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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009 Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements or tax year beginning and ending For the 2009 calendar year, Employer identification number Check if applicable Please C Name of organization use IRS Address change label or FOUNDATION FOR SAVING SIGHT INC 41-1944921 Name change print or Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return type. See 320-587-6308 1455 MONTREAL ST SE Termination Specific Group Exemption Amended return City or town, state or country, and ZIP + 4 instruc-HUTCHINSON MN 55350 Number Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) X if the organization is not N/A Website: > Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) ( 3 ) **◄** (insert no ) 4947(a)(1) or 527 Tax-exempt status (check only one) -Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 2,800 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 2,800 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments Investment income Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here of contributions Gross revenue (not including \$ reported on line 1) 6a Less direct expenses other than fundraising expenses 0 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold SCANNED Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe 2,800 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9  $\bigcirc$ 10 10 Grants and similar amounts paid (attach schedule) 8 7 2010 11 Benefits paid to or for members 11 M 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping Other expenses (describe ► SEE STATEMENT 1 2.448 16 16 2,448 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 291 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 643 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 643 22 Cash, savings, and investments 291 22 Land and buildings 23 Other assets (describe 24 291 643 25 Total assets 25 Total liabilities (describe 26 643 291l 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

Form 990-EZ (2009) FOUNDATION	ON FOR SAVING SIGHT I	NC 4:	1-1944921	<u></u>			Page 2	
Part III Statement of Progra	am Service Accomplishments (S	See the instruct	ions for Part	<u>III.)</u>	_	Ex	penses	
What is the organization's primary exempt	purpose?						for section	
PROMOTE GOOD EYE HEALTH  501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section								
			r			_	ns and section	
each program title	nanner, describe the services provided, the number of persons benefited, or other relevant information for 4947(a)(1) trusts, optional for others)							
28 PROMOTE GOOD EYE AND VISION	HEALTH OF UNDERPRIVELEGED		<del></del>		1	0	<del></del>	
THROUGH PHYSICIAN SERVICES						ĺ		
						ĺ		
(Grants \$	If this amount includes foreign grants, che	eck here	<u> </u>		28a		2,448	
29						ĺ		
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(Grants \$	If this amount includes foreign grants, che	eck here	<b>&gt;</b>		29a	<b> </b>		
30						}		
(0 t - 0	If the area and an alredon force are mounts of the	a ale la ana	_	1	20-			
(Grants \$ )	If this amount includes foreign grants, che	eck nere			30a		<del></del>	
31 Other program services (attach schedu	lie)  If this amount includes foreign grants, che	ack bara	_		31a			
(Grants \$ )  22 Total program service expenses (add		eck liefe			32	<del> </del>	2,448	
	s, Trustees, and Key Employees. List eac	ch one even if not co	ompensated (See	the i		ons for P		
		(b) Title and average hours per week	(c) Compensation (If not paid,	7 (d	) Contrib		(e) Expense account and	
(a) Name	and address	devoted to position	enter -0)		ferred com		other allowances	
CHRIS WALLYN	HUTCHINSON	OFFICER						
1455 MONTREAL ST SE	MN 55350	1.00		0		0	0	
MICHAEL MERCK	HUTCHINSON	OFFICER						
1455 MONTREAL ST SE	MN 55350	1.00	<del>                                     </del>	4		0	0	
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)AA						Fon	m <b>990-EZ</b> (2009)	

Pi	iff V Other Information (Note the statement requirements in the instructions to	r Paπ v.)			
	The state of the s			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		,,		Х
24	description of each activity  Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	<b>.</b>	33_	$\vdash$	_^
34		)1	34		Х
35	the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but r	of reported	- 54		<u> </u>
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	or reported			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		Ī	1 1	ĺ
_	6033(e) notice, reporting, and proxy tax requirements?		35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36	1	Х
37a		7a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	ere			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	8b			
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9	9a	_		
b	Gross receipts, included on line 9, for public use of club facilities	9b	_		
10a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess ber	efit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	ļ <u> </u>	X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	·			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization		. [		
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		400	-1	X
	transaction? If "Yes," complete Form 8886-T		40e	Ц	
l1 l2a	List the states with which a copy of this return is filed NONE  The organization's books are in care of MICHAEL MERCK	Telephone no ▶ 32	0-58	7-6	308
rza	1455 MONTREAL ST SE	relephone no P 32	0 00	, ,	500
	Located at ► HUTCHINSON, MN	ZIP+4 ▶ 55	350		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori				
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,		Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Barn	k			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		<u>X</u>
	If "Yes," enter the name of the foreign country				
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
				Yes	No
4	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				3.5
_	Form 990-EZ	_	44		X
5	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	f		1	v
	"Yes," Form 990 must be completed instead of Form 990-EZ		45 Eorm 99	0 E7	<u>X</u>
			-orm see	/	· /11/10/

