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Department of the Treasury Internal Revenue Service

STATUTE CLEARED

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)

Open to Public Inspection

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

| | or the 20 | 04 calendar year, or tax year beginning | ding JUN 30 | <u>, 200!</u> | 5 |
|------------------------|--------------------------------|---|--|-----------------|--|
| | heck if | Please Use IRS CENTRAL FLORIDA LIONS EYE AND | | D Employe | r identification number |
| v | Address change | label or mar College DANTE TAIC | | 59 | 1458151 |
| <u> </u> | Name | type Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephon | |
| | Jchange ∃Initial Jreturn | Specific 1410 NORTH 21ST STREET | 110011100110 | | -289-1200 |
| 5 = | Final | Instruc- | | F Accounting | |
| 묶 ;== | Amended return | | | Other (specif | |
| Zawci Ope | Application pending | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts | H and I are not app | | ection 527 organizations. |
| ; — | _ponding | | H(a) Is this a group r | | |
| G W | Vebsite: I | | H(b) If "Yes," enter nu | | |
| | | | H(c) Are all affiliates | included? | N/A Yes I |
| KC | heck her | e 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. The | (If "No," attach a H(d) Is this a separat | | l by an or |
| 2 01 | rganizatio | on need not file a return with the IRS; but if the organization received a Form 990 Package $\ ig\lfloor$ | ganization cover | red by a gro | up ruling? Yes X I |
| 2010 | the mail | , it should file a return without financial data. Some states require a complete return. | I Group Exemption | n Number 🕨 | > |
| | | • | | | zation is not required to attac |
| | | eipts: Add lines 6b, 8b, 9b, and 10b to line 12 4, 372, 990. | Sch. B (Form 99 | 90, 990-EZ, o | or 990-PF). |
| Pa | rt I F | Revenue, Expenses, and Changes in Net Assets or Fund Balar | nces | <u></u> | |
| } | <u>ئ</u> | Contributions, gifts, grants, and similar amounts received: | | | |
| | _ | Direct public support 1a | 202,6 | 56. | |
| | I — | Indirect public support 1b | | | |
| ļ | | Government contributions (grants) | | | 000 656 |
| | ~ ° | Total (add lines 1a through 1c) (cash \$ 202,656. noncash \$ | | _) <u>1d</u> | |
| \$ | | Program service revenue including government fees and contracts (from Part VII, line 93) | | 2 | 3,862,420 |
| L | l | Membership dues and assessments | | 3 | FF 622 |
| K. | D 4 | Interest on savings and temporary cash investments | | 4 | 55,633 |
|) 6 6 6 | 5 | Dividends and Interest from securities | 120 6 | 36 5 | 116,900 |
| | 6 a | Gross rent C C SEE STATEMENT 1 6a | 129,6 | 30. | |
| C | b | Less: rental expenses 6b | | 60 | 129,636 |
| | | Net rental income er (less) (subtract line 6b from line 6a) Other investment income (describe | |) 7 | 125,050 |
| Revenue | | Gross amount from sales of assets other (A) Securities | (B) Other | | |
| eve | | than inventory K BKANCH 1,940. 8a | | | |
| Œ | b | Less: cost or other case and sales expenses 8b | 1,4 | 19. | |
| | С | Gain or (loss) (attach schedule) 1,940. 8c | -1,4 | | |
| ļ | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) STM | T 2 STMT | 3 80 | 521 |
| | | Special events and activities (attach schedule). If any amount is from <code>gaming</code> , check here <code></code> | > | | |
| | а | Gross revenue (not including \$ of contributions | | | |
| | ŀ | reported on line 1a) 9a | | | |
| | | Less: direct expenses other than fundraising expenses 9b | | | |
| | ì | Net income or (loss) from special events (subtract line 9b from line 9a) | | 90 | ; |
| | 1 | Gross sales of inventory, less returns and allowances 10a | · | | |
| | | Less: cost of goods sold | 10-1 | | |
| | 1 | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 1 | | 10 | 0.00 |
| | ľ | Other revenue (from Part VII, line 103) Total revenue (add lines 1d. 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) RECE | IVED | 11 | |
| | | | | 13 | 1 |
| | ľ | Program services (from line 44, column (B)) Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) MAR 1 | 7 2010 | 14 | |
| sə | 14 | Management and general (from line 44, column (C)) MAR 1 | ر ا ا | 15 | |
| sesue | ľ | Fundraising (from line 44, column (1))) | <u>†</u> ₩ [| | |
| xpenses | 15 | Payments to affiliates (attach schedule) | | 16 | i 1 |
| Expenses | 15 16 | Payments to affiliates (attach schedule) | | 16 | |
| | 15 16 17 18 | Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A)) · OGDE | | 17 | 3,434,513 |
| | 15 16 17 18 | Payments to affiliates (attach schedule) | | | 3,434,513 937,058 |
| Net Assets Expenses | 15 16 17 18 19 | Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)) | | 17 18 19 | 3,434,513 937,058 9,294,941 |

CENTRAL FLORIDA LIONS EYE AND TISSUE BANK, INC 59-1458151 Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program services (C) Management and general (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) noncash \$ 23 23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) <u>131,538</u>. 7,892 123,646. 0. 25 Compensation of officers, directors, etc. 25 1,350,427 26 Other salaries and wages 26 1,012,820. 337,607. 27 72,260 72,260. 27 Pension plan contributions 178,376 115,717. 62,659 28 28 Other employee benefits 85,714 114,285 28,571 29 29 Payroll taxes 30 30 Professional fundraising fees 42,000 42,000. 31 Accounting fees 31 13,971 32 13,971 32 Legal fees 20,818. 14,572. 6,246. 33 33 Supplies 106,803. 26,701 133,504. 34 Telephone 2,320. 35 7,733. 5,413. 35 Postage and shipping 70,438 21,131 49,307 36 Occupancy 36 11,940. 37 8,955 2,985 Equipment rental and maintenance 37 15.130. 12,104. 3.026. 38 Printing and publications 38 78,041 55,950 22,091. 39 39 33,367. 64,168 30,801 40 40 Conferences, conventions, and meetings 47,585 47,585 41 41 39,768 42 84,690 44,922 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a 43b 43c 43d 997,609 852,158 145,451 SEE STATEMENT 5 43e Total functional expenses (add lines 22 through 43).
Organizations completing columns (B)-(D), carry these totals to lines 13-15 3,434,513. 522,446 912,067 44 Joint Costs. Check \(\bigsim \) if you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ;(i i) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? **Program Service** PROCURE/PROCESS EYE TISSUE Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and EYE TISSUE PROCUREMENT & PROCESSING 6,478 EYES WERE PROCURED, 2,748 EYES WERE PLACED FOR SURGERY 3,730 EYES WERE USED IN RESEARCH 2,522,446. (Grants and allocations \$ b PUBLIC & PROFESSIONAL EDUCATION INCREASED AWARENESS OF NEED FOR TISSUE PROCUREMENT WITH LONG TERM GOAL OF INCREASING THE NUMBER OF DONORS (Grants and allocations \$ (Grants and allocations \$ d

Total of Program Service Expenses (should equal line 44, column (B), Program services)

2 ,

,446.

