

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



$\hat{\mathsf{Form}}$ 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation Section 4947(a)(1) Nonexempt Charitable Trus

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2008

Fo	or	cale	ndar	year 2008, or tax year be	ginning Ju	ly 1, 2	008, and e	nding	June 30	, 20 09		
G Check all that apply Initial return Final return Amended return							Address change Name change					
_	Use the IRS Name of foundation							A Employer identification number				
la		label.		Loma Linda Eye Founda	ation for the Preser	vation of Sight		95 3265965				
Otherwise, print or type.			t	Number and street (or P O box number if mail is not delivered to street address) Room/suite 37075 Marondi Drive				B Telephone number (see page 10 of the instructions) (909) 795-6509				
	ee	Spe	cific	City or town, state, and ZIP cod	e			C If exen	nption application is pend	ing, check here 🕨 🗌		
			ions.	Calimesa, CA 92320				D 1. For	eign organizations, che	ck here ▶		
Н				of organization: Section				2. For	eign organizations meet eck here and attach coi	ing the 85% test,		
_				47(a)(1) nonexempt charita				E if priv	ate foundation status	was terminated		
-				value of all assets at end Part II, col. (c),	J Accounting meth							
				446,070	Other (specify (Part I, column (d) mu	st be on cash basi	s)		foundation is in a 60-m section 507(b)(1)(B), cl			
G	a	rt 📗	amou	lysis of Revenue and Exp nts in columns (b), (c), and (d) ma mounts in column (a) (see page 11	y not necessarily equal	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)		
	T	1	Contri	butions, gifts, grants, etc., receiv	ed (attach schedule)							
	ı	2	Check	▶ ☑ if the foundation is not re	quired to attach Sch. B		ļ					
	-	3	Intere	st on savings and temporary	cash investments	148	+	0	148			
	ı	4	Divid	ends and interest from sec	curities ,	22,200	+	22,200	0			
	-						<u>' </u>	0	0			
,	,			ental income or (loss)		-2,394						
	ĕ∣			ain or (loss) from sale of ass sales price for all assets on line 6.		-2,00						
9	ָ בְּ			al gain net income (from F		···········	 	0				
Ď	2		•	hort-term capital gain .	· ·		<u> </u>		0			
				ne modifications					0			
	7											
_	4	76	Less	selections and allowances Cost of goods sold s profit or (loss) (attach sol	0							
Q		, , Ç	Gros	profit or (65) (attach sci	nedule) , , , ,				0			
8	ı	MH	Othei	income (attach schedule)		10.05	4	0	0			
٣-F		_		Add lines 2through 11	· · · · ·	19,954		22,200	148	4.667		
	Ses	ĴĠ	DE	ensation of officers, directo	rs, trustees, etc.	2,500		0	0	1,667		
	<u> </u>			<u>r employee sal</u> aries and wa ion plans, employee benef					0	0		
Ì	Exper	162	Lena	l fees (atta	ns		<u></u>	0	0	0		
		b	Acco	unting the same to	MAY 1 2000	3,100		0	0	3,100		
	IIVe	C	Othe	r professional fees (attach	schedule)		0	0	0	0		
3	2	17	Intere	,)	0	0	0		
	2	18	Taxes	(attach schedule) (see page 1			0	0	0	0		
	Ē	19		eciation (attach schedule)	and depletion	78		0	0			
	B			ipancy		54	+	0		360		
7	밀	21		el, conferences, and meetii	ngs		0	0		0		
i	ā	22 23		ng and publications .		1,65	·	0 75		1 500		
	֟֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟			r expenses (attach schedu		1,03	'		ļ — — "	1,580		
	ž.	24	Add	loperating and adminis lines 13 through 23	strative expenses.	7,86	9	75	o	6,707		
į	Operating and Administra	25		ributions, gifts, grants paid		20,00			<u>_</u>	60,000		
_	_	ı		expenses and disbursements		27,86		75	0	66,707		
		27	Subt	ract line 26 from line 12:								
				ss of revenue over expenses		-7,91	5					
		b	Neti	investment income (if neg	gative, enter -0-)			22,125		 		
_	_		Muju	sted net income (if negati	ive, enter -U-)	L			148	<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No 11289X

