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EXTENSION GRANTED

Form **990**

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization WICHITA EYE FOUNDATION

Doing Business As KANSAS EYE BANK & CORNEA RESEARCH

Number and street (or P O box if mail is not delivered to street address) 625 N CARRIAGE PKWY

Room/suite 190

City or town, state or country, and ZIP + 4 WICHITA, KS 67208

D Employer identification number 48-1021522

E Telephone number (316) 260-8220

G Gross receipts $ 2,004,344.

F Name and address of principal officer PENNY VOGELSANG, CEO
625 N CARRIAGE PARKWAY STE 190 WICHITA, KS 67208

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.KANSASEYEBANK.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1986 M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO RESTORE VISION THROUGH THE PROCUREMENT AND DISTRIBUTION OF DONATED HUMAN EYE TISSUE FOR THE PURPOSE OF TRANSPLANT AND RESEARCH AND TO PROVIDE FINANCIAL ASSISTANCE AND TRAINING TO FOREIGN PHYSICIANS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,056.	650.
9	Program service revenue (Part VIII, line 2g)	1,901,746.	1,974,274.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,027.	24,213.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,910,829.	1,999,137.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	718,053.	850,569.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,160,443.	1,176,452.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,878,496.	2,027,021.
19	Revenue less expenses Subtract line 18 from line 12	32,333.	-27,884.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,646,930.	1,801,377.
21	Total liabilities (Part X, line 26)	174,815.	183,219.
22	Net assets or fund balances Subtract line 21 from line 20	1,472,115.	1,618,158.

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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

Penny L. Vogelsang
Signature of officer

11-15-10
Date

Penny L. Vogelsang, President & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Amanda A. Coleman

Date 11/15/2010

Check if self-employed ▶ [ ]

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
1551 N WATERFRONT PKWY, STE 300 WICHITA, KS 67206-6601

EIN ▶

Phone no ▶ 316-265-2811

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

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SCANNED DEC 17 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 1,867,962 including grants of $ _____) (Revenue $ 1,974,274)

PROCUREMENT AND DISTRIBUTION OF HUMAN EYE TISSUE FOR TRANSPLANT AND RESEARCH (INCLUDING FOREIGN PHYSICIAN TRAINING).

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,867,962.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a	X	
b	Is the organization 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*	25b	X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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 Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	7		
b	Enter the number of voting members that are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X	
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ WICHITA EYE FOUNDATION 625 N CARRIAGE PKWY, SUITE 190 WICHITA, KS 67208 316-260-8220

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN REIFF DIRECTOR	4.00	X						0.	0.	0.
RON HEIKES DIRECTOR	1.00	X						0.	0.	0.
JIM KUHLMANN, O.D. VICE CHAIRMAN	3.00	X		X				0.	0.	0.
MARC VINCENT DIRECTOR	1.00	X						0.	0.	0.
MARK WELLEMEYER, M.D. DIRECTOR	1.00	X						0.	0.	0.
DASA GANGADHAR, M.D. CHAIRMAN	5.00	X		X				0.	0.	0.
DIANE HAAG SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
ERKIN ABDULLAYEV, MD, MBA, CEBT EXECUTIVE DIRECTOR	40.00			X				183,718.	0.	23,721.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								183,718.	0.	23,721.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 48-1021522

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 650				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		650			
Program Service Revenue		**Business Code**				
	2a TISSUE PROCESSING	900099	1,974,274	1,974,274		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		1,974,274			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,420			29,420
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	5,207				
	c Gain or (loss)	-5,207				
	d Net gain or (loss)		-5,207			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		0			
	12 **Total Revenue.** See instructions		1,999,137	1,974,274		29,420