Form 990 (2004)

(Grants and allocations \$ (Grants and allocations \$

423011 01-13-05

e Other program services (attach schedule)

Part IV Ralance Sheets

Form 990 (2004)

| | | Balance Sheets | | т | | 1 | |
|-----------------------------|----------|--|----------------|---|--------------------------|----------|-----------------------|
| ote: | | e required, attached schedules and amounts d be for end-of-year amounts only. | within the des | cription column | (A) Beginning of year | | (B) End of year |
| | 45 | Cash - non-interest-bearing | | | 65,064. | 45 | 73,451. |
| | 46 | Savings and temporary cash investments | | - | 3,055,509. | 46 | 2,481,580. |
| | | | | | | | |
| | 47 a | Accounts receivable | 47a | 555,247. | | | |
| | b | Less: allowance for doubtful accounts | 47b | 43,383. | 447,683. | 47c | 511,864. |
| | 48 a | Pledges receivable | 48a | | | | |
| | b | Less: allowance for doubtful accounts | 48b | | | 48c | |
| | 49 | Grants receivable | | _ | | 49 | |
| ı | 50 | Receivables from officers, directors, trustees, | | | | | |
| ູ | | and key employees | 1 1 | _ | | 50 | |
| Assets | 51 a | Other notes and loans receivable | 51a | | | i | |
| ¥ ∣ | - | Less: allowance for doubtful accounts | 51b_ | | 40.007 | 51c | 20 100 |
| | 52 | Inventories for sale or use | | - | 42,027. | 52 | 38,128 |
| | 53 | Prepaid expenses and deferred charges | . [| Cost X FMV | 68,891. 5,203,631. | 53 | 71,775. 6,538,109 |
| | 54 | Investments - securities STMT 6 | | Cost X FMV | 5,403,631. | 54 | 0,530,105 |
| | 55 a | Investments - land, buildings, and | 55a | 190,402. | | | |
| 1 | | equipment: basis | 55a | 190,402. | | | |
| | b | Less: accumulated depreciation | 55b | 22,441. | 169,694. | 55c | 167,961 |
| | 56 | Investments - other | 330 | 22, 111. | 100,004. | 56 | 201,1302 |
| | | Land, buildings, and equipment: basis | 57a | 3,690,918. | | | |
| | | Less; accumulated depreciation | 57b | 558,680. | 544,112. | 57c | 3,132,238 |
| | 58 | Other assets (describe > | SEE STA | | 22,214. | 58 | 49,340 |
| | | | | | 0 (10 005 | _ | 12 064 446 |
| | 59 | Total assets (add lines 45 through 58) (must equ | al line /4) | | 9,618,825. | 59 | 13,064,446 365,867 |
| | 60 | Accounts payable and accrued expenses | | - | 318,536. | 60 | 303,007 |
| | 61 | Grants payable | | - | | 61 62 | 6,500 |
| S | 62 | Deferred revenue | | - | | 63 | 0,500 |
| Liabilities | 63 | Loans from officers, directors, trustees, and key e | impioyees | <u> </u> | | 64a | |
| abi | | Tax-exempt bond liabilities Mortgages and other notes payable | | <u> </u> | | 64b | 2,000,000 |
| | 65 | Other liabilities (describe REFUNDABL | יספאט א. | ידייפ ג'ד | 5,348. | 65 | 5,348 |
| | 00 | Other habilities (describe KEF ONDADE | ie Der Or | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3,340. | 100 | 37320 |
| | 66 | Total liabilities (add lines 60 through 65) | | | 323,884. | 66 | 2,377,715 |
| | Orgai | nizations that follow SFAS 117, check here 🕨 📙 | and comp | ete lines 67 through | | | |
| ű | | 69 and lines 73 and 74. | | | | | |
| ng S | 67 | Unrestricted | | - | · | 67 | |
| <u>ala</u> | 68 | Temporarily restricted | | - | | 68 | |
| <u> </u> | 69 | Permanently restricted | ► ▼ and | complete lines | | 69 | |
| Ē | Organ | nizations that do not follow SFAS 117, check here | allu dilu | complete mes | | | |
| ō | 70 | 70 through 74. Capital stock, trust principal, or current funds | | | 0. | 70 | 0 |
| ets | 70 71 | Paid-in or capital surplus, or land, building, and e | nunment fund | | 0. | 71 | 0 |
| SSI | 72 | Retained earnings, endowment, accumulated inco | | nds - | 9,294,941. | | 10,686,731 |
| • | | Total net assets or fund balances (add lines 67 t | | | | 12 | 10,000,101 |
| et 🏻 | 7.4 | | | | | | |
| Net Assets or Fund Balances | 73 | column (A) must equal line 19; column (B) must | | es 70 tillough 72, | 9,294,941. | 73 | 10,686,731 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| Form 990 (2004) | TISSUE | BA | NK, INC. | | | | | <u>4581</u> | |
|---|---|------------------|--------------------------------|--|--|---|---------------------------------------|--|--|
| F | econciliation of Revinancial Statements eturn | enue with | e per Audited n Revenue per | Part IV | | liation of Exp I Statements | enses with | per Au Expens | ıdited es per |
| per audited fin b Amounts includine 12, Form 9 (1) Net unrealized on investment (2) Donated service and use of face (3) Recoveries of year grants (4) Other (specify) Add amounts included of the control included of line 6b, Form 9 b Amounts included of line 6b, Form 9 | gains s \$ es lities \$ prior \$ S on lines (1) through (4) ne b ded on line 12, Form I line a: penses n 900 \$ | | a N/A b c | aud b Am line (1) Dor and (2) Pric rep; Fori (3) Los line (4) Oth Add c Line d Am 990 (1) Invo | or year adjustments orted on line 20, m 990 sees reported on 20, Form 990 er (specify): d amounts on lines e a minus line b ounts included on l b but not on line a: estment expenses included on e 6b, Form 990 | sents ine a but not on s s t through (4) | * | b c | N/A |
| (2) Other (specify | \$ | _ | | | er (specify): | \$ | | | |
| e Total revenue | on lines (1) and (2) per line 12, Form 990 e d) | | e | e Tot (lin | d amounts on lines al expenses per line e c plus line d) | e 17, Form 990 | A | e | |
| Part V List | of Officers, Directo | rs, T | rustees, and Key | Employe | es (List each one | even if not comper | | | |
| | (A) Name and add | ress | | (B) Title as per we | nd average hours eek devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Cont employ plans (comp | ributions to ee benefit k deferred ensation | (E) Expense account and other allowances |
| SEE STATE | MENT 8 | | | | | 131,538. | 16 | 759. | 10,000. |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | - - - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | director, trustee, or key emplo of which more than \$10,000 w | | | | | | and all r | elated | Form 990 (2004) |