Form 990-PF (2008)



Part II		Attached schedules and amounts in the description column	Beginning of year	End o	d of year		
Рâ	rt II	Balance Sheets Anacheo schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	6,916	1,326	1,326		
		Savings and temporary cash investments	65,227	34,425	34,425		
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts ▶0	118	0	0		
	4	Pledges receivable ►					
	7	Less allowance for doubtful accounts ▶0	0	0	0		
	5	Grants receivable					
	_						
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)	_				
	7	Other notes and loans receivable (attach schedule)					
ts		Less allowance for doubtful accounts ▶					
Assets	8	Inventories for sale or use		 			
As	9	Prepaid expenses and deferred charges					
	10a	Investments-U S. and state government obligations (attach schedule)			<u> </u>		
	b	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)		·			
	11	Investments—land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach schedule) ▶					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	534,648	410,061	410,061		
	14	Land, buildings, and equipment basis ►					
		Less accumulated depreciation (attach schedule) ►	78	0	0		
	15	Other assets (describe ► Prepaid expenses)	434	258	258		
	16	Total assets (to be completed by all filers-see the					
		instructions. Also, see page 1, item I)	607,421	446,070	446,070		
	17	Accounts payable and accrued expenses	15,017	15,851			
Ś	18	Grants payable	60,000	20,000			
Liabilities	19	Deferred revenue		·	1		
Ē	20	Loans from officers, directors, trustees, and other disqualified persons.					
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)]		
_	22	Other liabilities (describe ►)			ļ		
	23	Total liabilities (add lines 17 through 22)	75,017	35,851			
alances		Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.					
a	24	Unrestricted		410,219			
	25	Temporarily restricted	0	0	-		
8	26	Permanently restricted	0	0	1		
Fund B		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			:		
Assets or	27	Capital stock, trust principal, or current funds	ļ		4		
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund .					
SS	29	Retained earnings, accumulated income, endowment, or other funds .	<u> </u>				
	30	Total net assets or fund balances (see page 17 of the					
Net	l	instructions)	532,404	410,219	<u> </u>		
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)					
		of the instructions)	607,421	446,070	<u> </u>		
	art II						
1	Tota	I net assets or fund balances at beginning of year-Part II, col	umn (a), line 30 (mu	st agree with			
		of-year figure reported on prior year's return)	1	532,404			
	Ente	r amount from Part I, line 27a		2	-7,915		
3	Othe	er increases not included in line 2 (itemize) ▶		0			
		lines 1, 2, and 3		4	524,489		
5	Deci	reases not included in line 2 (itemize) Vinrealized investme	nt losses		-114,270		
_0	rota	I net assets or fund balances at end of year (line 4 minus line	<u>5) —</u> Part II, column (b), line 30 6	410,219		

