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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$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

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Inspection

<b>A For the 2008 calendar year, or tax year beginning</b>		<b>Jul 1</b>	<b>, 2008, and ending</b>	<b>Jun 30</b>	<b>, 2009</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>			<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>THE SURGICAL EYE CARE FOUNDATION</b>			<b>26-4805028</b>
<input checked="" type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
<input checked="" type="checkbox"/> Initial return		<b>10336 SHREWSBURY RUN WEST</b>			<b>(901) 921-3807</b>
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4			<b>F Group Exemption Number</b>
<input type="checkbox"/> Amended return		<b>COLLIERVILLE</b>		<b>TN 38017</b>	
<b>G Accounting method</b>		<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual		
		Other (specify)		►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

<b>I Website:</b>	<b>N/A</b>		
<b>J Organization type (check only one)</b>	<input checked="" type="checkbox"/> 501(c) ( 3 )	(insert no)	4947(a)(1) or 527
<b>K Check</b>	<input type="checkbox"/>	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	

**L 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**

► \$ **10,000.**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)</b>			
<b>R E V E N U E</b>	<b>1 Contributions, gifts, grants, and similar amounts received</b>	<b>1</b>	<b>10,000.</b>
	<b>2 Program service revenue including government fees and contracts</b>	<b>2</b>	
	<b>3 Membership dues and assessments</b>	<b>3</b>	
	<b>4 Investment income</b>	<b>4</b>	
<b>6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here</b>	<b>5a</b>	<b>5c</b>	
<b>a Gross revenue (not including \$ of contributions reported on line 1)</b>	<b>6a</b>		
<b>b Less: cost or other basis and sales expenses</b>	<b>6b</b>		
<b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)</b>		<b>6c</b>	
<b>7a Gross sales of inventory, less returns and allowances</b>	<b>7a</b>		
<b>b Less: cost of sales</b>	<b>7b</b>		
<b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b>		<b>7c</b>	
<b>8 Other revenue (describe)</b>		<b>8</b>	
<b>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</b>		<b>9</b>	<b>10,000.</b>
<b>E X P E N S E S</b>	<b>10 Grants and similar amounts paid (attach schedule)</b>	<b>10</b>	
	<b>11 Benefits paid to or for members</b>	<b>11</b>	
	<b>12 Salaries, other compensation, and employee benefits</b>	<b>12</b>	<b>8,026.</b>
	<b>13 Professional fees and other payments to independent contractors</b>	<b>13</b>	
	<b>14 Occupancy, rent, utilities, and maintenance</b>	<b>14</b>	
	<b>15 Printing, publications, postage, and shipping</b>	<b>15</b>	
	<b>16 Other expenses (describe) See Other Expenses Statement</b>	<b>16</b>	<b>2,064.</b>
<b>A S S E T S</b>	<b>17 Total expenses (add lines 10 through 16)</b>	<b>17</b>	<b>10,090.</b>
	<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</b>	<b>18</b>	<b>-90.</b>
	<b>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)</b>	<b>19</b>	
	<b>20 Other changes in net assets or fund balances (attach explanation)</b>	<b>20</b>	
	<b>21 Net assets or fund balances at end of year Combine lines 18 through 20</b>	<b>21</b>	<b>-90.</b>

<b>Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ</b>		
(See the instructions for Part II)		
<b>22 Cash, savings, and investments</b>	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>23 Land and buildings</b>	<b>0. 22</b>	<b>660.</b>
<b>24 Other assets (describe)</b>	<b>0. 23</b>	<b>0.</b>
<b>25 Total assets</b>	<b>0. 24</b>	<b>0.</b>
<b>26 Total liabilities (describe) See I-26 Stmt</b>	<b>25</b>	<b>660.</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>0. 26</b>	<b>750.</b>
	<b>27</b>	<b>-90.</b>

**Part III Statement of Program Service Accomplishments (See the instructions.)**

## Expenses

(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts; optional  
for others )

Improving eyesight through education, research & access to care.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

## 28 Organization and marketing of new organization.

11. *What is the name of the author of the book?*

(Grants \$ 0 . ) If this amount includes foreign grants, check here

28a 10,090.