| | 990 (2004) TISSUE BANK, INC. 59-1458 t VI Other Information | 151 | Yes | Page |
|---------|---|--------------|--------------|----------|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | Х |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | Х |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | Х | L |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | X | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79_ | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | x | |
| b | If "Yes," enter the name of the organization SEE STATEMENT 9 | 000 | - | |
| • | and check whether it is exempt or nonexempt. | | | |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions 81a 0. | | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | | Х |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an | | | |
| | expense in Part II. (See instructions in Part III.) | 1 | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not | | | ļ |
| | tax deductible? 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A | 84b 85a | | ├— |
| B5 _ | | 85b | | \vdash |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 630 | | |
| С | Dues, assessments, and similar amounts from members 85c N/A | Ì | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | 1 | i | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | 1 | ľ | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | 1 | | |
| Q | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues | | | ļ |
| | allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | 8 <u>5</u> h | ļ | <u> </u> |
| 86 | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A | į | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b N/A | - | | |
| 87 | 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A | 4 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| 00 | against amounts due or received from them.) 87b N/A | ┨ | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? | | | |
| | If "Yes," complete Part IX | 88 | | x |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: | " | | |
| | section 4911▶ | | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year or did it become aware of an excess benefit transaction from a prior year? | | | |
| | If "Yes," attach a statement explaining each transaction | 89b | | X |
| C | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under | | | _ |
| | sections 4912, 4955, and 4958 | | | 0 |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | 0 |
| | List the states with which a copy of this return is filed NONE | | | 3 |
| b na | Number of employees employed in the pay period that includes March 12, 2004 The backs are in each of the EXECUTION DIRECTION Talephone in the pay period that includes March 12, 2004 Talephone in the pay period that includes March 12, 2004 | 0 1 | 200 | |
| 91 | The books are in care of ► EXECUTIVE DIRECTOR Telephone no. ► 813-28 | | | |
| | Located at ► 1410 N. 21ST ST, #100, TAMPA, FL ZIP+4 ► 3 | 360 | 5-5 | 31 |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here | NT 4 | , ⊳ [| |
| | and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/ | A m 990 | |