Part IV Capital Gains	and Losses for Tax on Inv	estment incom	e		
(a) List and describ 2-story brick ware	e the kind(s) of property sold (e.g., real house, or common stock, 200 shs ML	estate, C Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo, day, yr)
a Publically Traded secu	rities - mutual funds		Р	Various	5/12/09
b					
<u>c</u>			 		
<u>d</u>			 		
<u>e</u>	(5.5)	110		#2 C-	4>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus expen			in or (loss) (f) minus (g)
a 30,000		0	32,394		-2,394
b		-	- 		
<u>c</u>		 			
d					
Complete only for assets sh	lowing gain in column (h) and own	ed by the foundation	on 12/31/69		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess	of col (i)	col (k), but no	I (h) gain minus t less than -0-) or from col (h))
a NA	N/		NA		NA
a NA b		`	IVA	<u> </u>	14W
C					
d		1			
e					
If gain, also enter in Part If (loss), enter -0- in Part	or (net capital loss) { If (los ain or (loss) as defined in section I, line 8, column (c) (see pages	13 and 17 of the	rt I, line 7 } ' s): instructions).	3	-2,394
	r the section 4942 tax on the c s not qualify under section 494		int of any year ii		Private Foundation ? □ Yes ☑ No
Enter the appropriate an	nount in each column for each	vear: see page 18	3 of the instructi	ons before makir	ig any entries.
(a) Base period years	(b) Adjusted qualifying distribut		(c) nonchantable-use a	issets Dis	(d) stribution ratio
Calendar year (or tax year beginni 2007	19 117				divided by col (c)) - 1st Year as
2006					
2005					te roundation
2004				Previous	te Foundation
2003				Previous	
				Previous	
Total of line 1 column #	n				sly Public Charity
•	•			2	sly Public Charity
Average distribution ratio	for the 5-year base period—d	livide the total on	line 2 by 5, or b	2	sly Public Charity
Average distribution ratio	•	livide the total on	line 2 by 5, or b	y the	sly Public Charity
Average distribution rationumber of years the four	for the 5-year base period—d	livide the total on If less than 5 years	line 2 by 5, or b	y the	sly Public Charity NA
Average distribution ration number of years the four Enter the net value of no	o for the 5-year base period—dindation has been in existence in	livide the total on If less than 5 years 8 from Part X, line	line 2 by 5, or b	y the	NA
Average distribution ration number of years the four Enter the net value of not Multiply line 4 by line 3	o for the 5-year base period—d ndation has been in existence in encharitable-use assets for 200	livide the total on If less than 5 years 8 from Part X, line	line 2 by 5, or b	y the 3	NA NA
Average distribution ration number of years the four Enter the net value of not Multiply line 4 by line 3. Enter 1% of net investment	o for the 5-year base period—dindation has been in existence in concharitable-use assets for 200	livide the total on If less than 5 years 8 from Part X, line	line 2 by 5, or b	y the 3	
number of years the four Lenter the net value of no Multiply line 4 by line 3 Lenter 1% of net investm Add lines 5 and 6 Lenter qualifying distribution	o for the 5-year base period—dendation has been in existence in existence in existence in existence for 200 cm	livide the total on If less than 5 years 8 from Part X, line	line 2 by 5, or b	y the 3	NA NA NA NA NA

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	ne ins	tructi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)						
	Date of ruling letter (attach copy of ruling letter if necessary—see instructions)						
b	b Domestic_foundations that meet the section 4940(e) requirements in Part V, check						
	here ► □ and enter 1% of Part I, line 27b		}				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% J of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0				
3	Add lines 1 and 2		443				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .		0				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		443				
6	Credits/Payments:			1			
a	2008 estimated tax payments and 2007 overpayment credited to 2008						
b	Exempt foreign organizations—tax withheld at source . Tax paid with application for extension of time to file (Form 8868) 6c 443						
d	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d	_	443				
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached		0				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10		0				
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax ▶ 0 0 Refunded ▶ 11		0				
Par	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a_		✓_			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		1			
	of the instructions for definition)?						
	published or distributed by the foundation in connection with the activities.						
С	c Did the foundation file Form 1120-POL for this year?						
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on						
	foundation managers. \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		✓			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		√			
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		√			
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		V			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	3		<u> </u>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ľ				
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6	1				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	1				
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) > California						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		 				
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<u> </u>	✓			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	<u> </u>		<u> </u>			
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		/			
10	page 27)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	"		 			
	names and addresses	10		✓			

Form	990-PF (2008)		Р	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		1
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
14	Telephone no.	7656 92320		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ □
Par	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			_NA
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . \square Yes \square No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		1
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
_	to all years listed, answer "No" and attach statement—see page 20 of the instructions.).	2b		· •
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business			
L				
D	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the			
	foundation had excess business holdings in 2008.)	3b	7	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	L	✓

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?

