDATION OF THE AMERICAN SOCIETY Address change OF RETINA SPECIALISTS, 74-2955964 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 20 N WACKER DRIVE 2030 3125788760 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return CHICAGO, IL60606 Number > Cash X Accrual H Check ► X if the organization is not Accounting Method: Other (specify) Website: ► WWW.AMERICANRETINA.ORG required to attach Schedule B **Tax-exempt status** (check only one) — **X** 501(c)(3) — 501(c) () **◄** (insert no.) — 4947(a)(1) or — 527 (Form 990, 990-EZ, or 990-PF). Check from if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 81,632. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X 58,958. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 12,000. 2 Membership dues and assessments 3 3 Investment income SEE SCHEDULE O 9.037. 4 Gross amount from sale of assets other than inventory 5a 1,612 Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 1,612. 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d **7a** Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0) SEE SCHEDULE O 8 9 81,632. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 2,500. 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 150. 13 14 2,763. 14 Occupancy, rent, utilities, and maintenance 34,272. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 61,954. 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 101,639. Excess or (deficit) for the year (Subtract line 17 from line 9) -20,007. 18 18 **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 287,144. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O -847.20 20 266,290. Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Pa	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to res	pond to any ques	stion in	this Part II			X
				(A) B	eginning of year			nd of year
22	Cash,	, savings, and investments			262,294	- 22		296,171
23		and buildings				23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE C)[24,850	. 24		0 .
25		assets			287,144	25		296,171.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE C)		0 .	26		29,881.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)			287,144	27		266,290.
Pa	art III	Statement of Program Service Accomplishme	nts (see the instr	uctions	for Part III)		E	xpenses
		Check if the organization used Schedule O to res	pond to any ques	stion in	this Part III	X		for section
Wha	t is the	organization's primary exempt purpose?SEE SCHEDULE C						and 501(c)(4) ons and section
		organization's program service accomplishments for each of its three largest program		xpenses. In	a clear and concise		4947(a)(1	l) trusts; optional
		ibe the services provided, the number of persons benefited, and other relevant inform	•				for others	·-)
28	SEE	SCHEDULE O						
	(Grants	s \$) If this amount includes foreign	grants check here		•		28a	91,520
29	10	, a a a a	<u> </u>					· · · · · · · · · · · · · · · · · · ·
						_		
	(Grants	s \$) If this amount includes foreign	grants chack here				29a	
30	Coranto) ii tiis amount includes loleigh (grants, check here					
00								
						_		
	(Cuant	Δ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	wanta alaasi bawa				30a	
21	(Grants		•				30a	
31	-						31a	
20	(Grants	, ,				_	32	91,520
		program service expenses (add lines 28a through 31a)						
Pa	art IV	<u> </u>				ee tne	Instructions	for Part IV)
_		Check if the organization used Schedule O to res	pond to any ques	suon in	this Part IV			
			/h\	_	(-)	(d)		(a) Fatimantan
		() N 189	(b) Average hours			` contr	alth benefits, ributions to	(-,
<u> </u>		(a) Name and title	per week devoted	to co	mpensation (Forms N-2/1099-MISC)	` ćontr emplo plans,	ributions to oyee benefit and deferred	amount of other
				to co	mpensation (Forms	` ćontr emplo plans,	ributions to oyee benefit	(-,
		HUANG, MD, MBA	per week devoted to position	to co	mpensation (Forms W-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation
MΑ	AIRI	HUANG, MD, MBA MAN	per week devoted	to co	mpensation (Forms N-2/1099-MISC)	` ćontr emplo plans,	ributions to oyee benefit and deferred	amount of other compensation
	AIRI RK I	HUANG, MD, MBA MAN HAMMER, MD	per week devoted to position	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation
\overline{PR}	AIRI RK I ESII	HUANG, MD, MBA MAN HAMMER, MD DENT	per week devoted to position	to co	mpensation (Forms W-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation
PR JO	AIRI RK 1 ESI1 HN '	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD	per week devoted position 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	object benefit and deferred opensation	amount of other compensation 0
PR JO VI	AIRI RK I ESII HN '	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT	per week devoted to position	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	ributions to byee benefit and deferred apensation	amount of other compensation 0 .
PR JO VI MA	AIRI RK I ESII HN ' CE I RK I	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD	per week devoted position 1.00 1.00 1.00	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	opee benefit and deferred pensation O •	amount of other compensation 0 a
PR JO VI MA TR	AIRI RK I ESII HN ' CE I RK I EASI	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD	per week devoted position 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	object benefit and deferred opensation	amount of other compensation 0 a
PR JO VI MA TR JO	AIRI RK I ESII HN ' CE I RK I EASI	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD	per week devoted position 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 •	` ćontr emplo plans,	opee benefit and deferred pensation O • O •	amount of other compensation 0 . 0 .
PR JO VI MA TR JO SE	AIRI RK I ESII HN ' CE I RK I EASU HN I	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD	per week devoted position 1.00 1.00 1.00	to co	mpensation (Forms N-2/1099-MISC) not paid, enter -0-)	` ćontr emplo plans,	opee benefit and deferred pensation O •	amount of other compensation 0 . 0 .
PR JO VI MA TR JO SE TA	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD	per week devoted position 1.00 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 • 0 •	` ćontr emplo plans,	open before the control of the contr	amount of other compensation 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASU HN I CRE' REK REC'	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD	per week devoted position 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 •	` ćontr emplo plans,	opee benefit and deferred pensation O • O •	amount of other compensation 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASU HN I CRE' REK REC'	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00	to co	npensation (Forms N-2/1099-MISC) not paid, enter -0-) 0 • 0 • 0 •	` ćontr emplo plans,	open before the control of the contr	amount of other compensation 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0
PR JO VI MA TR JO SE TA DI	AIRI RK I ESII HN ' CE I RK I EASI HN I CRE' REK REC' M M	HUANG, MD, MBA MAN HAMMER, MD DENT THOMPSON, MD PRESIDENT HUMAYUN, MD URER POLLACK, MD TARY HASSAN, MD TOR URRAY, MD, MBA	per week devoted position 1.00 1.00 1.00 1.00 1.00 1.00	to co	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	` ćontr emplo plans,	O . O . O .	amount of other compensation 0 0 0 0 0 0 0