1252		TNC	4 -	1 1044021			_	_
TT-	n 990-EZ (2009) FOUNDATION FOR SAVING SIGHT  Section 501(c)(3) organizations and section 4947  501(c)(3) organizations and section 4947(a)(1) nor and complete the tables for lines 50 and 51.	'(a)(1) ı	nonexemp					Page
46	Did the organization engage in direct or indirect political campaign activities	on behalf	of or in oppos	ition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I		v opp			46		X
47								Х
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)			hedule E		48		X
49a								X
b	If "Yes," was the related organization a section 527 organization?					49b		
50	Complete this table for the organization's five highest compensated employe							
	employees) who each received more than \$100,000 of compensation from the							
	(a) Name and address of each employee paid more than \$100,000	' '	Title and average lours per week voted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expen ount at allowa	nd
NON:	Е					<del></del>		
			· · · · · · · · · · · · · · · · · · ·					
f	Total number of other employees paid over \$100,000		<b>.</b>		_			
51	Complete this table for the organization's five highest compensated independ \$100,000 of compensation from the organization. If there is none, enter "Non		actors who ea	ch received more	man			
	(a) Name and address of each independent contractor paid more than \$100,000		(b)	Type of service	(c) C	ompens	ation	
NC	DNE							
d	Total number of other independent contractors each receiving over \$100,000	)	<b>&gt;</b>		<u> </u>			
				<u> </u>				
Sigi	Under penalties of penjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other that				eparer has any knowled			
Her	Toward 7.	<del></del> -		Date				

Date

Check if

self-

05/13/10 employed ▶

Preparer's Identifying Number (See instr.)

41-1763115

320-234-4430

Yes No Form 990-EZ (2009)

P00125145

EIN

Phone

no 🕨

DAA

Paid

Preparer's

**Use Only** 

Type or print name and title

JOHN BECKMAN

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

PIEHL, HANSON, BECKMAN,

HUTCHINSON, MN

700 SOUTH GRADE RD SW PO BOX 399

55350

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION FOR SAVING SIGHT INC

Employer identification number 41-1944921

P	art	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	oart ) S	See in	struction	ons.		
The	he organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)												
1													
2	$\Box$	A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	$\sqcap$		nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П	A medical re	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											
			on 170(b)(1)(A)(iv). (Complete Part II )										
6		'	eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	H		•	ubstantial part of its support fron			-	n the ae	neral pu	ublic			
-		•	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	·				•				
8				70(b)(1)(A)(vi). (Complete Part I	D								
9	X	-		more than 33 1/3 % of its suppo	•	ontribution	s. memt	ership f	ees. an	d aross			
•	ت	-		pt functions—subject to certain e									
		•	· ·	d unrelated business taxable inc	•								
		• •		, 1975 See section 509(a)(2). (	-								
10			•	xclusively to test for public safety	-		a)(4).						
11	П	•	•	xclusively for the benefit of, to pe		•		carry or	it the				
		purposes of o	one or more publicly supporte	ed organizations described in sec	tion 509(a	ı)(1) or se	ction 50	9(a)(2)	See <b>se</b> c	tion			
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	n and com	plete lines	11e thr	ough 11	h				
		a Type		c Type III-Functions			d		e III–Ot	her			
е		By checking t	this box, I certify that the orga	inization is not controlled directly	or indirec	tly by one	or more	disqual	ified				
		persons othe	r than foundation managers a	and other than one or more publi	cly suppor	ted organ	ızatıons	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organization	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	ıg				
		organization,	check this box										
g		Since August	17, 2006, has the organizati	on accepted any gift or contributi	ion from a	ny of the							
		following per	sons?										
		(i) A persor	n who directly or indirectly coi	ntrols, either alone or together wi	th person	s describe	d in (ii)					Yes	No
		and (III) i	below, the governing body of	the supported organization?							11g(i)		
		(ii) A famıly	member of a person describe	ed ın (ı) above?							11g(ii	4	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(ii	<u> </u>	
h		Provide the f	ollowing information about th	e supported organization(s)									
(i)	Name	e of supported	(iı) EIN	(iii) Type of organization	(iv) is the	organization		ou notify		s the	(vii) An	ount of	
	org	anization		(described on lines 1–9 above or IRC section	1	sted in your document?		nization in of your	organizat	on in col zed in the		port	
				(see instructions))	governing	documents		port?		S?			
					Yes	No	Yes	No	Yes	No	<u> </u>		
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   Total					1				1				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (b) 2006 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 12 Gross receipts from related activities, etc. (see instructions) 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 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. 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-2009. 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 10%-facts-and-circumstances test-2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) Part III