4b

Page	6
------	---

Рa	rt VII-B Statements Regarding Activities	for W	hich Form	4720	May Be I	Requir	ed (con	tinued)		
During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?								5b	N A	
	Did the foundation, during the year, receive any					miume				
b	on a personal benefit contract? Did the foundation, during the year, pay premiums If you answered "Yes" to 6b, also file Form 8870.	s, direct		y, on a	personal be	 enefit co	ntract?		6b	/
	At any time during the tax year, was the foundation a							✓ No		-10
	If yes, did the foundation receive any proceeds or art VIII Information About Officers, Dire							hy Paid	7b	NA
1 6	and Contractors	otors,	i i i u sices,	1 Outle	Jation IVIa	mayer	s, mgn	ny raid	Linbid	уссэ,
1	List all officers, directors, trustees, foundation	on mar	agers and t	heir co	mpensatio	on (see	page 2	2 of the	instru	ctions).
	(a) Name and address	hou	e, and average rs per week ed to position		mpensation paid, enter -0-)	emplo	Contribution yee beneficerred comp	it plans		nse account, llowances
	e Attached Schedule				2,500			0		0
			:							
2	Compensation of five highest-paid employee If none, enter "NONE."	es (othe	er than thos	e inclu	ded on lin	e 1 – s	e page	23 of ti	he instr	uctions).
	(a) Name and address of each employee paid more than \$50	0,000	(b) Title, and a hours per v devoted to p	week	(c) Compe	nsation	employe plans and		(e) Exper	nse account, illowances
NC	DNE									
		_								
				·						
To	tal number of other employees paid over \$50,00	00 .			· <u>· ·</u> ·				>	0

Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	dation Managers, Highly Paid	l Employ	ees,
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If no	ne, enter '	'NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	
Rogers, Anderson, Malody and Scott, CPA San Bernardino, CA	Accounting & Tax preparation		3,100
	·		
Total number of others receiving over \$50,000 for professional services		<u> ▶</u>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct chantable activities during the tax year. Include relevant st of organizations and other beneficianes served, conferences convened, research papers produced		Expen	ises
1 Grant to "The Dorothy McNeill Walker Ophthalmology Resident Fund" Foundation to fund education & research for the LLU Ophthalmology r conference presentations, textbooks, and funds for Grand Rounds lect	esident training program,		60,000
2			
3			
4			
Part IX-B Summary of Program-Related Investments (see page 2	23 of the instructions)	<u></u>	
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2	Amoi	unt
1 NONE			
2			
All other program-related investments See page 24 of the instructions		 	
3			
Total. Add lines 1 through 3		 	

Par	Minimum Investment Return (All domestic foundations must complete this part. see page 24 of the instructions.)	Foreign foundation	າຣ,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a 4/48,	602
b	Average of monthly cash balances	1b 3	120
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d 451,	722
e	Reduction claimed for blockage or other factors reported on lines 1a and .		
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3 451	722
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 25		
-	of the instructions)	4 6,	776
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 444,	946
6	Minimum investment return. Enter 5% of line 5		<u>,247</u>
Pai	TEXI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) pri foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.		
1	Minimum investment return from Part X, line 6	1 22	,247
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	443
3	Distributable amount before adjustments Subtract line 2c from line 1	3 21	,804
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5 21	,804
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 21	,804
Pai	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26		<u>,707</u>
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	_3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 66	<u>,707</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_ 	,707
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the found	ation