Page 6

| Part VI | Analysis of Income- | Producing A | ctivities | (See page 33 of the instruc | tions.) | | |
|--|---|--|--|--|--|--|--|
| Note: Ent | ter gross amounts unless other | wise | | ed business income | | ded by section 512, 513, or 514 | (E) |
| indicated | _ | | (A) | (B) | (C) Exclu- | (D) | Related or exempt |
| 93 Prom | ram service revenue: | ! | Business code | Amount | sion | Amount | function income |
| | SSUE PROCESSING | PEES | | | | | 3,862,420. |
| h | | | | | | | 3,002,420. |
| ` — | | | | | | | |
| , — | | | | | | | |
| <u> </u> | | | | | | | |
| 6 | ease@daddoord.com.ento | | | | - | | |
| | care/Medicaid payments | | | | | | |
| | and contracts from government ag | encies | | | - | 1-1 | |
| | bership dues and assessments | | | | <u> </u> | | - |
| | est on savings and temporary cash | investments | | | 14 | | |
| | ends and interest from securities | | | | 14 | 116,900. | |
| 97 Net re | ental income or (loss) from real est | tate: | | | | | |
| a debt- | financed property | | | | 16 | | |
| b not d | ebt-financed property | | | | 16 | 50,507. | |
| 98 Net re | ental income or (loss) from person | al property | | | | · | <u> </u> |
| 99 Other | r investment income | | | | | | |
| 100 Gain | or (loss) from sales of assets | | | | 1 | | |
| other | than inventory | | | | 18 | 521. | |
| 101 Net in | ncome or (loss) from special events | s | | | | | |
| | s profit or (loss) from sales of inve | | | | | <u> </u> | |
| 103 Other | | , | | | | | |
| | SCELLANEOUS | | | | | | 3,805. |
| h | .00220.111000 | | | | - | ~ | |
| · - | | | | · | | · | |
| , <u> </u> | | | | | | | |
| <u> </u> | <u> </u> | · | | | ├─ | | |
| 104 Subt | otal (add columns (P) (D) and (E) | ` | | 0. | $\vdash \frown$ | 302,690. | 3,866,225. |
| | otal (add columns (B), (D), and (E) | • | <u> </u> | 0. | Ь | 302,030. | 4,168,915. |
| | l (add line 104, columns (B), (D), a e 1 <i>05 plus line 1d, Part I, shoul</i> d | | unt on line 1 | 2 Port I | | | 4,100,313. |
| Dort VI | Relationship of Acti | ivities to the | Accomp | lishment of Exemp | t Pui | rnoses (See name 34 of the | e instructions) |
| | , | | | | | | |
| Line No. | Explain how each activity for wheexempt purposes (other than by | | | | ınıpor | tantly to the accomplishment | of the organization's |
| <u>▼</u> | | | | | CITT | LUITON TO DOO | TAMENT NOD |
| <u>93a</u> | FEES FOR PROCUR | | | | SUE | WHICH IS ESS | ENTIAL FOR |
| 100 | THE MAIN EXEMPT | PURPOSE | OF PL | ACING EYES | | | |
| 103 | MISCELLANEOUS C | | IPTS R | ECEIVED IN C | <u>UNU</u> | UNCTION WITH | TISSUE |
| | PROCESSING OPER | ATIONS | O. b -: -:- | in and Biomenand | | -AiAi /C 04 - f4b - | |
| Part IX | (Information Regard | | Subsidiai | | ea E | ntitles (See page 34 of the | |
| Name, a | address, and EIN of corporation, | (B) Percentage of | | (C) Nature of activities | | Total income | (E) End-of-year |
| part | nership, or disregarded entity | ownership intere | | | | | assets |
| | | | % | <u></u> | | | |
| | | | 0/1 | | | | |
| | N/A | | % | | | | |
| | N/A | | % | | | | |
| | | | % | | | | |
| Part X | Information Regard | ing Transfer | % % s Associa | | | | |
| (a) Did | Information Regard | ing Transfer | % % S Associa | rectly, to pay premiums on | a pers | onal benefit contract? | Yes X No |
| (a) Did | Information Regard | ing Transfer | % % S Associa | rectly, to pay premiums on | a pers | onal benefit contract? | |
| (a) Did (b) Did | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and | ing Transfer eceive any funds, dia pay premiums, dire Form 4720 (see | % % S ASSOCIAL directly or indirectly or indirectly or indirectly or indirectly or instructions | rectly, to pay premiums on tly, on a personal benefit co | a perso ontract | onal benefit contract? | Yes X No |
| (a) Did (b) Did | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and | ing Transfer eceive any funds, dia pay premiums, dire Form 4720 (see | % % S ASSOCIAL directly or indirectly or indirectly or indirectly or indirectly or instructions | rectly, to pay premiums on tly, on a personal benefit co | a perso ontract | onal benefit contract? | Yes X No |
| (a) Did (b) Did Note: If | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare the correct, and complete Declaration in | ing Transfer eceive any funds, dia pay premiums, dire Form 4720 (see | % % S ASSOCIAL directly or indirectly or indirectly or indirectly or indirectly or instructions | rectly, to pay premiums on tly, on a personal benefit co | a perso ontract | onal benefit contract? | Yes X No |
| (a) Did (b) Did Note: If | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and | ing Transfer eceive any funds, dia pay premiums, dire Form 4720 (see | % % S ASSOCIAL directly or indirectly or indirectly or indirectly or indirectly or instructions | rectly, to pay premiums on tity, on a personal benefit co c) on accompanying chedules and dialinformation of which prepare | a persontract | ents, and to the best of my knowled by knowledge www.knowledge | Yes X No Yes X No |
| (a) Did (b) Did Note: If Please Sign Here | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare the correct, and complete Declaration in | ing Transfer eceive any funds, or premiums, direction 4720 (see at linave oxamined this reparer (other than off | % % S Associa directly or indirect or instructions s return, includir direct) is based or | rectly, to pay premiums on thy, on a personal benefit cos; on a accompanying chedules and all information of which prepare Date Date | a persontract | ents, and to the best of my knowled by knowledge brint name and title. Check if | Yes X No Yes X No |
| (a) Did (b) Did Note: If Please Sign Here | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare the correct, and complete Declaration in p Signature of office Preparer's signature | ing Transfer eceive any funds, or premiums, direction 4720 (see at linave oxamined this reparer (other than off | % % S ASSOCIAL directly or indirectly or indirectly or indirectly or indirectly or instructions | rectly, to pay premiums on thy, on a personal benefit cos; on a accompanying chedules and all information of which prepare Date Date | a persontract | ents, and to the best of my knowled by knowledge www.knowledge | Yes X No Yes X No Ige and belief, is true, |
| (a) Did (b) Did Note: If Please Sign Here Paid Preparer's | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare the correct, and complete Declaration in p Signature of office Preparer's signature Firm's name for T.ARSON | ing Transfer eceive any funds, of the property | % S Associated a constructions of the constructions of the constructions of the construction of the const | rectly, to pay premiums on thy, on a personal benefit cos; on a accompanying chedules and all information of which prepare Date Date | a persontract | ents, and to the best of my knowled by knowledge brint name and title. Check if self- | Yes X No Yes X No Ige and belief, is true, |
| (a) Did (b) Did Note: If Please Sign Here | Information Regard the organization, during the year, r the organization, during the year, r the organization, during the year, r "Yes" to (b), file Form 8870 and Under penalties of perjury, I declare for correct, and complete Declaration in p Signature of officer Preparer's signature Firm's name for yours of the pool of the | ing Transfer eceive any funds, of the property | % S Associated a constructions of the constructions of the constructions of the construction of the const | rectly, to pay premiums on thy, on a personal benefit cos; on a accompanying chedules and all information of which prepare Date Date | a personal a personal a statement has an | ents, and to the best of my knowled by knowledge brint name and title. Check if self-employed EIN | Yes X No Yes X No Ige and belief, is true, |
| (a) Did (b) Did Note: If Please Sign Here Paid Preparer's | Information Regard the organization, during the year, r the organization, during the year, p "Yes" to (b), file Form 8870 and Under penallies of perjury, I declare for correct, and complete Declaration in p Signature of offices Preparer's signature Firm's name for LARSON | ing Transfer eceive any funds, of the property | % % S Associa directly or indirect prinstructions s return, includir licer) is based or P TSHORE | ty, on a personal benefit costs, on a personal benefit costs, all information of which prepare Date | a personal a personal a statement has an | ents, and to the best of my knowledge who wild be to my knowledge who wild be to my knowledge who will be to my knowledge with the will be to my knowledge wi | Yes X No Yes X No Ige and belief, is true, |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the organization CENTRAL FLORIDA LIONS EYE AND Employer identification number 59 1458151 TISSUE BANK, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions, List each one, If there are none, enter "None.") (b) Title and average hours d) Contributions to (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation employee benefit plans & deferred per week devoted to more than \$50,000 position compensation DIR OF ADMIN GAYNELL SNYDER 1410 N 21ST STREET, TAMPA, FL 33605 40.00 80,402. 12,214 DIR OF OPER PATRICK GORE 69,500. 11,013 1410 N 21ST STREET, TAMPA, FL 33605 40.00 OUALITY MGR DAVID MORTON 67.228. 10.091 40.00 1410 N 21ST STREET, TAMPA, FL 33605 RAQUEL DIEN OUALITY ASSUR 1410 N 21ST STREET, TAMPA, FL 33605 40.00 59,404 7,791 BRANCH MGR JONATHAN CRISLER 56,890 9,472 1410 N 21ST STREET, TAMPA, FL 33605 Total number of other employees paid over \$50,000 Part II | Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 SULLIVAN & COMPANY, PA 3637 4TH STREET NORTH, SUITE 300, ST. PETERSBURG, ACCOUNTING 60,000. DAVID R. CARTER 210,000. LEGAL 419 US HWY 19 NORTH, NEW PORT RICHEY, FL 34652 Total number of others receiving over \$50,000 for professional services