FOUNDATION OF THE AMERICAN SOCIETY OF RETINA SPECIALISTS, INC. 74-2955964 Form 990-EZ (2012) Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X

33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	35a		х
h	on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	/	<u> </u>
	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		Х
	complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	_		
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed $ ightharpoonup$ IL		_	
42 a	The organization's books are in care of \blacktriangleright JILL BLIM Telephone no. \blacktriangleright 312578			
	Located at ► 20 N WACKER DRIVE, CHICAGO, IL ZIP+4 ►	5060	6	
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		Yes	
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			7,7
_	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			77
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

232173 01-11-13

If "Yes," o		litical campaign activities	on bobalf of ar in an	nonition to cons	idataa far ni	ublic office?			
11 165, 0	rganization engage, directly or indirectly, in pol		·	•				16	Х
Part VI	omplete Schedule C, Part I Section 501(c)(3) organizations	only					*	10	71
	All section 501(c)(3) organizations must a	-	19h and 52, and co	mnlete the tal	ales for line	s 50 and 5	.1		
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·		=					
		o to roop on a to any	400000000000000000000000000000000000000					Yes	No
47 Did the o	rganization engage in lobbying activities or hav	ve a section 501(h) electi	on in effect during th	e tax year? If "Yo	es," complet	e Sch. C, Par	t II 🔽	17	Х
48 Is the org	panization a school as described in section 170	(b)(1)(A)(ii)? If "Yes," co	mplete Schedule E				🔽	18	Х
	rganization make any transfers to an exempt n							9a	Х
b If "Yes," v	vas the related organization a section 527 orga	nization?					4	9b	
50 Complete	e this table for the organization's five highest co	ompensated employees (other than officers, d	lirectors, trustee	s and key er	nployees) wl	no eacl	received	more
than \$10	0,000 of compensation from the organization.	If there is none, enter "N							
	(a) Name and title of each employee paid more than \$100,000		(b) Average hou		Reportable sation (Forms	(d) Health be contribution	enefits,	(e) Estin	
		_	per week devoted position		099-MISC)	employee be	enefit	amount of compens	
	NON	E	рознон			compensa	tion	Compens	ation
f Total nur	nber of other employees paid over \$100,000		•						
51 Complete	e this table for the organization's five highest co	ompensated independen	t contractors who eac	ch received more	than \$100.	000 of comp	ensatio	on from th	е
	ion. If there is none, enter "None." NON				γ φ,	000 01 00111p			
	d address of each independent contractor paid	more than \$100,000	(b)	Type of service			(c) Co	mpensatio	n
	· · · · · · · · · · · · · · · · · · ·		ì						
	nber of other independent contractors each rec			>					
	nber of other independent contractors each rec rganization complete Schedule A? Note ; All se		tions and 4947(a)(1)	>					
52 Did the o	rganization complete Schedule A? Note: All se e trusts must attach a completed Schedule A	ction 501(c)(3) organiza		·	nowledge and	Parities in is mi	× X	Yes	No
52 Did the o	rganization complete Schedule A? Note: All se	ction 501(c)(3) organiza	ules and statements, and	·	nowledge and	i beller, it is tru	► X e, correc	Yes	
52 Did the o charitable Under penalities of Declaration of pre	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc. parer (other than officer) is based on all information of v	ction 501(c)(3) organiza	ules and statements, and	·	nowledge and	belief, it is tru	► X e, correc	Yes ct, and comp	
