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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- [x] 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
The Foundation Fighting Blindness Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7168 Columbia Gateway Drive No 100

City or town, state or country, and ZIP + 4
Columbia, MD 21046

D Employer identification number
23-7135845

E Telephone number
(410) 423-0600

G Gross receipts $ 78,450,622

F Name and address of principal officer
Annette Hinkle
7168 Columbia Gateway Drive No 100
Columbia, MD 21046

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www fightblindness org

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1971

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FFB funds research to discover causes and cures for retinal diseases leading to blindness

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of employees (Part V, line 2a)	**5**	109
6	Total number of volunteers (estimate if necessary)	**6**	2,500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	27,483,731	30,918,188
	9 Program service revenue (Part VIII, line 2g)	142,979	10,045
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,899	295,561
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-752,046	-511,464
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,943,563	30,712,330
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,241,063	12,804,019
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,416,257	6,457,328
	16a Professional fundraising fees (Part IX, column (A), line 11e)	275,962	125,270
	b Total fundraising expenses (Part IX, column (D), line 25) ▶6,232,160		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,851,380	4,563,010
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,784,662	23,949,627
	19 Revenue less expenses Subtract line 18 from line 12	-841,099	6,762,703

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	29,294,540	33,600,129
	21 Total liabilities (Part X, line 26)	13,704,488	11,179,933
	22 Net assets or fund balances Subtract line 21 from line 20	15,590,052	22,420,196

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

****** | 2010-11-05
Signature of officer | Date

Annette Hinkle Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RAFFA PC
1899 L Street NW Suite 900
Washington, DC 20036

EIN ▶

Phone no ▶ (202) 822-5000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The mission of The Foundation Fighting Blindness, Inc (FFB) is to drive the research that will provide preventions, treatments and cures for people affected by retinitis pigmentosa, macular degeneration, Usher syndrome, and the spectrum of retinal degenerative diseases

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 $ 13,507,612 including grants of $ 12,804,019) (Revenue $ 56,385)

Research - FFB funded researchers and clinicians have further developed treatments in gene therapy, cell based therapies, neuroprotective therapies, and nutritional therapies in animal models as well as humans Many of these therapies result in increased photoreceptor and retinal functions and several have slowed or stopped retinal degenerations and or have actually improved vision

4b (Code) (Expenses $ 2,613,879 including grants of $) (Revenue $ 30,221)

Public Health Education - FFB funded health education programs reach over 75,000 people through FFB educational seminars, and community outreach through FFB's approximately 50 chapters around the U S , and through FFB's partnerships with retinal specialists

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** ▶ $ 16,121,491

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
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	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in 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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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	Yes	
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	Yes	
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	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		
25a	**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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
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**	Yes	
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**		No
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**		No
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**	Yes	

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	117		
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		Yes	
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	109		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 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			No
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
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 lines 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	22		
b	Enter the number of voting members that are independent	1b	22		
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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	Yes	
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	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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 ▶ AL, AK, AR, CA, CO, CT, FL, GA, HI, KS, IL, IN, MA, ME, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

The Organization
7168 Columbia Gateway Drive 100
Columbia, MD 21046
(410) 423-0600

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(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			
See add'l data										

1b Total . . . . . ▶	1,547,501	0	97,900

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 ▶ 10

			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**		No
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**	Yes	
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**		No

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
Production Management Group 6940 Columbia Gateway Drive 220 Columbia, MD 21046	Printing	274,769
Susan Davis International 1101 K Street NW Suite 400 Washington, DC 20005	Public Relations	259,364
Convio PO Box 671445 Dallas, TX 75267	Internet Usage Fees	193,256
DP Solutions 9160 Red Branch Road Suite W-1 Columbia, MD 21045	IT Services	184,490
Moonlight Design 1324 Palms Bouledvard Venice, CA 90291	Event Literature Design and Printing	136,751
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 ▶ 7		

