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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1 , 2008, and ending 6/30 , 20 09

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization ARKANSAS LIONS EYE BANK & LABORATORY, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 4301 W MARKHAM, UAMS SLOT 523 Room/suite

City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72205

D Employer identification number 71-0634046

E Telephone number (501) 666-3939

G Gross receipts $ 31,569.

F Name and address of principal officer: GEOFF BROWN, 4301 W. MARKHAM, LITTLE ROCK, AR

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ eye.uams.edu

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986 M State of legal domicile: AR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

PROMOTION OF TISSUE DONATION AND TRANSPLANTATION IN ORDER TO PROVIDE QUALITY CORNEAS FOR MEDICAL TRANSPLANTS TO ARKANSAS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contribution and grants (Part VIII, line 1h)	31,481.	23,081.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,785.	7,365.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(36,841.)	(34,250.)
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,425.	(3,804.)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,468.	22,745.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses, Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,052.	9,986.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	42,520.	32,731.
	19 Revenue less expenses. Subtract line 18 from line 12	(27,095.)	(36,535.)

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	351,194.	314,281.
	21 Total liabilities (Part X, line 26)	727.	248.
	22 Net assets or fund balances. Subtract line 21 from line 20	350,467.	314,033.

Part II Signature Block

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

▶ Robert (Bob) Simpson — Signature of officer — Date 5-10-10

▶ Robert (Bob) Simpson, Board President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: J Burchfield, CPA — Date 5/4/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00079917

Firm's name (or yours if self-employed), address, and ZIP + 4: JERRY W. BURCHFIELD, CPA, P.O. BOX 1648, LITTLE ROCK, AR 72203 — EIN ▶ 71-0534194 — Phone no ▶ 501-376-6611

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

JSA
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Aug. 16, 2010 LTR 2694C 0 R
71-0634046 200906 67
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ARKANSAS LIONS EYE BANK &
LABORATORY INC
4301 W MARKHAM UAMS SLOT 523
LITTLE ROCK AR 72205

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Robert Simpson — 8/23/10

Signature of officer or trustee — Date

Board President

Title