Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

ring organizations of donor advised funds and contr must file Form 990. All other organizations with gro

Form 990-EZ (2008)

OMB No. 1545-1150 2008

Department of the Treasury Internal Revenue Service

tonor advised funds and controlling organizations as defined in section of other organizations with gross receipts less than \$1,000,000 and total in \$2,500,000 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.

For the 2008 calendar year, or tax year beginning , and ending D Employer Identification number C Name of organization Check if applicable: use IRS label or 74-2955964 The American Retina Foundation, Inc Name change print or Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number 904-998-0853 6816 Southpoint Parkway, Bldg. Termination Group Exemption City or town, state or country, and ZIP + 4 **Jacksonville** FL 32216 Number Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: X Cash Accruel Other (specify) a completed Schedule A (Form 990 or 990-EZ). H Check X if the organization is not required to attach Schedule B (Form 990, 990-FZ, or 990-PF). Website: ▶ N/A Check | if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. 261,337 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) - First Contributions, gifts, grants, and similar amounts received 51,505 199,605 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 9,802 Investment income 4 Gross amount from sale of assets other than inventory 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) (attach sch.) Less: cost or other basis and sales expenses 5b per of Sche Special events and activities complete a plicable Gross revenue (not including reported on line 1) ... Less: direct expenses other than fundraising expenses 425 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 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 C Other revenue (describe 8 261,337 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 87,895 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 312 Printing, publications, postage, and shipping 15 15 242,684 Other expenses (describe > See Statement 1 16 16 330,891 17 Total expenses. Add lines 10 through 16 ... 17 -69,554 553,776 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 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 Other changes in net assets or fund balances (attach explanation) 20 20 484,222 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 532,865 22 484,222 23 Land and buildings ... 23 23 Land and buildings
24 Other assets (describe See Statement 2 21,074 24 25 Total assets 553,939 ₂₅ 484,222 26 Total liabilities (describe > See Statement 3 163 26 0 484,222 553,776 27 27 Not assets or fund balances (line 27 of column (8) must agree with line 21)

Wi	The American Retina Foundation of the Internation of Program Service Accomplishments (at is the organization's primary exempt purpose? See Statement 4 Scribe what was achieved in carrying out the organization's exempt purposes. In a scribe the services provided, the number of persons benefited, or other relevant in	See the instruct	ions for Part III	l.)	(Required and (4) o and 4947	Page 2 penses d for 501(c)(3) rganizations (a)(1) trusts; for others.)
28	(Grants \$) If this amount includes foreign grants, ch	neck here		 		234,779
29	, want and a second grants, a					
30	(Grants \$) If this amount includes foreign grants, ch		<u>.</u>		a	
	(Grants \$) If this amount includes foreign grants, ch			 30	a	
31	Other program services (attach schedule)	, , , , ,		<u> </u>		
32	(Grants \$) If this amount includes foreign grants, cf. Total program service expenses (add lines 28a through 31a)			31 ► 32	_	234,779
	List of Officers, Directors, Trustees, and Key Employees. List ea (a) Name and address			(d) Con employee b	ctions for F tributions to enefit plans & ompensation	
.ş.	Attached List				0	0
	- CHENT	CC	DV			
			<u> </u>			
<u> </u>						
_				<u> </u>		
		·· <u> </u>				
_		· <u>·</u>				
			_			

	Street information [Note the statement requirements in the instructions for Fair	<u></u>	Yes	No
33	Did the organization engage in any activity not previously reported to the iRS? If "Yes," attach a detailed		\Box	
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			l
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			l
	and proxy tax requirements?	35a		X
b		35b		\sqcap
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.		\top	Г
b	Did the organization file Form 1120-POL for this year?	37b		l x
38a	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 unpaid at the start of the period covered by this return?	38a	1	l x
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:		1	
æ	halfest from and an included a		1	
ь	Gross receipts, included on line 9, for public use of club facilities 39b		1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1	
702	section 4911 > ; section 4912 ; section 4955 >		1	
h	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		1	
_	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Sched	I		
	L. Part I	40b		x
_	Enter amount of tax imposed on organization managers or disqualified persons during		+	<u> </u>
·	· · · · · · · · · · · · · · · · · · ·		1	
_	the year under sections 4912, 4955, and 4958			l
a	Enter amount of tax on line 40c simbles of by the or anization			l
•	All organizations. At any time duting the tak year, was the organization a party to a prohibited ax she or	[_	-	-
	transaction? If "Yes," complete Four 688	40e		X
41	List the states with which a copy of this return is filed. None		-	<u> </u>
42 a		ione no. ▶ 904-99	18-U	853
	6816 Southpoint Parkway, Bldg. 1000			
	***************************************	ZIP+4 ▶ 32216		
D	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)?		<u> </u>	X
	If "Yes," enter the name of the foreign country:		ľ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
¢	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	. • 43		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ			X