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	182,992.	85,518.	97,474.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	466,839.	466,839.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,911.	15,224.	2,687.	
9 Other employee benefits	105,588.	89,750.	15,838.	
10 Payroll taxes	77,239.	65,653.	11,586.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	56,577.	56,577.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	1,835.	1,835.		
g Other	307,177.	307,177.		
12 Advertising and promotion	11,291.	11,291.		
13 Office expenses	225,094.	215,795.	9,299.	
14 Information technology	42,727.	42,727.		
15 Royalties	0.			
16 Occupancy	83,531.	71,001.	12,530.	
17 Travel	68,445.	68,445.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	9,050.	9,050.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	64,300.	54,655.	9,645.	
23 Insurance	15,614.	15,614.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TISSUE PROCUREMENT FEES	87,200.	87,200.		
b TISSUE PLACEMENT	141,645.	141,645.		
c EDUCATION	33,347.	33,347.		
d BOARD EXPENSES	9,128.	9,128.		
e MISCELLANEOUS	19,491.	19,491.		
f All other expenses				
25 **Total functional expenses** Add lines 1 through 24f	2,027,021.	1,867,962.	159,059.	0.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		212,587.	2	68,892.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		256,670.	4	407,299.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		33,652.	8	46,215.
	9	Prepaid expenses and deferred charges		12,851.	9	14,963.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 406,738.			
	b	Less accumulated depreciation	10b 273,872.	190,563.	10c	132,866.
	11	Investments - publicly traded securities		825,216.	11	990,860.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		115,391.	15	140,282.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,646,930.	16	1,801,377.
Liabilities	17	Accounts payable and accrued expenses		174,815.	17	183,219.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		174,815.	26	183,219.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,472,115.	27	1,618,158.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,472,115.	33	1,618,158.
	34	Total liabilities and net assets/fund balances		1,646,930.	34	1,801,377.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
WICHITA EYE FOUNDATION	48-1021522

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 (For lines 1 through 11, check only one box)

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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1 through 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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) 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 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **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 . . . . . ▶ ☐

b **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 . . . . . ▶ ☐

b **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 organzation 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 year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,537	11,503	1,640	2,056	650	25,386
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	1,128,140	1,621,556	1,734,093	1,901,746	1,974,274	8,359,809
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	1,137,677	1,633,059	1,735,733	1,903,802	1,974,924	8,385,195
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					378,210	378,210
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year					1,440,324	1,440,324
c Add lines 7a and 7b					1,818,534	1,818,534.
8 **Public support** (Subtract line 7c from line 6)						6,566,661

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,137,677	1,633,059	1,735,733	1,903,802	1,974,924	8,385,195
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,395	26,354	41,725	34,198	29,420	154,092
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	22,395	26,354	41,725	34,198	29,420	154,092
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 lines 9, 10c, 11, and 12)	1,160,072	1,659,413	1,777,458	1,938,000	2,004,344	8,539,287

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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	76.90%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.09%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.80%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1.91%

19a **33 1/3 % support tests - 2009.** 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 ▶ ☒

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WICHITA EYE FOUNDATION

Employer Identification number

48-1021522

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, acces sion, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	115,392	171,351			
b Contributions					
c Net investment earnings, gains, and losses	30,661	-46,433			
d Grants or scholarships					
e Other expenditures for facilities and programs	5,770	8,567			
f Administrative expenses		959			
g End of year balance	140,283	115,392			

2 Provide the estimated percentage of the y ear end balance held as

a Board designated or quasi-endowment ▶ 100.0000 %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the pos session of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		406,738.	273,872.	132,866.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				132,866.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
BENEFICIAL INTEREST IN ASSETS	140,282.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	140,282.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR COMMUNITY PHILANTHROPY.

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE FOUNDATION IS NO LONGER SUBJECT EXAMINATION BY U.S. FEDERAL AND STATE TAX AUTHORITIES FOR TAX RETURNS FILED PRIOR TO THE FOUNDATION'S 2006 YEAR-END.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WICHITA EYE FOUNDATION

Employer identification number

48-1021522

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH AMERICA	0	0	PROGRAM SERVICES	EYE TISSUE/TRANSPLANT	0
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EYE TISSUE/TRANSPLANT	0
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EYE TISSUE/TRANSPLANT	0
RUSSIA/INDEPENDENT STATES	0	0	PROGRAM SERVICES	EYE TISSUE/TRANSPLANT	0
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WICHITA EYE FOUNDATION