500	ction A. Public Support	scked the box o	n line 9 of Pan	(1.)		<del></del>	
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	nendar year (or inscal year beginning in)	(a) 2005	(b) 2000	(6) 2007	(u) 2000	(0) 2003	(I) 10tai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,261	1,050	715	1,000	2,800	7,826
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		·				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,261	1,050	715	1,000	2,800	7,826
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	ļ <u> </u>					
C	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·				<del></del>	
8	Public support (Subtract line 7c from line 6)						7,826
	tion B. Total Support			4 ) 0007		(1) 0000	(D. T. t. l
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,261	1,050	715	1,000	2,800	7,826
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1			1
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			1			1
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	-
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	2,261	1,050	716	1,000	2,800	7,827
14	First five years. If the Form 990 is for the c		econd, third, fourth	, or fifth tax year as	a section 501(c)(3	)	. □
<u> </u>	organization, check this box and stop here			<del></del>			, <b>P</b> [.
	tion C. Computation of Public Su		<del></del>		<del></del>		
15	Public support percentage for 2009 (line 8,	• • • • • • • • • • • • • • • • • • • •		))		15	99.99%
16	Public support percentage from 2008 Sche				<del></del>	16	99.99%
	tion D. Computation of Investme					17	%
17	Investment income percentage for 2009 (In			iumn (1)) .		18	<del></del>
18 19a	Investment income percentage from 2008 5 33 1/3 % support tests—2009. If the organ			and line 15 is me	re than 33 1/2 % o		/0
ıJd	17 is not more than 33 1/3 %, check this bo						<b>▶</b> [X
ь	33 1/3 % support tests—2008. If the organ	•					F (A)
	line 18 is not more than 33 1/3 %, check thi						▶ □
20	Private foundation. If the organization did						<u> </u>

Page 4

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION FOR SAVING SIGHT INC 41-1944921

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

12525 FOUNDATION FOR SAVING SIGHT INC

41-1944921

Federal Statements

FYE: 12/31/2009

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

Description	Amount
EXPENSES	\$
TRAVEL EXPENSES	2,305
OFFICE EXPENSES	68
SUPPLIES	75
TOTAL	\$ 2,448

### **Annual Business Renewal**

### MINNESOTA SECRETARY OF STATE

#### 2010 NONPROFIT CORPORATION ANNUAL RENEWAL

Minnesota Statutes Chapter 317A Must be filed by December 31 Annual Renewal Filing Date: 05/13/2010

The Foundation for Saving Sight, Inc.

1455 Montreal Str SE Hutchinson, MN 55350-

#### **CURRENT INFORMATION ON FILE:**

File#: 1S-901

State of Incorporation: MINNESOTA

Entity Name:

The Foundation for Saving Sight, Inc.

Registered Agent/ Registered Office Address:

[No Name Provided] 1455 Montreal Str SE Hutchinson, MN 55350-

Previous	Current
Name of President:	Name and Business Address of President:

Mike Merck Mike Merck 1455 Montreal St SE Hutchinson MN 55350

Contact Information:

Mike Merck 320-587-6308