# **Short Form 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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Common of organization	_		e 2013 calendar year, or tax year beginning		and ending					
International content   International content conte	В	Check if applicat	ole:			D Emp	oloyer i	identification number		
Number nature   Number and stroet (of P.D. Dox, if mail is not oblivered to stroet address)   Roomsulue   Telephone number   20.0 N WACKER DRIVE   20.0 N RACKER DRIVE   20.0		Addr		CIETY						
Terminates										
Amended return   Springers exercises   Factor   Factor		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele					Telephone number			
Number		Term			2030	3	125	788760		
Recounting Method:		Amer	city or town, state or province, country, and ZIP or foreign postal co	de	•	<b>F</b> Gro	up Exe	mption		
Website:   WWW AMERICANRETINA - ORG		Applic	ation pending CHICAGO, IL 60606			Nun	nber 🕨	•		
Tax-exempt status (check only one)	G					<b>H</b> Che	ck 🕨	X if the organization is <b>not</b>		
Form of organization:   X   Corporation   Trust   Association   Other	1	Websi	te: ► WWW.AMERICANRETINA.ORG			requ	uired to	attach Schedule B		
Form of organization:   X   Corporation   Trust   Association   Other	J	Tax-ex	tempt status (check only one) $-  X  501(c)(3)   501(c)(1)  $	ert no.) 4	947(a)(1) or 527	(For	rm 990	), 990-EZ, or 990-PF).		
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, column (8) below) are \$500,000 or more, till Form 990-EZ   29, 138.					, , , ,	,		· · · · · · · · · · · · · · · · · · ·		
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				00.000 or mor	e, or if total assets (Part	:11.				
Part							<b>\$</b>	29,138.		
Check if the organization used Schedule 0 to respond to any question in this Part I			Revenue, Expenses, and Changes in Net Assets or	Fund Ba	lances (see the instr	uctions	for Par	rt I)		
1   Contributions, girts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   3   Membership dues and assessments   3   3										
2   Program service revenue including government fees and contracts   3   3   4	_	1								
3   Membership dues and assessments   3   4   Investment income   SEE   SCHEDULE   O   4   2 ,833							2	,		
A   Investment Income										
Sa   Gross amount from sale of assets other than inventory   Sa   Sb   Sb   Sc   Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   Sc   Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   Sc   Garning and fundraising events   St   So   Sc   Sc   Sc   Sc   Sc   Sc   Sc		l .	Investment income	SEE S	SCHEDULE O			2.833.		
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 15,000 • 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 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from sales of inventory, less returns and allowances		1 .								
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   C Gain in a Gross income from gaming (attach Schedule G if greater than \$15,000 \)   D Gross income from fundraising events (not including \$ 1.5 ,000 \cdot 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   GE   G , 237 \cdot   GE   GE   GE   GE   GE   GE   GE   G										
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000		ءَ ا					5c			
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 15,000		آ ۾ ا	• • •							
\$15,000     \$15,000     \$6 a		1 -								
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 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7b Less: cost of goods sold  6c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 22, 901.  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0)  8 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20	ne	"	5 5 (	ه ا	1					
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 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7b Less: cost of goods sold  6c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 22, 901.  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0)  8 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20	Ve	١,	Gross income from fundraising events (not including \$ 15.1	<u>  0a</u>	 ontributions					
Gross income and contributions exceeds \$15,000   66	æ	"			mulbutions					
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 7b from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 266, 290. 21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 Excess or fund balances at end of year. Combine lines 18 through 20  19 SEE SCHEDULE O 20 -22, 967. 21 Net assets or fund balances at end of year. Combine lines 18 through 20			- · · · · · · · · · · · · · · · · · · ·		1 2 1	nn l				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d -3,837.  7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7b 7c 7c 8  8 Other revenue (describe in Schedule 0) SEE SCHEDULE 0 8 639.  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 222, 901.  10 Grants and similar amounts paid (list in Schedule 0) 10 2,000.  11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 12 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule 0) SEE SCHEDULE 0 16 10,222.  17 Total expenses. Add lines 10 through 16 Printing, publications, postage, and shipping 15 17 26,3352.  18 Excess or (deficit) for the year (Subtract line 7b from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 266, 290.  20 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE 0 20 -22, 967.  21 Net assets or fund balances at end of year. Combine lines 18 through 20 Page 12 239, 872.		١,			6.2	37				
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d,							64	_3 837		
b Less: cost of goods sold   7b   7c							ou	-3,037•		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 239,872.										
8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  SEE SCHEDULE O  8 639. 9 22,901. 10 22,901. 11 22,000. 12 23,901. 13 24,130. 14 2,130. 15 20 15 20 16 10,222. 17 266,352. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 239,872.		ן ו	Cross profit or (loss) from sales of inventory (Cubtrest line 7b from line 7a)				70			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 14, 130.  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 39,872.		"	Other revenue (describe in Schedule O)	CPP C			$\vdash$	630		
10   Grants and similar amounts paid (list in Schedule 0)   10   2,000.   11   Benefits paid to or for members   11     12   Salaries, other compensation, and employee benefits   12     13   Professional fees and other payments to independent contractors   13   14,130.   14   Occupancy, rent, utilities, and maintenance   14     15   Printing, publications, postage, and shipping   15     16   Other expenses (describe in Schedule 0)   SEE SCHEDULE O   16   10,222.   17   Total expenses. Add lines 10 through 16   17   26,352.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -3,451.   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   266,290.   20   Other changes in net assets or fund balances (explain in Schedule 0)   SEE SCHEDULE O   20   -22,967.   21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   239,872.		1 -					<del> </del>			
11   Benefits paid to or for members   11	_	+								
12   Salaries, other compensation, and employee benefits   12     13   Professional fees and other payments to independent contractors   13   14,130.								4,000.		
13   Professional fees and other payments to independent contractors   13   14,130.     14   Occupancy, rent, utilities, and maintenance   14     15   Printing, publications, postage, and shipping   15     16   Other expenses (describe in Schedule O)   SEE SCHEDULE O   16   10,222.     17   Total expenses. Add lines 10 through 16   17   26,352.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -3,451.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   266, 290.     20   Other changes in net assets or fund balances (explain in Schedule O)   SEE SCHEDULE O   20   -22,967.     21   239,872.	4.5	1	•				-			
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  18  Total expenses. Add lines 10 through 16  17  26  27  28  29  20  Other changes in net assets or fund balances (explain in Schedule 0)  SEE SCHEDULE O  20  72  21  23  23  23  23  23  23  23  23  2	ses						-	1/ 130		
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  Net assets or fund balances at end of year. Combine lines 18 through 20  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  18  Total expenses. Add lines 10 through 16  17  26  27  28  29  20  Other changes in net assets or fund balances (explain in Schedule 0)  SEE SCHEDULE O  20  72  21  23  23  23  23  23  23  23  23  2	en						-	14,130.		
16 Other expenses (describe in Schedule 0)   SEE SCHEDULE O   16   10,222.     17 Total expenses. Add lines 10 through 16   17   26,352.     18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -3,451.     19 Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   266,290.     20 Other changes in net assets or fund balances (explain in Schedule 0)   SEE SCHEDULE O   20   -22,967.     21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   239,872.	Ä	Ι.					-			
Total expenses. Add lines 10 through 16    17   26,352.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -3,451.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   266,290.     20   Other changes in net assets or fund balances (explain in Schedule 0)   SEE SCHEDULE 0   20   -22,967.     21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   239,872.		1	Other eveness (describe in Schedule O)	CPP C			-	10 222		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  23 9, 872.							-			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 239,872.	_						-			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 239,872.	ţ						Ιδ	-3,431.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 239,872.	SSe	19					40	266 200		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 239,872.	ŢΑ	0.0	(must agree with end-of-year figure reported on prior year's return)	מקדם כ			$\vdash$			
	Š	1	N				$\vdash$			
						. 🗪	21			