Employer identification number
48-1021522

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ERKIN ABDULLAYEV, MD, MBA	(i)	182,992.	0.	726.	4,961.	18,760.	207,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

COMPENSATION

SCHEDULE J, PART I, LINE 1A

HEALTH CLUB DUES ARE PAID BY THE ORGANIZATION ON BEHALF OF THE EXECUTIVE DIRECTOR, ERKIN ABDULLAYEV. THE VALUE OF THE DUES IS INCLUDED IN ERKIN ABDULLAYEV'S FORM W-2 AS TAXABLE COMPENSATION.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
WICHITA EYE FOUNDATION

Employer identification number
48-1021522

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
ERKIN ABDULLAYEV	SEE SCHEDULE O	X	
SCOTT BRYAN	SEE SCHEDULE O	X	

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $ 0.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $ 0.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
ALLISHER ABDULLAYEV	FAMILY MEMBER	40,451	EMPLOYMENT COMPENSATION		X
BRIDGE ENTERPRISES, INC.	SEE SCHEDULE O	180,000.	PURCHASE OF SUPPLIES		X
TEAM VISION SURGERY CENTER	ENTITY > 35% OWNED	398,253.	REIMBURSEMENT FEES		X

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
WICHITA EYE FOUNDATION	48-1021522

ATTACHMENT 1

GOVERNING BODY AND MANAGEMENT

FORM 990, PART VI, SECTION A

LINE 2

DR. GANGADHAR AND DR. WILLEMEYER HAVE A BUSINESS RELATIONSHIP. (BOTH ARE OWNERS IN GRENE VISION GROUP AND TEAM VISION SURGERY CENTER).

LINE 5

DURING 2010, THE FOUNDATION DISCOVERED THAT A POTENTIAL MATERIAL DIVERSION OF CASH MAY HAVE OCCURRED IN PRIOR YEARS WHICH INVOLVED FORMER EMPLOYEES. ONE OF THE FORMER EMPLOYEES OWNED AN ENTITY THAT SOLD CERTAIN SUPPLIES TO THE FOUNDATION. THE FOUNDATION BELIEVES THAT SOME OF THE PRICES CHARGED BY THE SUPPLIER ENTITY MAY HAVE EXCEEDED THE PRICES WHICH THE FOUNDATION COULD HAVE PAID AT MARKET RATES. THE FORMER EMPLOYEES HAVE DISPUTED THE FOUNDATION'S POSITION AND ALLEGATIONS AND MAINTAIN THAT MARKET VALUE/ARM'S-LENGTH TERMS WERE USED. THE FOUNDATION HAS RECEIVED SETTLEMENT PAYMENTS FROM THE FORMER EMPLOYEES IN ORDER TO SETTLE THE DISPUTE, WITHOUT RECEIVING ANY ADMISSIONS OR ACKNOWLEDGEMENT FROM THE FORMER EMPLOYEES THAT ANY DIVERSION OCCURRED (MATERIAL OR OTHERWISE), BUT WITH THE INTENTION OF CORRECTING ANY DIVERSION THAT MAY HAVE OCCURRED.

POLICIES

FORM 990, PART VI, SECTION B

LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990. THE FORM 990 IS

Name of the organization: WICHITA EYE FOUNDATION

Employer identification number: 48-1021522

ATTACHMENT 1 (CONT'D)

THEN REVIEWED BY THE ORGANIZATION'S CEO AND A KNOWLEDGABLE MEMBER OF THE BOARD. ANY QUESTIONS OR CONCERNS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE. THE FORM 990 AND ALL RELATED SCHEDULES ARE THEN PROVIDED TO THE ENTIRE GOVERNING BODY FOR REVIEW PRIOR TO FILING WITH THE IRS.