3101/11-24-04 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

CENTRAL FLORIDA LIONS EYE AND

| Sched | ule A (Fo | orm 990 or 990-EZ) 2004 TISSUE BANK, INC. 59-1 | <u>.45815</u> | 1 1 | Page 2 |
|-----------------|---|--|------------------|----------|---------------|
| Par | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities S | | Yes | No | |
| | - | | | | |
| - | • | · | | | |
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| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | • | | | | |
| р | erson is | affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," | ļ | | |
| | | | | | |
| a S | ale, exch | nange, or leasing of property? | 2a | | <u> </u> |
| b L | ending o | of money or other extension of credit? | <u>2b</u> | | x |
| o E | urnichini | n of goods, carvings, or facilities? | 20 | | x |
| Cit | urmanin | y or goods, services, or racinities | 20 | | |
| d P | ayment | of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X | |
| e T | ransfer o | of any part of its income or assets? | 2e | ļ | х |
| 3 9 17 | ייטע או | ake grants for scholarships, fellowships, student loans, etc.? (If "Ves." attach an explanation of how | | | |
| y | ou deter | mine that recipients qualify to receive payments.) | 3a | <u> </u> | X |
| b D | o you ha | ave a section 403(b) annuity plan for your employees? | 3b | X | |
| | | | 4a | | х |
| b D | o you pr | rovide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | | X |
| Par | rt IV | Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) | | | |
| The o | rganızatı | on is not a private foundation because it is: (Please check only ONE applicable box.) | | | - |
| 5 | | A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). | | | |
| 6 | | A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, cit | ٧, | | |
| | | | | | |
| 10 | Ш | An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A) | \)(Ⅳ). | | |
| | | | | | |
| 11a | Ш | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| 11b | | | | | |
| 12 | لمضا | | | | |
| | | | ad. | | |
| | | | :u | | |
| | | by the organization after build buy, 1979. But souther business (a), 27. (1900 complete the business in Farth 74) | | | |
| 13 | | | | : | |
| - | | | 3).) | | - |
| - | | | (b)L | ne num | nber |
| | | (a) Name(s) of supported organization(s) | | rom ab | |
| | | | | | |
| | | | | | |
| | | | | | |
| 14 | | An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.) | | | |
| 42311 12-03- | 1 04 | Schedule A (I | orm 990 or | 990-E | Z) 2004 |

CENTRAL FLORIDA LIONS EYE AND Schedule A (Form 990 or 990-EZ) 2004 TISSUE BANK Page 3 INC 59-1458151 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (b) 2002 (a) 2003 (c) 2001 (d) 2000 beginning in) (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 28.898. 48,860 33,577 38,379 149,714 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 3,719,502, 3,503,644, 3,558,678, 2,707,485. 13,489,309. charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 165,687 132,272 154,454 257.452 709,865. Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 3.746.709 3,003,316 14. 348,888. 214,547 Line 23 minus line 17 161,170. 188,031 295,831 859,579. 24 38,807. 25 Enter 1% of line 23 37,467 30,033 26a N/A Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b N/A 26c Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 19 18 26b N/A 26d 26e N/A e Public support (line 26c minus line 26d total) N/A 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12; a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: 0. (2001) 0. (2000) 0. (2003)0 . (2002) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 0. (2002) 1,290,323. (2001) 761,179. 15 **149**,714. 16 c Add: Amounts from column (e) for lines: 639,023. and line 27b total 27d <u>311,054.</u> Add: Line 27a total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27g 71.9775%

4.9472%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

423121 12-03-04

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing | | Yes | N |
|---|--|------|--------------|--------------|
| | instrument, or in a resolution of its governing body? | 29 | | |
| | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, | | | 1 |
| | and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | lacksquare |
| | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of | | | |
| | solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known | | | |
| | to all parts of the general community it serves? | 31 | - | Ļ |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| | | _ | | |
| | | _ | | |
| | Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | T |
| | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | | T |
| | admissions, programs, and scholarships? | 32c | | |
| | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | T |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 525 | | T |
| | | _ | | |
| | Does the organization discriminate by race in any way with respect to: | | | |
| | Students' rights or privileges? | 33a | ├ | ╄ |
| | Admissions policies? | 33b | - | ╁ |
| | Employment of faculty or administrative staff? | 33c | ļ | ╀ |
| | Scholarships or other financial assistance? | 33d | | ╀ |
| _ | Educational policies? | 33e | | ╁ |
| • | Use of facilities? | 33f_ | | + |
| - | Athletic programs? | 33g | + | ╁ |
| h | Other extracurricular activities? | 33h | | + |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| | | _ | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | ļ | \perp |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | ļ | \downarrow |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, | | | |
| | 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

Schedule A (Form 990 or 990-EZ) 2004

| | art VI-A Lobbying I | | ecting Public Cha | | ige 9 of | the instruction | ns.) | <u>59</u> | 0-1458151 Page N/A |
|------------|--|---|---|-------------------|----------|-----------------|------------------------------|-----------|--|
| Che | | ation belongs to an affiliated | | | vou ch | ecked "a" and " | 'lımıted c | ontrol | provisions apply. |
| - | Li | mits on Lobbying I | Expenditures | | <u> </u> | (Affiliate | a) d group tals | | (b) To be completed for ALL electing organizations |
| _ | (1116 161 | in expenditures means am | ounts paid of incurred.) | | Τ | N/ | | | |
| 36 | Total lobbying expenditures t | o influence public opinion (c | rassroots (obbying) | | 36 | 147.2 | | | |
| 37 | Total lobbying expenditures t | | | | 37 | | | | |
| 38 | Total lobbying expenditures (| | ., | | 38 | | | | |
| 39 | Other exempt purpose expen | ditures | | | 39 | | | | |
| 40 | Total exempt purpose expend | ditures (add lines 38 and 39) |) | | 40 | | | | |
| 41 | Lobbying nontaxable amount | t. Enter the amount from the | following table - | | | | | | |
| | If the amount on line 40 is - | The lobbying | ng nontaxable amount is | - | | | | | |
| | Not over \$500,000 | 20% of the an | nount on line 40 |) | | | | | |
| | Over \$500,000 but not over \$1,000 | 0,000 \$100,000 plus | s 15% of the excess over \$500 | 0,000 | | | | | |
| | Over \$1,000,000 but not over \$1,5 | 00,000 \$175,000 plus | s 10% of the excess over \$1,00 | 00,000 | 41 | | | | |
| | Over \$1,500,000 but not over \$17, | | s 5% of the excess over \$1,500 | 0,000 | | • | | | |
| 40 | Over \$17,000,000 | \$1,000,000 | |) | 40 | | | | |
| | Grassroots nontaxable amou | , | than line OF | | 42 | | | | |
| | Subtract line 42 from line 36. Subtract line 41 from line 38. | | | | 43 | | | | |
| 44 | Subtract line 41 from line 30. | EIIICI -O- II IIIIC 4 I IS IIIOI C I | man nine so | | 44 | | - | | |
| | Caution: If there is an amo | ount on either line 43 or li | ne 44. vou must file Fo | rm 4720. | | | | | |
| Ca | lendar year (or | (a) | Lobbying Ex | (c) | | ar Averaging | Period (d) | | N/A (e) |
| _ | cal year beginning in) | 2004 | 2003 | 200 | 2 | | 2001 | | Total |
| 45 | Lobbying nontaxable amount | | | | | | | | 0. |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | : | | | 0. |
| 47 | Total lobbying | | | | | | | | |
| | expenditures | , , | | | | | | | 0. |
| 48 | Grassroots nontaxable | | | | | | | | |
| | amount | | | | | | | | 0. |
| 49 | Grassroots ceiling amount | | | | | ŀ | | | |
| _ | (150% of line 48(e)) | | | | | | | | 0, |
| 50 | Grassroots lobbying expenditures | | | | | | | | 0. |
| P | art VI-B Lobbying | Activity by Nonelectionly by organizations that did | | | he instr | uctions) | · | | N/A |
| Du | ring the year, did the organizati | | | | | • | | | |
| | uence public opinion on a legis | | · · · · · · · · · · · · · · · · · · · | ,, | | | Yes | No | Amount |
| a | | | | | | | | | |
| b | Paid staff or management (In | iclude compensation in expe | enses reported on lines c t | hrough h) | | | | |] |
| C | Media advertisements | | | | | | | | |
| d | Mailings to members, legislat | | | | | | ļ | <u> </u> | <u> </u> |
| е | Publications, or published or | | | | | | | ļ | |
| f | Grants to other organizations | | , | | | | - | | |
| 9 | Direct contact with legislators | · | | - | | | | - | |
| h : | Railies, demonstrations, sem | | s, lectures, or any other m | neans | | | - | L | 0. |
| ' | Total lobbying expenditures (If "Yes" to any of the above, a | | g a detailed description of | the lobbying actr | vities. | | | | <u> </u> |
| 423 11- | 141 24-04 | | | , , , | | | Sch | edule | A (Form 990 or 990-EZ) 2004 |