Par	t XIII Undistributed Income (see page 2	6 of the instruction	ons) First Year	Cyline as Only	ate Foundation
Гаі	C All Chaistibated income (See page 2	(a)	(b)	(c)	
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	(d) 2008
•	line 7				21,804
2	Undistributed income, if any, as of the end of 2007.				
а	Enter amount for 2007 only			NA	
b	Total for prior years: 20,20		NA NA		
3	Excess distributions carryover, if any, to 2008:			Ĭ	ļ
a	From 2003				
b	FIOIII 2004				
C	From 2005				
d	From 2006				
e f	Total of lines 3a through e	0			
4	Qualifying distributions for 2008 from Part XII,				
•	line 4: ►\$66,707				
а	Applied to 2007, but not more than line 2a .			NA	
	Applied to undistributed income of prior years (Election				
	required—see page 26 of the instructions)		NA NA		
С	Treated as distributions out of corpus (Election		ļ		
	required—see page 26 of the instructions)	NA			04.004
đ	Applied to 2008 distributable amount	44,903			21,804
e	Remaining amount distributed out of corpus .	44,903			0
5	Excess distributions carryover applied to 2008.				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	44,903			
b	Prior years' undistributed income. Subtract line 4b from line 2b		NA		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been	:			
	issued, or on which the section 4942(a) tax has		NA		
	been previously assessed		, IVA		
u	amount—see page 27 of the instructions .		NA		,
е	Undistributed income for 2007. Subtract line				
٠	4a from line 2a. Taxable amount—see page				
	27 of the instructions		, ,	NA NA	
f	Undistributed income for 2008. Subtract lines			_[
	4d and 5 from line 1. This amount must be				
	distributed in 2009		·······		0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)	0			
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a	44,903			
10	Analysis of line 9				
a	Excess from 2004	{			
b	Excess from 2005 . 0	1			
c d	Excess from 2006 0 Excess from 2007 0	{			
-	Excess from 2008	4			

Page 10
4942(j)(5) (e) Total
re in assets
he foundation
portion of the

Form 990-PF (2008)

<u> </u>	t XIV Private Operating Found	dations (see par	ge 27 of the inst	ructions and Pa	rt VII-A. guestion	1 9)	
					117, 900000		
Ia	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling						
b	Check box to indicate whether the fou				ction 4942(j)(3	3) or 4942(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total	
	income from Part I or the minimum I	(a) 2008	(b) 2007	(c) 2006	(d) 2005	<u> </u>	
	each year listed	<u>.</u>					
b	85% of line 2a						
С	Qualifying distributions from Part XII,						
	line 4 for each year listed		-	<u> </u>			
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made directly						
	for active conduct of exempt activities. Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
	alternative test relied upon:		}				
а	"Assets" alternative test-enter.						
	(1) Value of all assets		 		 		
	(2) Value of assets qualifying under section 4942(i)(3)(B)(i)						
b	"Endowment" alternative test—enter ¾ of						
	minimum investment return shown in Part X, line 6 for each year listed .						
c	"Support" alternative test—enter.						
_	(1) Total support other than gross			į			
	investment income (interest,						
	dividends, rents, payments on securities loans (section						
	512(a)(5)), or royalties)	ļ	ļ	} _	}	<u> </u>	
	(2) Support from general public and 5 or more exempt						
	organizations as provided in						
	section 4942(j)(3)(B)(iii)			†	 		
	an exempt organization						
	(4) Gross investment income						
Pa	rt XV Supplementary Informati				n had \$5,000 or	more in assets	
	at any time during the y		27 of the instru	uctions.)			
1	Information Regarding Foundation List any managers of the foundation		uitad mara than O	% of the total cent	ributions resoured	by the foundation	
a	before the close of any tax year (but						
No				, ,	,		
	List any managers of the foundation	n who own 1004	or more of the sta	ck of a corporation	on (or an oqually la	rae portion of the	
О	ownership of a partnership or other	r entity) of which	the foundation ha	s a 10% or greate	er interest.	ige portion of the	
No	ne			_			
2	Information Regarding Contributi	on, Grant, Gift, L	oan, Scholarship	o, etc., Programs	•		
	Check here ► if the foundation	only makes con	tributions to prese	elected charitable	organizations and	does not accept	
	unsolicited requests for funds. If the organizations under other condition	ie roundation mal is, complete item	kes gιπs, grants, ε s 2a, b. c. and d	etc (see page 28	ot the instructions	i) to individuals or	
	The series address and talanhara						
а	The name, address, and telephone	number of the pe	erson to whom ap	plications should	be addressed:		
Ma	ry A. Park, 37075 Marondi Drive, Ca	limesa, CA 9232	0 909 795-6509				
b	The form in which applications sho	uld be submitted	and information a	and materials they	should include:	_	
Det	ailed written request, description o	f project, budget	t, other funding s	ources, relations	hip to Foundation	mission	
	Any submission deadlines auary 31 of each year					_	
d	Any restrictions or limitations on a	awards, such as	by geographical a	reas, charitable f	ields, kinds of ins	titutions, or other	

Non-profit education and/or medical research organizations focused on improving life through use of cadaver tissues, etc.