LINE 12C

AT THE TIME OF HIRE (OR ELECTION IN THE CASE OF CORPORATE DIRECTORS AND TRUSTEES) AND ANNUALLY THEREAFTER, THE EXECUTIVE DIRECTOR OR HIS/HER DESIGNEE SHALL PROVIDE TO THE BOARD AND TO ALL EXECUTIVE OFFICERS A COPY OF THE CONFLICT OF INTEREST POLICY AND THE APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORM AND QUESTIONNAIRE, WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WITH RESPECT TO WHICH IT IS BELIEVED A CONFLICT MAY ARISE. EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL MANAGEMENT ASSOCIATES SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OR DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL OR BUSINESS. ANY POTENTIAL CONFLICT OF INTEREST SHALL BE PROMPTLY REPORTED TO BOTH THE EXECUTIVE DIRECTOR AND THE CHAIRPERSON OF THE BOARD. THE EXECUTIVE DIRECTOR AND THE CHAIRPERSON MAKE THE INITIAL DETERMINATION OF WHETHER OR NOT THERE IS A CONFLICT. IF THEY DETERMINE THAT THERE IS A POTENTIAL CONFLICT, THE MATTER IS REPORTED TO THE FULL BOARD FOR DELIBERATION. THE AFFECTED PERSON IS EXCLUDED FROM DISCUSSION AND VOTING ON THE MATTER.

LINE 15A

COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

DISCLOSURE

Name of the organization: WICHITA EYE FOUNDATION

Employer identification number: 48-1021522

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, SECTION C

LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

BUSINESS TRANSACTIONS

FORM 990, SCHEDULE L

PART I - EXCESS BENEFIT TRANSACTIONS

DURING 2010, THE FOUNDATION DISCOVERED THAT POSSIBLE EXCESS BENEFIT TRANSACTIONS MAY HAVE OCCURRED IN PRIOR YEARS INVOLVING TWO FORMER EXECUTIVE DIRECTORS (ERKIN ABDULLAYEV AND SCOTT BRYAN). THE FOUNDATION PROMPTLY INVESTIGATED FURTHER AND CONCLUDED THAT ONE OR MORE OF THE TRANSACTIONS AT ISSUE MAY HAVE CONSTITUTED AN EXCESS BENEFIT TRANSACTION. HOWEVER, BOTH OF THE FORMER EXECUTIVE DIRECTORS DISPUTED THAT EXCESS BENEFIT TRANSACTIONS HAD OCCURRED. THE FOUNDATION RECOVERED SETTLEMENT PAYMENTS FROM THE FORMER EXECUTIVE DIRECTORS OF APPROXIMATELY $147,000 WITHOUT HAVING RECEIVED ADMISSIONS FROM SCOTT BRYAN THAT ANY TRANSACTIONS CONSTITUTE EXCESS BENEFIT TRANSACTIONS, WITH THE INTENTION OF CORRECTION. SEE ATTACHED SETTLEMENT AND RELEASE AGREEMENT WITH RESPECT TO THE SETTLEMENT WITH SCOTT BRYAN.

PART IV - BUSINESS TRANSACTIONS

ALLISHER ABDULLAYEV IS A FAMILY MEMBER OF AN OFFICER OF THE ORGANIZATION.

BRIDGE ENTERPRISES, INC. IS A FOR-PROFIT ENTITY. ERKIN ABDULLAYEV, M.D., AN OFFICER OF THE ORGANIZATION, SERVES AS A DIRECTOR AND THE SOLE

Name of the organization: WICHITA EYE FOUNDATION
Employer identification number: 48-1021522

ATTACHMENT 1 (CONT'D)

SHAREHOLDER OF BRIDGE ENTERPRISES. THE WICHITA EYE FOUNDATION MADE PURCHASES OF SUPPLIES FROM BRIDGE ENTERPRISES. REFER TO THE SCHEDULE L, PART I DISCLOSURE ABOVE FOR ADDITIONAL INFORMATION REGARDING THESE TRANSACTIONS BETWEEN THE WICHITA EYE FOUNDATION AND BRIDGE ENTERPRISES, INC.