Pa	art II Balance Sheets (see the instructions for Part II	)				
	Check if the organization used Schedule O to re	espond to any ques				
			(A) Beginning of year		. ,	nd of year
22	, , , , , , , , , , , , , , , , , , , ,	-	296,171			257,597.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)		006 171	24		055 505
25	Total assets		296,171			257,597.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE	- t	29,881			17,725.
27			266,290	• 27		239,872.
Pa	Statement of Program Service Accomplishm	•	,	37		<b>(penses</b> for section
Mba	Check if the organization used Schedule O to reat is the organization's primary exempt purpose? SEE SCHEDULE		stion in this Part III	X	501(c)(3)	and 501(c)(4)
						ons and section ) trusts; optional
	ribe the organization's program service accomplishments for each of its three largest progr ner, describe the services provided, the number of persons benefited, and other relevant in		spenses. In a clear and concise		for others.	
	SEE SCHEDULE O					
20	DEE BEHEDOLLE O					
	(Grants \$ 2,000.) If this amount includes foreign	n granta abaak hara		$\Box$	28a	11,714.
29	Grants \$ 27000 ) It this amount includes foreign	in grants, check here	······		200	
20						
	(Grants \$ ) If this amount includes foreig	n grants chack here			29a	
30	Quality ) It this amount includes foreign	in grants, check here	·······		1204	
•						
	-					
	(Grants \$ ) If this amount includes foreig	n grants check here	•		30a	
	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign				31a	
32	T			$\overline{}$	32	11,714.
	art IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not compensated -	see the	instructions f	or Part IV)
	Check if the organization used Schedule O to re	espond to any ques	stion in this Part IV			
	Chicol in the organization acca concadio o to it					
	Chicak in the organization about contoation of to the	(b) Average hours	G (C) Reportable		ealth benefits,	(e) Estimated
	(a) Name and title	(b) Average hours per week devoted	G (C) Reportable	conti	ributions to oyee benefit	amount of other
	(a) Name and title	(b) Average hours	(C) Reportable compensation (Forms	conti emple plans,	ributions to	
	(a) Name and title	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	ributions to oyee benefit and deferred apensation	amount of other
	(a) Name and title	(b) Average hours per week devoted	(C) Reportable compensation (Forms W-2/1099-MISC)	conti emple plans,	ributions to oyee benefit and deferred	amount of other
PR JO	(a) Name and title  BER HUANG, MD, MBA ESIDENT OHN THOMPSON, MD	(b) Average hours per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	ributions to oyee benefit and deferred opensation	amount of other compensation
JO PR	(a) Name and title  BER HUANG, MD, MBA  ESIDENT OHN THOMPSON, MD  ESIDENT-ELECT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	ributions to oyee benefit and deferred apensation	amount of other compensation
JO PR CA	(a) Name and title  (BER HUANG, MD, MBA  ESIDENT  OHN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	object benefit and deferred opensation	amount of other compensation  0 •
PR PR CA DI	(a) Name and title  BER HUANG, MD, MBA ESIDENT HN THOMPSON, MD ESIDENT-ELECT RL AWH, MD RECTOR	(b) Average hours per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	ributions to oyee benefit and deferred opensation	amount of other compensation
PR JO PR CA DI JO	(a) Name and title  (BER HUANG, MD, MBA  ESIDENT OHN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR OHN POLLACK, MD	(b) Average hours per week devoted position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	oyee benefit and deferred pensation  O •	amount of other compensation  0 •  0 •
PR JO PR CA DI JO TR	(a) Name and title  (BER HUANG, MD, MBA  ESIDENT OHN THOMPSON, MD  ESIDENT-ELECT  IRL AWH, MD  RECTOR OHN POLLACK, MD  ESASURER	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	object benefit and deferred opensation	amount of other compensation  0 •
PR JO PR CA DI JO TR TA	(a) Name and title  (BER HUANG, MD, MBA  ESIDENT  OHN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  OHN POLLACK, MD  EASURER  REK HASSAN, MD	(b) Average hours per week devoted position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	ovee benefit and deferred pensation  O .  O .	amount of other compensation  0 •  0 •
PR JO PR CA DI JO TR TA	(a) Name and title  (BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR	(b) Average hours per week devoted position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	oyee benefit and deferred pensation  O •	amount of other compensation  0 •  0 •
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  (BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR	(b) Average hours per week devoted position  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conti emple plans,	ovee benefit and deferred pensation  O .  O .	amount of other compensation  0 •  0 •
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.
PR JO PR CA DI JO TR TA DI TI	(a) Name and title  BER HUANG, MD, MBA  ESIDENT  HN THOMPSON, MD  ESIDENT-ELECT  RL AWH, MD  RECTOR  HN POLLACK, MD  EASURER  REK HASSAN, MD  RECTOR  M MURRAY, MD, MBA	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	conti emple plans,	O .  O .	amount of other compensation  0.  0.  0.  0.