Part VIII Statement of Revenue

				(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	164,755				
	b	Membership dues					
	c	Fundraising events	8,647,226				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	22,106,207				
	g	Noncash contributions included in lines 1a-1f $ 877,645					
	h	**Total.** Add lines 1a-1f		30,918,188			
Program Service Revenue			Business Code				
	2a	Symposium fees	900,099	8,750	8,750		
	b	Publications	900,099	1,295	1,295		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		10,045			
	3	Investment income (including dividends, interest and other similar amounts)		335,488			335,488
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		63			63
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	46,173,673				
	b	Less cost or other basis and sales expenses	46,213,600				
	c	Gain or (loss)	-39,927				
	d	Net gain or (loss)		-39,927			-39,927
Other Revenue	8a	Gross income from fundraising events (not including $ 8,647,226 of contributions reported on line 1c) See Part IV, line 18	a 759,351				
	b	Less direct expenses	b 1,502,593				
	c	Net income or (loss) from fundraising events		-743,242			-743,242
	9a	Gross income from gaming activities See Part IV, line 19	a 36,244				
	b	Less direct expenses	b 22,099				
	c	Net income or (loss) from gaming activities		14,145			14,145
	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					
		Miscellaneous Revenue	Business Code				
	11a	NNRI service fees	900,099	99,900	99,900		
	b	Miscellaneous	900,099	79,285			79,285
	c	Sublease income	900,099	32,473			32,473
	d	All other revenue		5,912			5,912
	e	**Total.** Add lines 11a–11d		217,570			
	12	**Total revenue.** See Instructions		30,712,330	109,945	0	-315,803

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	11,315,048	11,315,048		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,488,971	1,488,971		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,240,386	627,342	322,172	290,872
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,257,684	927,848	533,006	2,796,830
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	528,557	90,289	90,614	347,654
10	Payroll taxes	430,701	111,001	66,248	253,452
11	Fees for services (non-employees)				
a	Management				
b	Legal	19,628	1,975	13,685	3,968
c	Accounting	71,176		71,176	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*	125,270			125,270
f	Investment management fees				
g	Other	13,122	9,440	766	2,916
12	Advertising and promotion				
13	Office expenses	455,650	41,039	76,111	338,500
14	Information technology	469,612	41,591	28,785	399,236
15	Royalties				
16	Occupancy	693,338	81,995	117,904	493,439
17	Travel	372,924	77,427	21,985	273,512
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	391,733	268,461	18,255	105,017
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	229,025	182,103	10,727	36,195
23	Insurance	158,847	42,487	21,887	94,473
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	Printing/publications	1,470,247	786,440	40,488	643,319
b	Miscellaneous	186,123	174	160,422	25,527
c	Membership dues	31,585	27,860	1,745	1,980
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	23,949,627	16,121,491	1,595,976	6,232,160
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		19,694	1	57,874
	2	Savings and temporary cash investments		10,524,841	2	1,752,706
	3	Pledges and grants receivable, net		5,042,645	3	8,589,326
	4	Accounts receivable, net		124,384	4	296,546
	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			8	
	9	Prepaid expenses and deferred charges		440,143	9	499,956
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,560,358			
	b	Less accumulated depreciation	10b 2,492,182	1,192,728	10c	1,068,176
	11	Investments—publicly traded securities		6,534,700	11	16,254,650
	12	Investments—other securities See Part IV, line 11		5,387,775	12	5,049,928
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,630	15	30,967
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		29,294,540	16	33,600,129
Liabilities	17	Accounts payable and accrued expenses		682,327	17	754,097
	18	Grants payable		11,901,559	18	9,362,524
	19	Deferred revenue		134,771	19	299,932
	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		985,831	25	763,380
	26	**Total liabilities.** Add lines 17 through 25		13,704,488	26	11,179,933
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,735,927	27	4,926,009
	28	Temporarily restricted net assets		11,354,125	28	16,994,187
	29	Permanently restricted net assets		500,000	29	500,000
		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		15,590,052	33	22,420,196
	34	Total liabilities and net assets/fund balances		29,294,540	34	33,600,129