TEAM VISION SURGERY CENTER IS AN ENTITY MORE THAN 35% OWNED BY DR. DASA GANGADHAR AND DR. MARK WELLEMEYER, WHO ARE BOTH DIRECTORS OF THE ORGANIZATION.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO RESTORE VISION IN THE UNITED STATES AND INTERNATIONALLY THROUGH THE PROCUREMENT AND DISTRIBUTION OF DONATED HUMAN EYE TISSUE FOR THE PURPOSE OF TRANSPLANT AND RESEARCH; TO PROVIDE FINANCIAL ASSISTANCE AND TRAINING TO FOREIGN PHYSICIANS IN COUNTRIES WHERE HUMAN EYE TISSUE TRANSPLANT ISN'T CURRENTLY BEING PERFORMED.

SETTLEMENT AND RELEASE AGREEMENT

This Settlement and Release Agreement (the "Agreement") is made by and between Wichita Eye Foundation (the "Foundation") and Scott Bryan ("Bryan") (the Foundation and Bryan are sometimes hereinafter referred to collectively as the "Parties" and/or individually as a "Party").

WHEREAS, Bryan is a former Executive Director of the Foundation;

WHEREAS, Bryan's employment at the Foundation ended in February 2008;

WHEREAS, during the time that Bryan was the Executive Director of the Foundation, the Foundation made certain purchases (the "Bridge Purchases") from Bridge Enterprises, Inc., a Delaware corporation ("Bridge") Bryan alleges that he had first solicited and accepted bids from various vendors and found Bridge to be the low bidder;

WHEREAS, on information and belief, Erkin "Eric" Abdullayev, M.D. ("Abdullayev") is and at all times relevant hereto was, a director and the sole shareholder of Bridge;

WHEREAS, Bryan alleges that, to the best of his knowledge, was never a director, shareholder, officer or employee of Bridge;

WHEREAS, Abdullayev succeeded Bryan as the Executive Director of the Foundation;

WHEREAS, the Foundation alleges that, Bryan and/or Abdullayev caused the Foundation to make the Bridge Purchases;

WHEREAS, the Foundation alleges that the prices the Foundation paid for the Bridge Purchases were marked up and further alleges that Bryan received payments from Bridge in the total amount of $46,986.02 (the "Bryan Payments") with respect to the Bridge Purchases, which the Foundation alleges may, among other things, constitute an excess benefit transaction as defined in Section 4958(c)(1)(A) of the Internal Revenue Code ("Excess Benefit Transaction");

WHEREAS, the Foundation alleges that Abdullayev received payments and/or benefits with respect to the Bridge Purchases which also allegedly may, among other things, constitute an Excess Benefit Transaction;

WHEREAS, the Foundation has made demand on Bryan for the return of the Bryan Payments which the Foundation alleges may, among other things, constitute an Excess Benefit Transaction;

WHEREAS, Bryan denies each of the allegations made by the Foundation, including, but not limited to, the following: (a) the prices paid to Bridge for Bridge Purchases contained any "mark ups"; (b) that Bryan personally benefitted from, or received any portion, of alleged "mark ups" on the Bridge Purchases; or (c) that the Bryan Payments arose out of any arrangement or agreement which was improper or which constituted an Excess Benefit Transaction.

WHEREAS, Bryan maintains that (a) the prices the Foundation paid to Bridge for the Bridge Purchases were competitive market rates incurred by the Foundation after a legitimate bidding process; (b) the Bryan Payments were made and received in connection with consulting services which he provided to Bridge, which consulting services were completely unrelated to any activity, goal, or purpose of the Foundation, and do not constitute an Excess Benefit Transaction; (c) he did not willfully or flagrantly participate in any transaction knowing that it was an Excess Benefit Transaction; and (d) his participation in transactions with Bridge in his capacity as Executive Director on behalf of the Foundation were due to reasonable cause, including, but not limited to, the fact that Bridge was the lowest bidder to provide the materials and services to the Foundation;

WHEREAS, the Parties now wish to enter into this Agreement to settle their dispute relating to the Bryan Payments;

NOW, therefore, in consideration of the mutual covenants, promises and agreements contained herein, the Parties agree as follows:

1. **Effective Date.** This Agreement is made effective upon complete execution by all Parties (the "Effective Date").