	990-EZ (2013) OF RETINA SPECIALISTS, INC.		74-29			Page :
Pa	rt V Other Information (Note the Schedule A and personal benefit contract					
	instructions for Part V) Check if the organization used Sch. O to respon	nd to a	ny question in t	his Part		X
					Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a discontinuous provide a discontinuo	etailed des	scription of each			l
	activity in Schedule 0			33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed of					
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	•	,	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	activities	(such as those report			37
	on lines 2, 6a, and 7a, among others)?				N/	X A
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sch			35b	11/	<u> </u>
C	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ not requirements during the year? If "Yes," complete Schedule C, Part III			35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du			350		
30	complete applicable parts of Schedule N			36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			0.		
	Did the organization file <b>Form 1120-POL</b> for this year?					х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> wer					
	in a prior year and still outstanding at the end of the tax year covered by this return?	-		38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9	39a	N/A			
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 $\blacktriangleright$ 0 • ; section 4912 $\blacktriangleright$ 0 • ; section 4955		0.			
b	$Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations. \ Did \ the \ organization \ engage \ in \ any \ section \ 4958 \ excess \ benefits between \ engage \ in \ any \ section \ 4958 \ excess \ benefits \ engage \ in \ engage \ in \ engage \ excess \ benefits \ engage \$		-			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its process.	orior Form	s 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		0			
	or disqualified persons during the year under sections 4912, 4955, and 4958		0	<u>-</u>		
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		0			
۵	organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			<u>-                                       </u>		
C	L. OKINA II. LA F. COCCAT			40e		х
41	transaction? If "Yes," complete Form 8886-1  List the states with which a copy of this return is filed   IL		• • • • • • • • • • • • • • • • • • • •	[ 400		
	The organization's books are in care of <b>JILL BLIM</b>	Telep	none no. <b>►</b> 3125	78876	0	
	Located at ▶ 20 N WACKER DRIVE, CHICAGO, IL	_	ZIP + 4			
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	No
	account)?			42b		X
	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 a					
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				▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year		► 43	N/A	<u> </u>	
					Vaa	NI
44.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be complete	d instand	n.f		Yes	NO
44 a	5 000 57			44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be comp			448		
J	of Form 990-EZ			44b		Х
r	Did the organization receive any payments for indoor tanning services during the year?			440	$\vdash$	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an exp					
•	in Schedule O			44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the					