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year Loma Linda University Foundation NA Exempt Support education and **Dorothy McNeill Walker Ophthalmology** research for the residents Residents Fund and fellows in the Loma Loma Linda, CA 92350 **Linda University** Ophthalmology department 60,000 Total 60,000 За **b** Approved for future payment Loma Linda University Foundation Exempt Support education and **Dorothy McNeill Walker Ophthalmology** NA research for the residents Residents Fund and fellows in the Loma Loma Linda, CA 92350 **Linda University** Ophthalmology department 20,000 Total

20,000

Part XVI	-A Analysis of Income-Producing	Activities				
nter gross amounts unless otherwise indicated.			siness income	Excluded by section	(e)	
	m service revenue [.]	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•						
_						
-						
f						
0 Fee	s and contracts from government agencies					
	ership dues and assessments					
	on savings and temporary cash investments			14	148	
	nds and interest from securities			14	22,200	
	ntal income or (loss) from real estate:					
	ot-financed property					
	debt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than inventory			18	-2,394	
	come or (loss) from special events					
	profit or (loss) from sales of inventory .					
	revenue: a					
			L	<u> </u>		
c				<u> </u>		
d						
е						
12 Subtot	al Add columns (b), (d), and (e)	L	0	<u> </u>	19,954	
3 Total.	Add line 12, columns (b), (d), and (e)				13	19,954
	sheet in line 13 instructions on page 28 to				 	
	-B Relationship of Activities to the	Accomplish	ment of Exer	mpt Purposes	<u> </u>	
Line No. ▼	Explain below how each activity for w the accomplishment of the foundation page 28 of the instructions.)	nich income is in is exempt purp	poses (other that	an by providing	funds for such	purposes). (See
	 					
						
						
					 _	
						
						
		·				
						
						
						
			· -			

Par	t XVII		n Regarding rganizations	Transfers	To and	Transa	actions	and Re	lationship	s With	Non	chari	tabl
1	ın sect		lirectly or indirec e Code (other th									Yes	No
а	_		porting foundation	on to a nonc	haritable e	xempt o	roanizatio	n of:					
ű	(1) Ca										1a(1)		✓
		ner assets									1a(2)		√
ь	Other	transactions											
	(1) Sal	es of assets to	a noncharitable	e exempt org	anızatıon						1b(1)		√
	(2) Pui	rchases of asse	ets from a nonch	narıtable exel	mpt organı	zation .					1b(2)		<u>√</u>
			, equipment, or	other assets							1b(3)		√
		imbursement a	•								1b(4)		√
		ans or loan gua				olimitotioi			•	•	1b(5) 1b(6)		<u> </u>
_			ervices or memb equipment, mailii	' = '	_						1c		1
a) Lu	value i		ther assets, or se on or sharing arra (c) Name of no		now in colu	mn (d) th	ne value o	f the good		sets, or se	rvices	s rece	ıved.
													
	descril	bed in section s," complete the	ectly or indirectl 501(c) of the Co e following sche	de (other tha	an section	501(c)(3)	one or me	ore tax-ex otion 527	?			es 🔽	No
		(a) Name of or	yanızatıçı	(0) Type of org	anization			(c) Descripti	on of relation	nship		
			-	 	 -					-			
_											_		_
						_		<u> </u>	 -				
a	bellet, it	enalties of perjury, is true, correct, and true of officer or true	I declare that I have decomplete Declaration	examined this re on of preparer (o	tum, including ther than taxp	g accompa payer or fid	inying sched luciary) is bar 5-7-32 Date	sed on all in	etements, and formation of w	hich preparei	f my kn r has ar	owledg iy know	ge and /ledge
olgn Here	Paid Preparer's Use Only	Preparer's	U			Date		Check if self-empl		Preparer's number (s page 30 d	see Sig	gnatur	e on
	Pa epa se (signature											
	٦٥	Firm's name (or ye self-employed), ac						·	EIN ▶				
		and ZIP code	<u> </u>						Phone no.				