29

11. *What is the name of the author of the book you are reading?*

(Grants \$  ) If this amount includes foreign grants, check here

29 a

30

---

(Grants \$  ) If this amount includes foreign grants, check here

30 a

**31 Other program services (attach schedule)**

1

(Grants \$  If this amount includes foreign grants, check here

31 a

**32 Total program service expenses (add lines 28a through 31a)**

32

10,090.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>LAWRENCE J. MARCRUM, JR.</u>	EX. DIRECTOR			
<u>10336 SHREWBURY RUN WEST</u>	40.00	7,456.	0.	0.
<u>COLLIERVILLE</u>	TN 38017			
<u>CATHY SANBORN</u>	DIRECTOR			
<u>5860 RIDGEWAY CTR. PKWY., STE 250</u>	1.00	0.	0.	0.
<u>MEMPHIS</u>	TN 38120			
<u>THOMAS BROWN</u>	DIRECTOR			
<u>825 RIDGE LAKE BLVD, # 200</u>	1.00	0.	0.	0.
<u>MEMPHIS</u>	TN 38120			
<u>MARY HAMMONS</u>	DIRECTOR			
<u>3000 GETWELL RD.</u>	1.00	0.	0.	0.
<u>MEMPHIS</u>	TN 38118			

## Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		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

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

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a	X
35b	

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?

36	X
37a	0.

If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a

37b	X
38a	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	X
38b	

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b	
39a	

39a	
39b	

39 501(c)7 organizations Enter:

a Initiation fees and capital contributions included on line 9

39b	
40a	

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)3 organizations Enter amount of tax imposed on the organization during the year under:

40a	
40b	X

section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b 501(c)3 and (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?

40b	X
40c	

40c	
40d	

If 'Yes,' complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40d	
40e	X

d Enter amount of tax on line 40c reimbursed by the organization

40e	X
41	

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The books are in care of ► Cathy Sanborn

Telephone no ► (901) 684-1170

42a	
42b	X

42b	
42c	X

42c	
43	

43	
44	

44	
45	X

45	
BAA	

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49 a	X	
49 b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

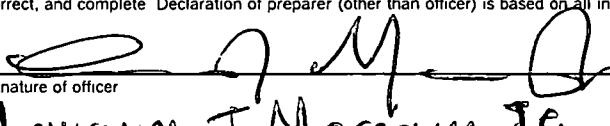
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other independent contractors receiving over \$100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ►  Date 10/14/2010  
 Signature of officer  
 ► Lawrence J. Marcus Jr. / Executive Director  
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <u>Catherine Y. Talton CPA</u>	Date <u>2/11/09</u>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Collins Thomas &amp; Associates, PLLC</u>		EIN ►	
	► <u>5860 Ridgeway Center Parkway, Suite 250</u>			
	<u>Memphis</u>	<u>TN 38120</u>	Phone no ►	<u>(901) 684-1170</u>

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
 Form 990-EZ (2008)

**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  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## THE SURGICAL EYE CARE FOUNDATION

**Employer identification number**

26-4805028

**Part I** **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 )  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )  
10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
h  a person who directly or indirectly controls, either alone or together with persons described in (i) and (ii),  Yes  No

**h** Provide the following information about the organizations the organization supports

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**Total**

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule A (Form 990 or 990-EZ) 2008**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

- 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')  
 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  
 3 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 ..  
 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)  
 6 **Public support.** Subtract line 5 from line 4

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1					10,000.	10,000.
2						
3						
4					10,000.	10,000.
5						
6						10,000.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

- 7 Amounts from line 4  
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  
 9 Net income from unrelated business activities, whether or not the business is regularly carried on  
 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  
 11 **Total support.** Add lines 7 through 10  
 12 Gross receipts from related activities, etc (see instructions)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7					10,000.	10,000.
8						
9						
10						
11						10,000.
12						12

- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . .

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

- 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))  
 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f

14	%
15	%

- 16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

- b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

- 17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization

- b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶

1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Amounts included on lines 1, 2, 3 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

c Add lines 7a and 7b

8 **Public support** (Subtract line

7c from line 6)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						
7c						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )

13 **Total support.** (add ins 9, 10c, 11, and 12)14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ 

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9						
10a						
b						
c						
11						
12						
13						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a <b>33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>
b <b>33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>

20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Name as Shown on Return <b>THE SURGICAL EYE CARE FOUNDATION</b>		Employer Identification No <b>26-4805028</b>	
<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>	
<b>Totals to Form 990-EZ, Part II, line 24</b>			
<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>	
<b>PAYROLL TAXES PAYABLE</b>			<b>750.</b>
<b>Totals to Form 990-EZ, Part II, line 26</b>			<b>750.</b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>AUTO EXPENSE</u>	<u>1,045.</u>
<u>MEALS &amp; ENTERTAINMENT</u>	<u>33.</u>
<u>OFFICE EXPENSE</u>	<u>355.</u>
<u>TAXES - OTHER</u>	<u>100.</u>
<u>TELEPHONE</u>	<u>531.</u>
Total	<u><u>2,064.</u></u>