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note; All see a trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of the Signature of officer	ction 501(c)(3) organiza luding accompanying sched which preparer has any know	ules and statements, and	· 	nowledge and	Date	► X e, correc	Yes	
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc. parer (other than officer) is based on all information of v	ction 501(c)(3) organiza luding accompanying sched which preparer has any know	ules and statements, and	· 	nowledge and	belief, it is tru	► X e, correc	Yes	
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, increarer (other than officer) is based on all information of visignature of officer SUBER HUANG, CHAIRM Type or print name and title	ction 501(c)(3) organiza	uies and statements, and ledge.	to the best of my i	cnowledge and	l bellef, it is tru		Yes	
charitable	rganization complete Schedule A? Note; All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, increarer (other than officer) is based on all information of the Signature of officer SUBER HUANG, CHAIRM	ction 501(c)(3) organiza luding accompanying sched which preparer has any know	ules and statements, and	to the best of my i	Check	Date		Yes	
charitable charitable conder penalties of Declaration of pre Sign Here	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc parer (other than officer) is based on all information of v Signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name	ction 501(c)(3) organiza	uies and statements, and ledge.	to the best of my i	cnowledge and	Date if PTIN	V		viete.
charitable charitable conder penanties of Declaration of pre Sign Here Paid Preparer	rganization complete Schedule A? Note: All see trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inc parer (other than officer) is based on all information of the Signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS	uding accompanying sched which preparer has any know	uies and statements, and ledge.	to the best of my i	Checkself- emplo	Date J if PTIN yed P 1	002	84587	viete.
charitable Under penalties of Declaration of pre	rganization complete Schedule A? Note: All see the trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of the signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS Firm's name SELDEN FOX,	uding accompanying sched which preparer has any know	uies and statements, and ledge.	to the best of my i	Checkself- emplo	Date Date PTIN yed PO PO PO PO PO PO PO PO PO P	002	84587 5770	riete.
charitable charitable conder penanties of Declaration of pre Sign Here Paid Preparer	rganization complete Schedule A? Note: All see the trusts must attach a completed Schedule A in perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of v Signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS Firm's name SELDEN FOX, Firm's address 619 ENTERPR	tion 501(c)(3) organization 501(c)(3) organiz	iles and statements, and ledge.	to the best of my i	Checkself- emplo	Date Date PTIN yed PO PO PO PO PO PO PO PO PO P	002	84587	riete.
charitable Under penalties of Declaration of pre Sign Here Paid Preparer Use Only	rganization complete Schedule A? Note: All see the trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, inciparer (other than officer) is based on all information of the signature of officer SUBER HUANG, CHAIRM Type or print name and title Print/Type preparer's name MARGARET MCGINNIS Firm's name SELDEN FOX,	LTD. LTD. LISE DRIVE ILL 60523-88	iles and statements, and ledge.	to the best of my i	Checkself- emplo	Date Date PTIN yed PO PO PO PO PO PO PO PO PO P	0028 298 -95	84587 5770	riete.

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to F

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

FOUNDATION OF THE AMERICAN SOCIETY OF RETINA SPECIALISTS, INC.