Loma Linda Eye Foundation for the Preservation of Sight 2008 Form 990-PF Fiscal Year Ending June 30, 2009

Part I Line 19 and Part II Line 14

Part I Line 19 and Part II Line 14					6/20/0000
		6/30/2008	2008-08	6/30/2009	6/30/2009 Net
Data	Cost				
Date	Cost	Acc Dep	Depreciation	Acc Dep	Book Value Life/Method
7/31/1989 Typewriter	565	565	0	565	0
11/20/1995 MAS 90 Payroll	1,174	1,174		1,174	=
12/31/1996 MAS 90 Direct Deposit	539	539		539	
11/30/1997 MAS 90 Update	2,308	2.308	0	2,308	Ō
3/1/1998 Desk Betsy	1,269	1,269	-	1,269	-
5/15/1998 Side Pieces - Betsy	754	754		754	
9/16/2003 HP Pavilion ZE5468 CL N	c 1,399	1330	69	1,399	0 SL 60 months
9/17/2003 Microsoft XP Professional		175		183	
Rounding	165	175	1	103	U SE 60 MONUIS
Totals June 30, 2009	8,192	8,114	78	8,191	0
Part I Line 16a column a & d: Rogers, Anderson, Malod San Bernardino, CA	y & Scott			3,100	
Part I Line 23 - column: Other expenses	а	b	c	d	
Bank Charges	75	75	0	4	
Insurance	1,546	C	0	1,546	
Fees	30		0	30	
	1,651	75	0	1,580	-
					-
Part II Line 13 - column: Investments	а	b	c		
Vanguard Balanced Index Fund	136,980	113,260	113,260		
Vanguard Asset Allocation Fund	75,580	55,132			
Vanguard Health Care Fund	157,263	123,143	•		
Vanguard Windsor Fund	157,131	113,831	113,831		
Stancorp stock	7,693	4,695			
	534,647	410,061	410,061		

Loma Linda Eye Foundation for the Preservation of Sight 2008 Form 990-PF Fiscal Year Ending June 30, 2009

95-3265965

Part VIII	Name and Address	Title & Hrs	Compensation	Benefits	Expenses	;
	Betsy C Allen 1429 Keystone Dr San Bernardino, CA	Secretary Treasurer	1	0	0	0
	Christopher Blanton MD 31630 Pio Pico Road Temecula, CA	Director 0.	5	0	0	0
	Robert DiTraglia MD Box 90487 Long Beach, CA 90809	Director 0.	5	0	0	0
	Art Giebel, MD Box 278 Chehalis, WA 98532	Director 0.	5	0	0	0
	James I. McNeill, MD 7624 W River Blvd Pasco, WA 99301	Director 0.	5	0	0	0
	Mary Park 37075 Marondı Dr. Calımesa, CA 92320	President	2	,500	0	0
	Dwight Winans 44843 Cornish Ave Hemet, CA 92583	Director 0.	5	0	0	0
	Andrew Yakush 324 Canyon View Dr. Calimesa, CA 92320	Director 0.	5	0	0	0
	Ernest S Zane, MD 24532 Lawton St. Loma Linda, CA 92354	Director 0.		0	0	0
			2	,500	0	0