| Sched | ıle A (Form 990 or 990-EZ) 2004 | TISSUE BANK, IN | C | 59-1 | <u>45815</u> | 1 | Page 6 |
|---------------|-------------------------------------|--|-----------------------------|--|--------------|----------|--------|
| Par | | | | Relationships With Nonchar | ritable | | |
| | | zations (See page 11 of the instru | | | | | |
| 51 | | rectly or indirectly engage in any of t | | | | | • |
| • | • • | section 501(c)(3) organizations) or in ganization to a noncharitable exempt | | illical organizations? | | Yes | No |
| а | (i) Cash | janization to a noncharitable exempt | organization of. | | 51a(i) | ↓ | X |
| | (ii) Other assets | | | | a(ii) | <u> </u> | X |
| b | Other transactions: | | | | -(, | 1 | |
| - | | ts with a noncharitable exempt organ | nization | | b(i) | Ì | X |
| | | noncharitable exempt organization | | | b(ii) | | Х |
| | (iii) Rental of facilities, equipme | nt, or other assets | | | b(iii) | | X |
| | (iv) Reimbursement arrangeme | nts | | | b(iv) | | X |
| | (v) Loans or loan guarantees | | | | b(v) | | X |
| | • • | membership or fundraising solicitate | | | b(vi) | | X |
| | | mailing lists, other assets, or paid en | | | C | <u> </u> | X |
| d | | | | always show the fair market value of the | | | |
| | | given by the reporting organization. nent, show in column (d) the value of | | | | N/A | |
| | T | | the goods, other assets, or | | | IN/ A | |
| (a) Line r | | (c) Name of noncharitable exe | empt organization | (d) Description of transfers, transactions, an | d sharing a | rranger | nents |
| | | | | | | | |
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| | | | | | | | |
| 52 a | Is the organization directly or in- | directly affiliated with, or related to, or | one or more tax-exempt org | panizations described in section 501(c) of the | | | |
| - | Code (other than section 501(c) | • | | `▶ [| Yes | X | ON 🖸 |
| <u>b</u> | If "Yes," complete the following s | schedule: N/A | | | | | |
| | (a) |) | (b) | (c) | | | |
| | Name of or | ganization | Type of organization | Description of relation | 1511IP | | |
| | | | | | | | |
| | ···· | | <u> </u> | | | | |
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Bank of America Plaza 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 33602 813.229.7600 813.229.1660 fax

www.slk-tow.com

RONALD A. CHRISTALDI 813.221.7152 rchristaldi@slk-law.com

November 23, 2009

Florida Board of Accountancy 240 N.W. 76th Drive, Suite A Gainesville, Florida 32607

Re:

Complaint against Licensees Our File No. L65570-133936

Dear Sir or Madam:

This firm represents the Central Florida Lions Eye and Tissue Bank, Inc. d/b/a Lions Eye Institute for Transplant and Research, Inc. (the "Parent") and its related foundation, the Lions Eye Institute for Transplant and Research Foundation, Inc. (the "Foundation"). The Parent and Foundation are collectively referred to as the "Institute." Mr. Jason K. Woody is the President/CEO of the Institute. The Institute's contact information is as follows:

1410 N. 21st Street Tampa, Florida 33605 Phone: (813) 289-1200

The Institute, through its undersigned counsel, hereby files this complaint (the "Complaint") with the Florida Board of Accountancy (the "Board") against Kevin M. Sullivan, C.P.A. (License No. AC0010883), Karen M. Sullivan, C.P.A. (License No. AC0024475) and the accounting firm of Sullivan & Company, P.A. (License No. AD0010992). Kevin M. Sullivan, Karen M. Sullivan and Sullivan & Company, P.A. are collectively referred to as the "Firm." The Firm's contact information is as follows:

3637 Fourth Street North, Suite 300 St. Petersburg, Florida 33704-1336 Phone: (727) 822-8075

The Parent has engaged the Firm for approximately fifteen (15) years to provide it with tax and accounting services. The Foundation has engaged the Firm to provide it with tax and accounting

Florida Board of Accountancy November 23, 2009 Page 2

services since its formation in 2005. This engagement included the preparation and filing of the Institute's annual IRS Form 990, Return of Organization Exempt from Income Tax and the review and issuance of an accountant's report on the Institute's consolidated statement of financial position and related consolidated statements of activities and cash flows. The review and related report were required to conform to Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. These tax and accounting services were specifically delineated in written engagement letters (the "Engagement Letters") executed by the Firm and the Institute. Copies of the Engagement Letters for the relevant years are attached to this Complaint. Kevin Sullivan executed the Engagement Letter dated July 19, 2005, and Karen Sullivan executed the Engagement Letter dated July 19, 2007.

The Institute relied on the Firm to prepare and file the required IRS Forms 990 with the Internal Revenue Service (the "Service") as required by the Engagement Letters. The Engagement Letters specifically stated that the Firm "will also prepare the Organization's federal Form 990, Return of Organization Exempt from Federal (sic) Income Tax..." The Institute's expectation, based on the Engagement Letters and on direct and express representations by the Firm, was that the required tax returns had been prepared and filed with the Service. Notwithstanding those representations and the Firm's obligations pursuant to the Engagement Letters, the Institute recently became aware that the Firm had not prepared and filed IRS Forms 990 for the Institute's tax years ending June 30, 2005, 2006, 2007, and 2008.