2. **Settlement Payment.** Bryan shall pay, or cause to be paid on his behalf, the total sum of $33,000.00 to the Foundation (the "Settlement Payment"). Bryan shall make the Settlement Payment to the Foundation within seven (7) days of execution of this Agreement by all Parties. Bryan shall make the Settlement Payment by certified check, cashier's check or wire transfer. In the event Bryan fails to make the Settlement Payment pursuant to the terms of this Agreement, this Agreement shall be void *ab initio.*

3. **The Bryan Release.** Upon the Foundation's receipt of the Settlement Payment, the Foundation shall and hereby does release and forever discharge Bryan from any and all claims, demands, damages, actions, causes of action, or suits of equity, known or unknown, asserted or unasserted, from the beginning of time through the Effective Date of this Agreement arising out of or relating to the Bryan Payments or the events related to the Bryan Payments (hereinafter, "Claims"). This Agreement is intended, in part, to constitute a correction under applicable statutes and regulations of the Internal Revenue Code (including Regs. § 53.4958-7(b)(1), (4), and (c)), without acknowledging or agreeing that an Excess Benefit Transaction occurred. Nevertheless, to the extent (and only to the extent) the Foundation is required by the Internal Revenue Service to pursue any course of action or recovery against Bryan as it relates to any alleged Excess Benefit Transaction ("Excess Benefit Claims"), then the release granted in the first sentence of this Section 3 shall not apply to such Excess Benefit Claims, which the Foundation may be required to pursue, but the release shall nevertheless remain in full force and

effect as to the balance of the Claims , including, but not limited to, breach of fiduciary duties, unjust enrichment, breach of contract, breach of any implied covenants, or any other state law claims arising out of or relating to the Bryan Payments or the events related to the Bryan Payments.

4. **The Foundation Release.** On the Effective Date, Bryan shall and hereby does release and forever discharge the Foundation from any and all claims, demands, damages, actions, causes of action, or suits of equity arising out of or relating to the Bryan Payments or the events related to the Bryan Payments. Provided, however, that if any governmental agency, including, but not limited to, the Internal Revenue Service, requires further action by the Foundation to pursue Excess Benefit Claims against Bryan as further described in Section 3 of this Agreement, then the release provided in the first sentence of this Section 4 shall not apply as to such Excess Benefit Claims and Bryan shall be entitled to assert any defense(s) thereto which may be available at law or equity.

5. **Reporting and Disclosure.** Bryan and the Foundation each acknowledge that (i) the Foundation may report and disclose matters related to the Bridge Payments in various state, federal, and other financial reports, returns, filings and other documents (hereinafter the "Disclosures"), and (ii) Bryan is solely responsible for determining his tax consequences and any reporting or return filing obligations in connection with the Bryan Payments or the events related to the Bryan Payments. The Foundation agrees that prior to making any Disclosures on any Form 990 it may, or is required to, file with the Internal Revenue Service, the Foundation shall provide written notice to Bryan and provide a copy of any proposed Disclosures and agrees that Bryan, in his sole discretion, may have reasonable input on such Disclosures to the extent they relate to the Bridge Payments, the Bryan Payments, or any liability or potential liability of Bryan

for any Excess Benefit Transaction or other tax liability, penalty, or interest. Bryan shall respond to such written notice no later than seven (7) days after receipt of such written notice (determined in accordance with Section 16 below) and the Parties agree to work together in good faith to ensure the accuracy of any representations or disclosures made in the such Disclosures. In any event, neither Party to this Agreement shall make any disclosure, including any Disclosures, which contains information or representations which are inconsistent with or contrary to the terms of this Agreement or the recitals contained herein.

6. **Costs, Fees, and Expenses.** The Parties are responsible for the payment of their own attorneys' fees, costs, and any and all other expenses relating to their dispute in this matter.

7. **Compromise of Disputed Claims.** It is understood and agreed by the Parties that the Agreement is the compromise of disputed claims. Execution of the Agreement is not to be construed as an admission of liability by any Party. The Parties deny liability and intend merely to avoid litigation.