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

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 **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 331/3% 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 331/3% 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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 ")	26,446,076	19,979,776	31,204,252	27,483,731	30,918,188	136,032,023
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	26,446,076	19,979,776	31,204,252	27,483,731	30,918,188	136,032,023
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)						29,935,328
6 **Public Support.** Subtract line 5 from line 4						106,096,695

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	26,446,076	764,294	31,204,252	27,483,731	30,918,188	136,032,023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	582,744	764,294	676,305	483,120	368,024	2,874,487
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,136	-13,214	99,386	158,807	185,097	431,212
11 **Total support** (Add lines 7 through 10)						139,337,722

12 Gross receipts from related activities, etc (See instructions)	12	4,350,547

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	76 140 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	81 090 %

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 the 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 organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III Support Schedule for Organizations Described in IRC 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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.** 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

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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
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 accession 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 solicit 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, custodian 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 XIV 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 XIV

Part V Endowment Funds. Complete if the 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	500,000	500,000			
b Contributions					
c Investment earnings or losses	54,476	38,341			
d Grants or scholarships	52,024	36,101			
e Other expenditures for facilities and programs					
f Administrative expenses	2,452	2,240			
g End of year balance	500,000	500,000			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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

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

4 Describe in Part XIV the intended uses of the 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		2,367,659	1,491,026	876,633
c Leasehold improvements		55,951	42,261	13,690
d Equipment		1,136,748	958,895	177,853
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,068,176

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		
Charitable gift annuity funds	573,935	F
Pooled income funds	57,335	F
Beneficial interest in remainder trusts	4,418,658	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,049,928	

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) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Pooled income fund obligation	21,854
Charitable gift annuity obligation	591,637
Deferred compensation obligation	149,889
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	763,380

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,712,330
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,949,627
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,762,703
4	Net unrealized gains (losses) on investments	4	67,441
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 - 8	9	67,441
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,830,144

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	32,075,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	67,441		
b	Donated services and use of facilities	2b	881,675		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	513,795		
e	Add lines **2a** through **2d**			2e	1,462,911
3	Subtract line **2e** from line **1**			3	30,612,430
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	99,900		
c	Add lines **4a** and **4b**			4c	99,900
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	30,712,330

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

1	Total expenses and losses per audited financial statements			1	26,158,406
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	881,675		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,530,457		
e	Add lines **2a** through **2d**			2e	3,412,132
3	Subtract line **2e** from line **1**			3	22,746,274
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	1,203,353		
c	Add lines **4a** and **4b**			4c	1,203,353
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	23,949,627

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, 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Te income earned on these net assets is restricted by the donors for research Investment earnings on endowment funds are expended for the restricted purpose required in the year earned
Part X	Description of Uncertain Tax Positions Under FIN 48	The Foundation has performed an evaluation of its uncertain tax positions for the year ended June 30, 2010, and determined that there were no matters that would require recognition in the consolidated financial statements or that may have any effect on its tax-exempt status
Part XII, Line 2d - Other Adjustments		Subsidiary revenue included on Consolidated financial statements
Part XII, Line 4b - Other Adjustments		Management fee from NNRI
Part XIII, Line 2d - Other Adjustments		Subsidiary expenses included on consolidated financial statements
Part XIII, Line 4b - Other Adjustments		FFB grants to NNRI

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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, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

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 Activites 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 for region
Europe (including Iceland and Greenland)			Grantmaking		1,193,808
North America (includes Canada and Mexico, but not the U S)			Grantmaking		130,163
Middle East and North Africa			Grantmaking		100,000
South Asia			Grantmaking		65,000
Totals . . . . . ▶	0	0			1,488,971