512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form **990-EZ** (2013)

45b

46 Did the e	rannization anagae directly or indirectly in pull	itiaal aamnaign aativitiaa	on babalf of a	r in annositia	n to condidates for n	ublic office?		165	NO
	rganization engage, directly or indirectly, in poli						46		Х
Part VI	complete Schedule C, Part ISection 501(c)(3) organizations	only					40		22
	All section 501(c)(3) organizations must a		l9h and 52 a	and complet	te the tables for line	s 50 and 51			
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·							
	STROKE THE ORGANIZATION GOOD CONGULA	o to respond to any	<del>quodion in a</del>	no r art vr .				Yes	No
47 Did the o	rganization engage in lobbying activities or hav	e a section 501(h) electi	on in effect du	ring the tax y	ear? If "Yes," complete	e Sch. C, Part II	47		Х
	ganization a school as described in section 170	, ,					48		Х
	rganization make any transfers to an exempt no						49a		Х
	vas the related organization a section 527 organ						49b		
	e this table for the organization's five highest co						ach r	eceived ı	more
than \$10	0,000 of compensation from the organization. I	f there is none, enter "N	one."						
	(a) Name and title of each employee		(b) Avera		(C) Reportable compensation (Forms	(d) Health benefi		(e) Estim	
		_	per week d posit		W-2/1099-MISC)	employee benef plans, and deferre	t lan	nount of ompens	
	NON	E	μυδιι			compensation		onipens	alion
							_		
							_		
							_		
				_					
	mber of other employees paid over \$100,000			<u> </u>	<del> </del>				
	e this table for the organization's five highest co		t contractors w	ho each rece	ived more than \$100,	000 of compens	ation	from the	9
	tion. If there is none, enter "None." NON				\ <del>_</del>	1			
(a) i	Name and business address of each independer	11 CONTRACTOR		(D	) Type of service	(C)	Comp	pensatio	П
d Total nur	mber of other independent contractors each rec	oiving over \$100,000							
	rganization complete Schedule A? <b>Note</b> . All sec	. , ,	tione and 4047						
	e trusts must attach a completed Schedule A	( / ( / )		( )( )	•	<b>▶</b> [	v v	/oo	□ No
Under penalties of	of perjury, I declare that I have examined this return, incl	uding accompanying schedu	iles and statemer	nts, and to the b	pest of my knowledge and	bellef, it is true, co	orrect,	and comp	
Declaration of pre	eparer (other than officer) is based on all information of w	nich preparer has any know	leage.			ı			
Sign	Signature of officer					Date			
Here	SUBER HUANG, CHAIRM	ΔΝ							
	Type or print name and title	AII							
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
	Typo proparor o namo	sparor o orginaturo		5410	self- emplo	_			
Paid	MARGARET M. MCGINNIS				33.1 3.11610	•	28	4587	
Preparer	Firm's name SELDEN FOX,				Firm's EIN				
Use Only	Firm's address > 619 ENTERPR				Phone no.				
	THE PROPERTY OF THE PARTY OF TH				1 PHONE 110	0.00-3.1	_	エヨひひ	
	UVK BBUUK	TT. 60523-89	335		7 110110 1101				
May the IRS di	OAK BROOK, scuss this return with the preparer shown abov		335		1 110110 110			res	No

#### **SCHEDULE A**

(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.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

FOUNDATION OF THE AMERICAN SOCIETY

OF RETINA SPECIALISTS, INC.