8. **Negotiated Settlement.** The provisions of the Agreement were negotiated by the Parties and the Agreement shall be deemed to have been drafted by all Parties. The Parties have had the benefit of counsel of their own attorneys and fully understand the terms of the Agreement. In construing the Agreement, no consideration should be given under the fact or presumption that any person or entity played any greater or lesser role in drafting.

9. **Entire Agreement.** The Agreement embodies the entire agreement between the Parties with respect to settlement and supersedes any and all prior agreements and negotiations between the Parties, whether written or oral. There have been and are no agreements, representations or warranties between the Parties other than those set forth or provided herein.

10. **Preservation of Claims Against Abdullayev.** Neither Bryan nor the Foundation waive, release or discharge any claims they have or may have against Abdullayev. Bryan and the Foundation expressly preserve any and all claims and defenses they have or may have against Abdullayev. Nothing in the Agreement shall be construed to be a waiver, release or discharge of any claims or defenses the Foundation or Bryan has or may have against Abdullayev.

11. **Governing Law.** The Agreement shall be governed by and construed in accordance with the laws of the State of Kansas applicable to transactions within the State, including, but not limited to, all matters of choice of law, formation, interpretation, construction, validity, performance and enforcement.

12. **Savings Clause.** If any portion of the Agreement is declared by any court to be void or otherwise unenforceable, the remainder of the Agreement shall be deemed in full effect.

13. **Execution.** The Agreement may be executed in multiple and identical counterparts, and each, when fully executed, shall be deemed an original. However, in making proof of the Agreement, it shall not be necessary to produce or account for more than one such counterpart if signed by the Party against whom enforcement is sought. Facsimile signatures on the Agreement shall be as sufficient as original signatures.

14. **Authority.** The Parties each warrant that their signatory who executes this Agreement is fully authorized to do so and that all necessary corporate formalities have been satisfied.

15. **Successors.** This Agreement shall be binding upon and shall inure to the benefit of each of the Parties and to their respective successors, heirs, executors and assigns.

16. **Notices.** Any notices or communications which may be given under the terms of this Agreement shall be in writing and shall be sent (i) by registered or certified mail return

receipt requested, (ii) Federal Express (or other nationally recognized overnight service), or (iii) by facsimile, if confirmed by a copy sent overnight courier to Seller or Buyer, as the case may be, at such party's address, as set forth herein. Such notice, communication, request or consent shall be deemed to have been given (a) on the third (3rd) business day after deposit in the U.S. Mail, Certified or Registered or (b) on the first (1st) business day after delivery to the custody of a nationally recognized overnight courier service or (c) on the date sent by facsimile if confirmed as hereinabove provided. Either party may designate any other name or address to receive notices.

If to Bryan:	Andrew F. Dixon Bowler Dixon & Twitchell 400 N. Stephanie St., Suite 235 Henderson, Nevada 89014 Phone: 702-436-4333 Facsimile: 702-260-8983
If to Foundation:	Kevin J. Arnel Foulston Siefkin LLP 1551 N. Waterfront Parkway, Suite 100 Wichita, KS 67206 Phone: 316-291-9761 Facsimile: 866-346-1937

17. **Headings.** Headings used in this Agreement are for convenience only and shall not be used to interpret or construe its provisions.

The undersigned have read the foregoing Settlement and Release Agreement and fully understand it.

[Signatures on following page]

Scott Bryan

By: _____ Date: 6/18/10

Wichita Eye Foundation

By: _____ Date: 06/15/10

Name/Title: DASA V. GANGADHAR, M.D., Chairman of Board of Directors

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions.	WICHITA EYE FOUNDATION		48-1021522
	Number, street, and room or suite no. If a P O box, see instructions 625 NORTH CARRIAGE PARKWAY		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WICHITA, KANSAS 67208		

Check type of return to be filed (File a separate application for each return).

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ WICHITA EYE FOUNDATION
  Telephone No ▶ 316 260-8220 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009 , or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER REQUESTS ADDITIONAL TIME IN ORDER TO GATHER THE NECESSARY INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Amanda M Coleman Title ▶ C.P.A. Date ▶ 7/8/2010