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)
		Europe (including Iceland and Greenland)	Research	273,733	Check			
		Europe (including Iceland and Greenland)	Research	126,826	Check			
		Europe (including Iceland and Greenland)	Research	311,911	Check			
		Europe (including Iceland and Greenland)	Research	88,466	Check			
		Europe (including Iceland and Greenland)	Research	89,000	Check			
		North America (includes Canada and Mexico, but not the U S)	Research	89,000	Check			
		Europe (including Iceland and Greenland)	Research	88,872	Check			
		Middle East and North Africa	Research	100,000	Check			
		Europe (including Iceland and Greenland)	Research	65,000	Check			
		South Asia	Research	65,000	Check			
		Europe (including Iceland and Greenland)	Research	100,000	Check			
		Europe (including Iceland and Greenland)	Research	50,000	Check			
		North America (includes Canada and Mexico, but not the U S)	Research	41,163	Check			

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 . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 13

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.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Each grantee is required to submit a yearly scientific progress report, which is reviewed by the FFB science staff and compared with the proposed milestones submitted with the original grant application Attention is also given to the plan for experiments to be performed in the coming year Any problems or issues identified by the grantee and/or FFB scientific staff are resolved to our mutual satisfaction, however, if a consensus cannot be reached or if the apparent progress is not satisfactory in the opinion of FFB scientific staff, after consultation with members of the FFB Scientific Advisory Board, the grant is terminated with a short phase out period Each grantee is required to submit a yearly financial report detailing grant expenditures according to their FFB approved grant budget Science staff review each financial report for adherence to budgeted expenditures in each category With proper documentation and if determined appropriate, requests for carryover of unexpended funds to the next fiscal year are reviewed and approved on a case-by-case basis

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Melanie Varady	Special Event Fundraiser		No	259,523	25,330	234,193
The McIntosh Company	Special Event Fundraiser		No	247,895	25,000	222,895
Direct Line	Telmktg Fund Counsel		No	126,642	39,950	86,692
Donor Services Group	Telmktg Fund Counsel		No	77,615	34,990	42,625
Total . . . . . ▶				711,675	125,270	586,405

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 San Francisco Dining in the Dark (event type)	(b) Event #2 New York Vision Walk (event type)	(c) Other Events 81 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	522,066	419,893	8,464,618	9,406,577
	2 Less Charitable contributions	433,626	419,893	7,793,707	8,647,226
	3 Gross income (line 1 minus line 2)	88,440		670,911	759,351
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	5,827	2,829	461,049	469,705
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	72,925	4,901	955,062	1,032,888
	10 Direct expense summary Add lines 4 through 9 in column (d)				1,502,593
	11 Net income summary Combine lines 3, column d, and line 10				-743,242

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			36,244	36,244
Direct Expenses	2 Cash prizes			250	250
	3 Non-cash prizes			21,687	21,687
	4 Rent/facility costs				
	5 Other direct expenses			162	162
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				22,099
	8 Net gaming income summary Combine lines 1, column d, and line 7				14,145

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities See Additional Data Table			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 0 %		
b	An outside facility	**13b** 100 000 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ Annette Hinkle CFO			
	Address ▶ 7168 Columbia Gateway Drive 100 Columbia, MD 21046			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Additional Data

Software ID:
Software Version:
EIN: 23-7135845
Name: The Foundation Fighting Blindness Inc

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	CA, DC, FL, IL, IN, GA, MA, NJ, NY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

Part I General Information on Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 42

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Each grantee is required to submit a yearly scientific progress report, which is reviewed by the FFB science staff and compared with the proposed milestones submitted with the original grant application Attention is also given to the plan for experiments to be performed in the coming year Any problems or issues identified by the grantee and/or FFB scientific staff are resolved to our mutual satisfaction, however, if a consensus cannot be reached or if the apparent progress is not satisfactory in the opinion of FFB scientific staff, after consultation with members of the FFB Scientific Advisory Board, the grant is terminated with a short phase out period Each grantee is required to submit a yearly financial report detailing grant expenditures according to their FFB approved grant budget Science staff review each financial report for adherence to budgeted expenditures in each category With proper documentation and if determined appropriate, requests for carryover of unexpended funds to the next fiscal year are reviewed and approved on a case-by-case basis