	organization engage in direct or indirect political campaign activities on be	ehalf of or in opposi	ition to				Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I								
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								X
49a Did the	organization make any transfers to an exempt non-charitable related orga	anization?				. 49a	Ь.	X
-	was the related organization(s) a section 527 organization?					. 49b		<u> </u>
	te this table for the five highest compensated employees (other than officeeived more than \$100,000 of compensation from the organization. If the		lone.*	mpensation	yees) who	C (a)	Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(0, 00	Пфоношоп	employee benefit plan deferred compensati	s& ac	count a	redi
None								
Total number of	of other employees paid over \$100,000		•		•	•		
-	te this table for the five highest compensated independent contractors whe sation from the organization. If there is none, enter "None."	no each received m	ore tha	n \$100,000	of			
compen	- , ,		Type of) Comper	setion	
compen	sation from the organization. If there is none, enter "None.") Comper	setion	
compen	sation from the organization. If there is none, enter "None.") Comper	sation	
compen	sation from the organization. If there is none, enter "None.") Comper	setion	
compen	sation from the organization. If there is none, enter "None.") Comper	setion	
compen (a) None	Name and address of each independent contractor paid more than \$100,000) Comper	setion	
compen (a) None	sation from the organization. If there is none, enter "None."	(b)	Type of	service	d to the best of my	unowledge		_
(a) None	Name and address of each independent contractor paid more than \$100,000 of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declars that I have examined this return, including ac	(b)	Type of	service	d to the best of my	unowledge		
(a) None	Name and address of each independent contractor paid more than \$100,000 If other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including ac and belter, it is true, correct, and complete. Declaration of preparer (other than off	companying scheduler licer) is based on all in	Type of	tements, and of which pro	d to the best of my laparer has any known	knowledge wledge.		AA instr
compen (a) None Fotal number (Name and address of each independent contractor paid more than \$100,000 Of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including ac and better, it is true, correct, and complete. Declaration of preparer (other than off Type or print name and title.	companying scheduler loor) is based on all in	Type of	terrients, and of which pro	d to the best of my leparer has any known	cnowledge.	umber (S	ee instr
compen (a) None Fotal number of the reserved in the reserv	Name and address of each independent contractor paid more than \$100,000 Of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including so and belter, it is true, correct, and complete. Declaration of preparer (other than off Typa or print name and title.	companying scheduler floer) is based on all in	Type of	terrients, and of which pro	d to the best of my leparer has any known	knowledge wledge.	umber (S	
Compen (a) None Total number of the state of the stat	Name and address of each independent contractor paid more than \$100,000 If other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including ac and belter, it is true, correct, and complete. Declaration of preparer (other than off Signature of officer Type or print name and title. Preparer's signature Firm's name (or yours Cornellium Schoul Leone	Date 5/11	Type of	terrients, and of which pro	d to the best of my laparer has any known	cnowledge.	umber (S	ee instr
compen (a) None	Name and address of each independent contractor paid more than \$100,000 Of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including so and belter, it is true, correct, and complete. Declaration of preparer (other than off Typa or print name and title.	Date 5/11 6 Mattaso	Type of	terrients, and of which pro	d to the best of my leparer has any known in the parer has any known in the parer's P006	cnowledge.	umber (%	_

Form	990)			Spec	ial Event	s Scheduk	•			200	8
			For calendar	year 2008, or	r tax year begin	ning		, and e	ending			
Name										Employe	r Identification N	lumber
The	Amer	ican	Retina	Founda	ation, I	Inc				74-2	955964	
			(A)	405	(B)	•	(C)	•	Others	•	Total	425
Gross n	eceipts contribut	ione .		<u>425</u> -		<u> </u>		-		<u> </u>		0
Gross n				425		<u> </u>		- -		<u> </u>		425
	direct ex			0				<u> </u>		<u> </u>		0
Net inco	ome (loss	3) :		425		<u> </u>		<u> </u>		<u> </u>		425
Descrip	tion:	(A)	Raffl	9								
		(B)										
		(C)										
		Others										
				_								
										_		
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5/11/2009 10:37 AM

74-2955964

Federal Statements

FYE: 12/31/2008

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
American College of Phys	64,627
ASRS meeting	27,673
Bank charges	978
Board meeting	2,988
Diabetic retinopathy	3,991
Internet	75
Macular degeneration	2,648
Marketing	1,822
Postage & shipping	1,337
Prudler retina research	45,000
Recognition books, plaques	2,771
Small grants program	86,300
Stationary	371
Telephone	551
Travel	50
Travel grant	1,502
Total	\$ 242,684