Employer identification number 74-2955964

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 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.) 2 3 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 hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated a X Type I **b** Type II c Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No **AMERICAN** 9 SOCIETY OF R74-2251032 7,775. Х Х Х

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2013 (I					14	%
	Public support percentage from 2012					15	%
16a	<b>33 1/3% support test - 2013.</b> If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o	•		•		•	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2013

332022 09-25-13

# 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.)

Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-	
are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
iness under section 513  4 Tax revenues levied for the organ-	
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>b</b> Amounts included on lines 2 and 3 received	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	
amount on line 13 for the year	
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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(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	
anguired after June 20, 1075	
c Add lines 10a and 10b	
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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organ	nization,
check this box and stop here	<b>&gt;</b>
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<u>%</u>
16 Public support percentage from 2012 Schedule A, Part III, line 15	%
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<u>%</u>
18 Investment income percentage from 2012 Schedule A, Part III, line 17	<u>%</u>
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶□
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%	, and
<b>→</b>	n ▶
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organizatio	

# FOUNDATION OF THE AMERICAN SOCIETY

Schedule A	(Form 990 or 990-EZ) 2013 OF RETINA SPECIALISTS, INC.	74-2955964 Page 4
Part IV	(Form 990 or 990-EZ) 2013 OF RETINA SPECIALISTS, INC.  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III. line 12.
	Also complete this part for any additional information. (See instructions).	51 17 5, and 1 art III, III 6 12.
	Also complete this part for any additional information. (Occ instructions).	

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990 FOUNDATION OF THE AMERICAN SOCIETY

**Employer identification number** 

OF RETINA SPECIALISTS, INC. 74-2955964

Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-ga gover uising of ding of ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity				
		Yes	No					
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration		

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

Schedule G (Form 990 or 990-EZ) 2013

01572-21

74-2955964 Page 2

Schedule G (Form 990 or 990-EZ) 2013 OF RETINA SPECIALISTS, INC. Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		or furidialsing everit contributions and gr			events with gross receip	pts greater triair \$5,000.
			(a) Event #1 DRAGON BOAT RACE	AGON BOAT		(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	17,400.			17,400.
	2	Less: Contributions	15,000.			15,000.
	3	Gross income (line 1 minus line 2)	2,400.			2,400.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,237.			6,237.
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			•	6,237.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		<b>&gt;</b>	6,237. -3,837.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant		(a) Takal manainan (a dal
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization opera	_	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	rminated during the tax y	year?	Yes No
	_					

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

# FOUNDATION OF THE AMERICAN SOCIETY

Sch	edule G (Form 990 or 990-EZ) 2013 OF RETINA SPECIALISTS, INC. 74-	<u> 2955</u>	<u>964</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	ISD		90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	└─ No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Addisas			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Employee Employee			
47	Manualakan, aliabila, diana,			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	<b>п</b> .
	retain the state gaming license?	Ш	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
_				

### 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

mplete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 74-2955964

OF RETINA SPECIALISTS, INC.		74-29	955964
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INC			
DESCRIPTION OF PROPERTY:			AMOUNT:
DIVIDEND INCOME			2,833.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:			
DESCRIPTION OF OTHER REVENUE:			AMOUNT:
OTHER INCOME			639.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:			AMOUNT:
OFFICE EXPENSE			507.
MARKETING			5,104.
ANNUAL MEETING			4,611.
TOTAL TO FORM 990-EZ, LINE 16			10,222.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSE	ETS:		
CHANGES IN NET ASSETS OR FUND BALANCES:			AMOUNT:
UNREALIZED LOSS ON INVESTMENTS			-22,967.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
DUE TO ASRS 501(C)(6)	29	,731.	17,725.
ACCOUNTS PAYABLE		150.	0.
TOTAL TO FORM 990-EZ, LINE 26	29	,881.	17,725.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FOUNDATION ENDEAVORS

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

Schedule O (Form 990 or 990-EZ) (2013)

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public** 

Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 FOUNDATION OF THE AMERICAN SOCIETY Employer Name of the organization

OF RETINA SPECIALISTS, INC. **Employer identification number** 74-2955964

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.