The Firm's failure to prepare and file the required IRS Forms 990 could subject the Institute to significant financial penalties imposed by the Service. In addition, the Service could revoke the Institute's Internal Revenue Code Section 501(c)(3) tax exemption for failure to file the required tax returns. Accordingly, the Service can impose significant sanctions on the Institute as a result of the Firm's failure to prepare the Institute's IRS Forms 990.

The Engagement Letters specifically required the Firm to prepare the Institute's IRS Forms 990 for tax years 2005-2008. During this time period, the Institute fully complied with its obligations under the Engagement Letters and promptly paid all of the Firm's invoices, which included payment for preparing and filing IRS Forms 990 for tax years 2005-2008. We believe that the Firm's failure to prepare these tax returns constitutes gross negligence and a breach of its contractual obligations, which could have a material adverse impact on the Institute.

When the Institute discovered that the Firm had not prepared and filed the required IRS Forms 990 for tax years 2005-2008, its representatives immediately contacted the Firm to express their concern and attempt to promptly remedy the situation. In these discussions, Kevin Sullivan acknowledged that the required tax returns had not been prepared and that the Firm would promptly prepare the delinquent tax returns. Notwithstanding assurances to the contrary, the Firm has not been responsive to subsequent communications and inquiries from the Institute's representatives. Finally, after the continued failure to receive any of the delinquent tax returns or a firm timetable regarding a completion date for those returns, the Institute, through counsel, terminated its engagement of the Firm on September 14, 2009. A copy of the letter terminating the Institute's engagement of the Firm is attached to this Complaint.

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In that letter, the Institute demanded the return of its files, records and other materials in the Firm's possession so that it could prepare and file the delinquent tax returns with the Service. Since September 14, 2009, the Institute's counsel, in telephone conversations with Kevin Sullivan, has repeatedly demanded the return of these materials. Despite repeated written and oral demands, the Firm still has not provided any files, records, or other materials to the Institute. Accordingly, the Institute still is not in possession of the necessary materials to prepare and file the delinquent IRS Forms 990 for tax years 2005-2008. Surprisingly, rather than assisting the Institute in remedying the significant problem that it created, the Firm has been generally unresponsive and uncooperative.

Additionally, pursuant to the Engagement Letters, the Firm was required to review and issue an accountant's report on the Institute's consolidated statement of financial position and related consolidated statements of activities and cash flows. Despite the Firm's written obligation to issue a review of the Institute's financial position, these statements have been issued in draft form only for the Institute's fiscal years ended June 30, 2005, 2006, and 2007, and not even a draft report has been prepared for the fiscal year ended June 30, 2008. As a result, the Firm has not issued in final form a review of the Institute's financial position since June 30, 2004, even though the Institute has paid the Firm for the issuance of those reports. Accordingly, despite repeated demands, the Firm still has not issued in final form a review of the Institute's financial position for fiscal years 2005-2008.

The Firm's failure to prepare and file the required IRS Forms 990 and failure to issue a review of the Institute's financial position in final form constitutes gross negligence and a breach of its obligations set forth in the Engagement Letters. Additionally, the Firm's actions, or lack thereof, violate a number of statutory and administrative regulations that establish minimum standards for the conduct of certified public accountants licensed by the State of Florida.

The Firm's failure to prepare and file the Institute's IRS Forms 990 for tax years 2005-2008 and failure to issue a final review of the Institute's financial position for those same fiscal years constitutes a violation of Florida Statutes Section 473.315(2) which states that "A certified public accountant shall not undertake any engagement in the practice of public accounting which she or he or her or his firm cannot reasonably expect to complete with professional competence." The Firm's actions are also governed by Florida Statutes 473.323(g), which provides that negligence, incompetency, or misconduct in the practice of public accounting constitutes grounds for disciplinary action against a certified public accountant. In addition, the Firm's failure to retain the Institute's files, records, and other materials is a violation of both Florida Statutes, Section 473.318 and Florida Administrative Code, Section 61H1-23.002.

The Firm's failure to prepare the required tax returns and issue a review of the Institute's financial position also violates Florida Administrative Code Section 61H1-22.001 which states that "A licensee shall comply with the following general standards and must justify any departures therefrom: (1) Professional competence. A licensee shall undertake only those engagements which he or his firm can reasonably expect to complete with professional competence.... (2) Due professional care. A licensee shall exercise due professional care in the

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performance of an engagement. (3) Planning and supervision. A licensee shall adequately plan and supervise an engagement."

Finally, Florida Administrative Code Section 61H1-36.004(3)(a)(2) allows the Board to deviate from established disciplinary guidelines upon the showing of aggravating circumstances, including, in the case of negligence, the magnitude and scope of the engagement and the damage inflicted by the licensee's misfeasance. We believe that the Firm's actions in this case certainly rise to the level of gross misfeasance.

The Firm has not prepared the Institute's required IRS Forms 990 or issued a final review of its financial position since June 30, 2004. Accordingly, the Firm has not prepared the required tax returns or issued a final review of the Institute's financial position for more than four (4) years, even though the Firm has been paid for providing those services. The Firm has compounded this problem by being generally uncooperative and unresponsive in assisting the Institute in remedying this situation. In addition, the Institute will incur significant legal and accounting fees to address this matter.

As of the date of this letter, the required IRS Forms 990 still have not been filed with the Service because the Firm has not provided the Institute with the necessary files, records, and other materials to prepare the returns. In addition, the Institute must still deal with the Service in regard to the imposition of significant monetary penalties and potential loss of tax-exempt status under Internal Revenue Code Section 501(c)(3). At this point, it is impossible to determine what sanctions the Service will impose on the Institute, but the penalties and repercussions could be substantial.

I trust that the Board will take into consideration the Firm's gross misconduct and the severe consequences to the Institute in taking action on this Complaint. Please direct all future communications directly to me as counsel for the Institute.