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

De criptor	CO	e Ye	 End of Year
Accounts Receivable		21,074	\$
Total ·	\$	21,074	\$ 0

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	ginning Year	 End of Year
Accounts Payable and Accrued Expenses	\$ 163	\$
Total	\$ 163	\$ 0

3533 The American Retina Foundation, Inc 74-2955964 Federal Statements

FYE: 12/31/2008

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The purpose or purposes for which the American Retina Foundation is organized are as follows:

- A. To operate exclusively for the benefit of the American Retina Foundation, a section 501(c)(3) charitable nonprofit organization;
- B. To receive and administer property acquired by gift, grant, purchase or otherwise for educational, scientific and charitable purposes;
- C. To make grants or other payments to the American Retina Foundation; and
- D. At all times and within such purposes, to operate exclusively for charitable, educational and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, and to transact such other business as may be permitted corporations exempt from tax under section 501(c)(3) of the code.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

The American Retina Foundation is a charitable foundation formed by the Vitrous locist, which is the large to organization of vitreoritinal specialists in the world. The foundation is deficited to the edication of the rolic in retina and vitreous disorders; to the continuin medical education of the vitreoretinal specialists in the United States and throughout the world; and to the promotion of research for new or more effective medical treatments and surgery for retina and vitreous diseases.

The American Retina Foundation is dedicated to education and the fight to prevent blindness in the United States and throughout the world.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service

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

Employer identification number Name of the organization 74-2955964 The American Retina Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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. X Type I Type II Type III—Functionally Integrated Type III-Other By checking this box, I certify that he organization is not controlled directly or in e di persons other than foundat ore sublicly supported n 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? X 11g(H) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (v) Did you notify (vi) is the (i) Name of supported (ii) EIN (Iv) is the organization (III) Type of organization (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support (i) organized in the above or IRC section governing document? col. (1) of your (see instructions)) U.S.7 support? Yes No Yes No Yes No The American Society of Retina Specialists 74-2251032 12 x X X

Sche				<u>coundation</u>			Page 2
	Support Schedule for Or (Complete only if you che				(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support						
	iendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,	(-)	,,,	,,	,,,,	,,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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)			Stan in			
	Public support. Subtract line 5 from line 4	,					
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	(4) 2004	(5) 2000	(0) 2000	(4) 2001	(0) 2000	[if rotal
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 g lin or loss from the sale of capital assets (Explain in Part IV.)	<u> </u>	NT	CC	PY		
11	Total support. Add lines 7 through 10		10/25-12/46				
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	_
	organization, check this box and stop here		*************				▶ ∐
<u> 5ec</u>	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2008 (line 6,	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2007 Schei	dule A, Part IV-A, li	ne 26f	,,,.,.		15	%
16a	33 1/3 % support test—2008. If the organic	zation did not chec	k the box on line 13	3, and line 14 ts 33	1/3 % or more, che	ack this box	
	and stop here. The organization qualifies a	s a publicly suppor	ted organization 🛒				▶ ⊔
ь	33 1/3 % support test—2007. If the organic	zation did not chec	k a box on line 13 o	or 16a, and line 15	is 33 1/3 % or mon	e, check this	_
	box and stop here. The organization qualifi						▶ ∐
17 a	10%-facts-and-circumstances test-2008	If the organization	n did not check a b				
	more, and if the organization meets the "fac	ts-and-circumstan	ces" test, check thi	s box and stop he e	re. Explain in Part l'	V how the	
	organization meets the "facts-and-circumsta	ances" test. The on	ganization qualifies	as a publicly supp	orted organization		▶ 🔲
þ	10%-facts-and-circumstances test-2007	7. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lin	ne 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstan	ces" test, check this	s box and stop her	re. Explain in Part f	V how the	_
	organization meets the "facts-and-circumsta					· · · · · · · · · · · · · · · · · · ·	▶ 🏻
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see in	nstructions	▶ 凵