(Pev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545 1709

		/			
• If you are f	iling for an Automatic 3-Month Extension, complete only Part I and check this box iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
Part I	lete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded)			
	n required to file Form 990-T and requesting an automatic 6-month extension—check				
time to file in	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form scome tax returns				
one of the re electronically	aling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed ar ore details on the electronic filing of this form, visit www irs gov/efile and click on e-file	ver, you cannot file Form 8868 s 990-BL, 6069, or 8870, group nd signed page 2 (Part II) of Form			
Type or	Type or Name of Exempt Organization Em				
print File by the	Loma Linda Eye Foundation for the Preservation of Sight Number, street, and room or suite no. If a P.O. box, see instructions	95 : 3265965			
due date for filing your	37075 Marondi Drive				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Calimesa, CA, 92320.				
Check type Form 99 Form 99 Form 99 Form 99	0-BL	☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870			
Telephone If the orga If this is for the who	s are in the care of ► Mary A Park No ► (909) 795-6509 FAX No ► (909) 79 anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN the group, check this box ► ☐ If it is for part of the group, check this box are names and EINs of all members the extension will cover)NAIf this is			
until . for the	riest an automatic 3-month (6 months for a corporation required to file For February 15 , 20,10 , to file the exempt organization return for the organization organization or calendar year 20 organization or tax year beginning July 1 , 20,08 , and ending	orm 990-T) extension of time in named above. The extension is: June 30			
2 If this	tax year is for less than 12 months, check reason 🗍 initial return 🔲 Final return	☐ Change in accounting period			
3a If this less a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative the tentative to the state of the state	ax, 3a \$ 443			
b if this payme	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ents made. Include any prior year overpayment allowed as a credit	3b \$ 00			
c Balan depos Syste	ce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paym) See instructions	ed, ent 3c \$ 443			
Caution, If for paymen	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 it instructions	3453-EO and Form 8879-EO			

Page 2
ox ► 🗸 i 8868
eded) fication number 3265965
·
n 6069 n 8870
led Form 8868.
If this is d attach a
20.09 ccounting period was file a Form ne first time
443

Note.	ou are filing for an Additional (Not Automation) Only complete Part II if you have already been ou are filing for an Automatic 3-Month Exte	granted an automatic 3-mon	th exter	ision on a pre		
Part					I (no copies	needed)
Type o			entification number 3265965			
File by t extende due date	Number, street, and room or suite no If				For IRS use	only
filing the return S instructi	See City town or post office state, and ZIP code	e For a foreign address see instru	ctions			
☐ Fo☐ Fo☐	ck type of return to be filed (File a separate form 990 Form 990-PF Form 990-BL Form 990-T (second 990-EZ Form 990-T (trust P) Po not complete Part II if you were not also	401(a) or 408(a) trust) other than above)	☐ F	orm 1041-A orm 4720 orm 5227 h extension o		Form 6069 Form 8870 By filed Form 8868.
• The Tele • If the for the	books are in the care of ► Mary A Park ephone No ► (909) 795-6509 ne organization does not have an office or plants is for a Group Return, enter the organization	FAX No ► (_9! ace of business in the Unite on's four digit Group Exem If it is for part of the gro	09) d State ption Ni	795-34 s, check this umber (GEN)	80 box	▶ [] If this is
5 1 6 1 7 3	I request an additional 3-month extension of For calendar year, or other tax year be if this tax year is for less than 12 months, choose the extension determined on Sched A Part III it did not make the second of the extension of the exten	eginning July 1 neck reason. Initial retu The Foundation completed neet the support requireme	rn [] the Fo nts Th	Final return rm 990 as in ne Foundatio	Change in prior years on is required	n accounting period It was d to file a Form
!	If this application is for Form 990-BL, 990-less any nonrefundable credits. See instructions	ons		·	8a	\$ 443
	If this application is for Form 990-PF, 990-T estimated tax payments made Include any pamount paid previously with Form 8868	f, 4720, or 6069, enter any i prior year overpayment allow	refundal red as a	ble credits ar credit and a	nd Sb	s 00
С	Balance Due. Subtract line 8b from line 8a Incluwith FTD coupon or, if required, by using EFTPS (E	ide your payment with this form lectronic Federal Tax Payment 9	n, or, if i System)	equired, depor	sit	\$ 443
Under it is tru	penalties of perjury, I declare that I have examined this follower correct and complete, and that I am authorized to provide the correct and complete and that I am authorized to provide the correct and complete.	Signature and Verification orm, including accompanying scheol pare this form	on dules and	statements, and	to the best of m	ly knowledge and belief
Signati	ure * many a fort	Title ► President	i		Date ►	Feb. 11, 2010
	\sim 0				Fo	rm 8868 (Rev 4-2009)

' Form 8868 (Rev 4-2009)