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Sincerely yours,

Ronald A. Christald

RAC\lm/jar Enclosures (3)

| FORM 990 RENTAL INCOME | | STATEMENT 1 |
|--|--------------------|------------------------|
| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
| BUILDING - 5523 W. CYPRESS ST, TAMPA FL 33607 BUILDING - 1410 NORTH 21ST STREET, TAMPA FL 33605 | 1 2 | 50,507. 79,129. |
| TOTAL TO FORM 990, PART I, LINE 6A | | 129,636. |

| FORM 990 GAIN (LOSS) FROM N | NON-PUBLICLY | TRADED SECURIT | PIES S | TATEMENT 2 | | |
|-------------------------------|----------------------|------------------------|--------------------|-----------------------|--|--|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | MET ACQU | | | |
| VANGUARD INVESTMENTS | VARIOUS | VARIOUS | PURCHASED | | | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) | | |
| VANGUARD | 1,940. | 0. | 0. | 1,940. | | |
| TOTAL TO FM 990, PART I, LN 8 | 1,940. | 0. | 0. | 1,940. | | |

| FORM 990 GAI | N (LOSS) FROM | SALE OF OTH | ER ASSETS | ST | ATEMENT | 3 |
|---|------------------------------|---------------------------|--------------------|--------------------|------------------|-----|
| DESCRIPTION | | DATE ACQUIR | | | | |
| AUTOMOBILE & AWNING | | VARIOU | VARIO | US PURC | HASED | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GA OR (LO | |
| CASUALTY | 0. | 2,253. | 0. | 834. | -1,4 | 19. |
| TO FM 990, PART I, LN | 8 | 2,253. | 0. | 834. | -1,4 | 19. |
| FORM 990 OTHER | CHANGES IN NE | T ASSETS OR | FUND BALAN | CES ST | ATEMENT | 4 |
| DESCRIPTION | | | | | AMOUNT | |
| UNREALIZED GAIN/LOSS | | | | | 454,7 | 32. |
| TOTAL TO FORM 990, PAR | T I, LINE 20 | | | | 454,7 | 32. |
| FORM 990 | ОТ | HER EXPENSES | , | ST | ATEMENT | 5 |
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICE | | EMENT | (D) UNDRAISI | NG |
| INSURANCE CONTRACT LABOR PUBLIC EDUCATION PROGRAM DEVELOPMENT | 82,792 5,828 31,369 | 5,8 | 328. | 26,154. | | |
| & EVENTS APPRECIATION AWARDS PROFESSIONAL DUES VISION SHARE | 42,043 27,125 36,076 | • | | 27,125. 36,076. | | |
| EXPENSES LAB TESTING TISSURE ACQUISITION | 25,150 155,150 | 155,1 | .50. | | | |
| FEES EYE TRANSPORTATION STERILE LAB PRODUCTS PRESERVATIVES | 18,347 188,003 115,466 | 188,0 | 03. | | | |
| | 104 701 | 104 7 | | | | |
| SOLUTION REPAIRS & MAINTENANCE | 184,791 37,675 | | | 14,230. | | |

| CENTRAL FLORIDA LIONS | EYE AN | D TISSUE BA | AN . | | 59-1458151 | |
|--|-------------------|----------------------------|--------------------|----------------------------------|----------------------------------|--|
| RECRUITMENT BANK CHARGES | 2,524. 15,481. | | 1,893. | 631. 15,481. | | |
| INVESTMENT MANAGEMENT FEE MISCELLANEOUS PAYROLL FEES | | 7,762. 6,647. 5,380. | 4,035. | 17,762. 6,647. 1,345. | | |
| TOTAL TO FM 990, LN 43 99 | | 7,609. | 852,158. | 145,451. | | |
| FORM 990 | NON-G | OVERNMENT : | SECURITIES | | STATEMENT 6 | |
| SECURITY DESCRIPTION CO | ST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES | |
| MUTUAL FUNDS | FMV FMV | 6,338,059 | | | 6,338,059. | |
| TO FORM 990, LINE 54, C | OL B | 6,538,109 | • | | 6,538,109. | |
| FORM 990 | | OTHER A | SSETS | | STATEMENT 7 | |
| DESCRIPTION | | | | | AMOUNT | |
| DEPOSITS MISC OTHER RECEIVABLES LOAN COSTS, NET | | | | • | 4,808. 29,005. 15,527. | |
| TOTAL TO FORM 990, PART | 49,340. | | | | | |

| | V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES | | STATEMENT 8 | |
|--|--|-------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| JASON WOODY 1410 N. 21ST STREET TAMPA, FL 33605 | EXECUTIVE DIRE | | 16,759. | 10,000. |
| LOIS Q. MALECKY 4110 S. COLONY TERRACE HOMOSASSA, FL 34446 | PRESIDENT 0.00 | 0. | 0. | 0. |
| EDWARD C. HENDERSON 5936 17TH STREET NE ST. PETERSBURG, FL 33703 | VICE-PRESDIENT 0.00 | 0. | 0. | 0. |
| JOHN YOUNG 3307 RED MULBERRY CT TAMPA, FL 33618 | SECRETARY 0.00 | 0. | 0. | 0. |
| CHRISTOPHER J. O'LEARY 1725 DAYLILLY DRIVE NEW PORT RICHEY, FL 34655 | TREASURER | 0. | 0. | 0. |
| LEWIS GRODEN, MD 3130 OAKLYN AVENUE TAMPA, FL 33609 | MEDICAL DIRECT | OR 0. | 0. | 0. |
| NORMAN XANDERS 1320 GANDER LANE LAKELAND, FL 33813 | DIRECTOR 0.00 | 0. | 0. | 0. |
| LOUIS CANTRELL 1032 15TH AVE. N. ST. PETERSBURG, FL 33704 | DIRECTOR 0.00 | 0. | 0. | 0. |
| JACK FREEMAN 2728 SAND HOLLOW COURT CLEARWATER, FL 33761 | DIRECTOR 0.00 | 0. | 0. | 0. |
| DON GRIFFIN 21127 LAKE VIENNE DRIVE LAND O'LAKES, FL 34639 | DIRECTOR 0.00 | 0. | 0. | 0. |
| C. DAVID LLOYD 1505 WEATHERFORD DRIVE SUN CITY CENTER, FL 33573 | DIRECTOR 0.00 | 0. | 0. | 0. |

| CENTRAL FLORIDA LIONS EYE | AND TISSUE BAN | | 5 | 9-1458151 |
|---|---|----------|----------|-----------|
| KELLY MOSELY 10042 REMINGTON DRIVE RIVERVIEW, FL 33569 | DIRECTOR 0.00 | 0. | 0. | 0. |
| CATHERINE WALTON 4339 WHITTNER DRIVE LAND O'LAKES, FL 34629 | DIRECTOR 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, | PART V | 131,538. | 16,759. | 10,000. |
| FORM 990 IDENTIFIC | CATION OF RELATED OF PART VI, LINE 80F | | STAT | EMENT 9 |
| NAME OF ORGANIZATION | | | EXEMPT 1 | NONEXEMPT |
| LIONS EYE INSTITUTE FOR TRANSFOUNDATION, INC. | SPLANT AND RESEARCH | • | Х | |