Schedule A (Form 990 or 990-EZ) 2008

Sche	dule A (Form 990 or 990-EZ) 2008 The	American	Retina I	Coundation	n, Inc 74	<u>-2955964</u>	Page 3
	rt III Support Schedule for On	ganizations D	escribed in S	ection 509(a)(2)		
	(Complete only if you che	cked the box of	on line 9 of Pa	rt l.)			
	tion A. Public Support			_			
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	received from disqualified persons		-				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			best at			
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	2) 705	b) 20 5	(c) 20 6	1072007	(e) 2008	(f) Total
9	Amounts from line 6		V		7 1 1	(2)	(-7 :
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	:		1			
14	First five years. If the Form 990 is for the or	roanization's first	, ;	h. or fifth tax vear a	as a section 501/cV	3)	
•	organization, check this box and stop here	_		•		-,	▶ 🛚
Sec	tion C. Computation of Public Su				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,
15	Public support percentage for 2008 (line 8, o	okumn (f) divided i	by line 13, column	(f))		15	%
16	Public support percentage from 2007 Sched	ule A, Part IV-A, li	пе 27g				%
Sec	<u>tion D. Computation of Investmen</u>	<u>it Income Pen</u>	centage				
17	Investment income percentage for 2008 (line	e 10c, column (f) d	livided by line 13, o	column (f))	,	17	%
18	Investment income percentage from 2007 S	chedule A, Part IV	-A, line 27h				%
19a	33 1/3 % support tests—2008. If the organi						
	17 is not more than 33 1/3 %, check this box						▶ ⊔
b	33 1/3 % support tests—2007. If the organi line 18 is not more than 33 1/3 %, check this					•	▶ □
				- december and or hou			.,,,,, • H

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

St.	pplemental infor	metion. Complete t	his part to provid	to the exploration	ns 74-2955964 required by Part II, lite emption: (see Instruc	ie 10;
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Indirect	Depre	ciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
	MACRS: Credit card machine Computer	2/12/01 11/18/00	950 3,063 4,013		-	950 3,063 4,013	5 HY 200DB 5 HY 200DB	950 3,063 4,013	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	-	4,013 0 0 4,013			4,013 0 0 4,013		4,013 0 0 4,013	0 0 0

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State Asset Report

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FYE: 12/31/2008

Indirect Depreciation

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
1	MACRS: Credit card machine Computer	2/12/01 11/18/00	950 3,063 4,013	950 3,063 4,013	950 3,063 4,013	0 0	0	0 0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	-	4,013 0 0 4,013	4,013 0 0 4,013	4,013 0 0 4,013	0 0 0	0 0 0	0 0

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Depreciation Adjustment Report

FYE: 12/31/2008

All Business Activities

<u>Form</u>	<u>Unit</u>	\sset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACR	S Adjus	tments:				
Page 1 Page 1	1	1 2	Credit card machine Computer	0	0	0

3533 The American Retina Foundation, Inc 05/74-2955964 Future Depreciation Report FYE: 12/31/09 05/11/2009 10:37 AM

FYE: 12/31/2008

Indirect Depreciation

Asset	Description	Date In Service	Cost _	Tax	AMT
Prior M	IACRS:				
1 2	Credit card machine Computer	2/12/01 11/18/00	950 3,063	0 0	0
		1	4,013		
	Grand Totals	,	4,013	0	0

3533 The American Retina Foundation, Inc
74-2955964 Future Depreciation Report FYE: 12/31/09

FYE: 12/31/2008

Indirect Depreciation

05/11/2009 10:37 AM

Asset		Date in Service	Cost	State	AMT
Prior N	AACRS:				
1 2	Credit card machine Computer	2/12/01 11/18/00	950 3,063	0	0
	•		4,013	0	0
l	Grand Totals		4,013	0	0

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Federal Statements

3533 The American Retina Foundation, Inc

FYE: 12/31/2008 74-2955964

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	W C	ginning f Year	PA	cumulated preciation		End of Year	Acc	umulated preciation
	or.	4,013	w	4,013	φ.	4,013	တ	4,013
Total	ŵ	4,013	¢,	4,013	တ	4,013	φ	4,013

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning

, and ending

74-2955964

The American Retina Foundation, Inc

Net Asset / Fund Balance at Beginning of	Year			553,776
Revenue				
Contributions		51,505		
Program service revenue	1	99,605		
Investment income		9,802		
Capital gain / loss				
Special events:				
Gross revenue	425			
Direct expenses				
Net income		<u>425</u>		
Other income				
Total revenue		2	61,337	
Expenses				
Program services				
Management and general				
Fundraising				
Payments to affiliates				
Total expenses		3	30,891	
Excess / (deficit)				-69 <u>,554</u>
Reconciliation of Revenue	,	F	teconciliation of Expe	1\$ 0 \$
Total revenue per financial statements		Total expenses per i	financial statements _	
Lets:		Less:		
Unrealized gains		Donated service	±8	
Donated services		Prior year adjus	tments _	
Recoveries		Losses	_	
Other		Other	_	
Plus:		Plus:		
Investment expenses		Investment expr	enses _	
Other		Other	_	
Total revenue per return		Total expe	nses per return _	
		Balance Sheet		
E	Beginning	Ending	Differences	
Assets	553,939	484,222		
Liabilities	163			
Net assets	553,776	484,222	-69,554	:
	Miscellaneous Inf	ormation		
Amer	nded return			

5/15/09

Return / extended due date Failure to file penalty