Employer identification number 74-2955964

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization			170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospit	al's n	ame.
-		city, and stat								•			,
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
		_	(b)(1)(A)(iv). (Comple	-	,		,	J					
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7		*		eives a substantial part					or from the	general	public de	scribe	ed in
•			(b)(1)(A)(vi). (Comple		or no oupp	ore morn a	9010111110	orrical drine c), 11 O.111 G.10	gonora	pabile de	501160	, a
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	同			eives: (1) more than 33 1			rom contri	butions n	nembershi	n fees a	nd aross i	eceir	ots from
·		ŭ	•	nctions - subject to certa		• •		•			•		
			•	axable income (less sect	•	•	•				•		
			509(a)(2). (Complete	•		, , , , , , , , , , , , , , , , , , ,		aoquii ou k	y the orga	ii ii Latioi i	artor ourie	, 00,	.070.
10				perated exclusively to te	st for nubl	ic safety 9	See sectio	n 509(a)(4	1)				
11	X	ŭ		perated exclusively for the	•	•			•	v out the	nurnoses	of o	ne or
• •		ŭ		tions described in section						•			
				organization and comple				-). 000 00 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 /(6 /1 6 /1	0011 1110 21	<i>37</i> (ti ic	••
		a X Type			ype III - Fu				д 🔲 тур	e III - No	n-function	allv ir	tegrated
е	X		•	t the organization is not								•	•
Ŭ			· · · · · · · · · · · · · · · · · · ·	han one or more publicly		•	•	-		-	•		
f				ten determination from t						,(4)(1) 01		00(0,)(.—/-
-			rganization, check th										
g			,	rganization accepted ar									
9				irectly controls, either al								Ye	es No
				upported organization?								-	X
				n described in (i) above?								\neg	X
				person described in (i) of									X
h				about the supported or							[1.3(-	-/1	•
		1 101140 410 1	onowing information	about the supported of	garnzanorn	(0).							
	Mama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did voi	u notify the	(vi) ls	the	(vii) Amou	nt of i	monetary
(1)		anization	(11) LIIV		in col. (i) lis			ion in col.	organizatio (i) organiz	on in col.		int of i	-
	o.g.	amzanom		`above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		арроп	•
				(see instructions))	Yes	No	Yes	No	Yes	No			
		CAN	74-2251032	9	x		x		x			າ	762
500	-TE	TY OF R	74-2251032	9			_ ^					, د	763.
_		1										2	762
Tota		1											763.
LHA	For F	Paperwork Re	eduction Act Notice	, see the Instructions fo	or				Schedul	e A (For	m 990 or	990-E	EZ) 2012

232021

Form 990 or 990-EZ.

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

(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.)

Sec	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2012 (I					14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o	•		•		•	
	stop here. The organization qualifies						
k	33 1/3% support test - 2011. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a		s >

Schedule A (Form 990 or 990-EZ) 2012

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	low, piedoc com	oloto i art II.j				
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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 20, 1075						
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						
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	•		•	•		·
check this box and stop here						<u></u>
Section C. Computation of Public					l l	
15 Public support percentage for 2012 (lir					15	<u>%</u>
16 Public support percentage from 2011					16	<u>%</u>
Section D. Computation of Inves			40 / (**)		1	
17 Investment income percentage for 201			17	<u>%</u>		
18 Investment income percentage from 26			18	<u>%</u>		
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2011. If the o	-					
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶Щ
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u></u> ▶∟

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

FOUNDATION OF THE AMERICAN SOCIETY

Employer identification number

OF RETINA SPECIALISTS, INC.		oyer identification number -2955964
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	ICOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
DIVIDEND INCOME		9,037.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
OTHER INCOME		25.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
ALLOCATED SALARIES AND EMPLOYEE BENEFITS		49,811.
TRAVEL		432.
OFFICE EXPENSE		6,823.
MARKETING		1,125.
ANNUAL MEETING		3,763.
TOTAL TO FORM 990-EZ, LINE 16		61,954.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASS	SETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED LOSS ON INVESTMENTS		-847.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM ASRS 501(C)(6)	24,850.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

01572-21

SCHEDULE O (Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

FOUNDATION OF THE AMERICAN SOCIETY Name of the organization **Employer identification number** 74-2955964 RETINA SPECIALISTS INC. BEG. OF YEAR DESCRIPTION END OF YEAR DUE TO ASRS 501(C)(6) 0. 29,731. 0. 150. ACCOUNTS PAYABLE 0. TOTAL TO FORM 990-EZ, LINE 26 29,881. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUNDATION ENDEAVORS TO SUPPORT PRACTITIONERS AND PATIENTS IN ALL ASPECTS OF VITREORETINAL CARE. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH OUR WEBSITE WE INCREASED PUBLIC AWARENESS OF RETINAL DISEASES, INCLUDING WAYS TO IMPROVE, PRESERVE, AND RESTORE VISION. AN EMPHASIS WAS MADE ON EDUCATING THE PUBLIC ON THE BENEFITS OF THE PREVENTION OF AGE MACULAR DEGENERATION FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.