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7135845
Name: The Foundation Fighting Blindness Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Wisconsin1500 Highland Avenue Madison, WI 53705	39-0743975	501(c)(3)	530,452				Research
John Hopkins University600 North Wolfe Street Baltimore, MD 21287	52-0595110	501(c)(3)	502,465				Research
University of Iowa200 Hawkins Drive Iowa City, IA 52242	23-7436761	501(c)(3)	360,936				Research
Oregon Health and Science University3375 Terwilliger Boulevard SW Portland, OR 97201	23-7083114	501(c)(3)	366,915				Research
University of Michigan100 Wall Street Ann Arbor, MI 48105	38-6006309	501(c)(3)	360,578				Research
Harvard Univ - Berman Gund Lab243 Charles Street Boston, MA 02114	04-2103580	501(c)(3)	338,200				Research
Regents of Univ California 100 Stein Plaza Los Angeles, CA 90095	95-6006143	501(c)(3)	324,221				Research
John Hopkins University600 North Wolfe Street Baltimore, MD 21287	52-0595110	501(c)(3)	349,800				Research
Columbia University635 West 165th Street New York, NY 10032	13-5598093	501(c)(3)	234,495				Research
University of Texas Health Science Center1200 Herman Pressler Drive Houston, TX 77030	74-1761309	501(c)(3)	304,115				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Washington 1959 NE Pacific Street Seattle, WA 98195	94-3079432	501(c)(3)	348,292				Research
Cornell University373 Pine Tree Street Ithaca, NY 14850	15-0532082	501(c)(3)	270,000				Research
University of Oklahoma Health Sciences608 Stanton L Young Blvd Oklahoma City, OK 73104	73-0762267	501(c)(3)	237,523				Research
University of California10 Koret Way San Francisco, CA 94143	95-2540117	501(c)(3)	226,678				Research
The Jackson Laboratory600 Main Street Bar Harbor, ME 04609	01-0211513	501(c)(3)	222,500				Research
The Cleveland Clinic Fdn 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	211,649				Research
University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-2810852	501(c)(3)	230,000				Research
University of Iowa2 Gilmore Hall Iowa City, IA 52242	23-7436761	501(c)(3)	206,090				Research
Medical University of South Carolina167 Ashley Avenue Charleston, SC 29425	57-6028985	501(c)(3)	200,000				Research
University of Pennsylvania 422 Curie Blvd Philadelphia, PA 19104	23-2810852	501(c)(3)	209,446				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Shiley Eye Center9415 Campus Point Road La Jolla, CA 92093	95-6006144	501(c)(3)	174,962				Research
University of Illinois1737 West Polk Street Chicago, IL 60612	37-6000511	501(c)(3)	152,974				Research
Scheie Eye Institute3535 Market Street Philadelphia, PA 19104	23-1352685	501(c)(3)	118,038				Research
University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-2810852	501(c)(3)	120,000				Research
Retina Foundation of the Southwest9900 North Central Expressway Dallas, TX 75231	51-0151514	501(c)(3)	105,010				Research
New York Medical Center550 First Avenue New York, NY 10016	23-7268635	501(c)(3)	91,010				Research
University of Utah75 South 2000 East Salt Lake City, UT 84132	23-7112869	501(c)(3)	90,375				Research
University of Oklahoma Health Science Center1000 Stanton L Young Blvd Oklahoma City, OK 73117	73-0762267	501(c)(3)	89,000				Research
Brandeis University415 South Street Waltham, MA 02454	04-2103552	501(c)(3)	100,000				Research
University of Pennsylvania 422 Curie Blvd Philadelphia, PA 19104	23-2810852	501(c)(3)	89,000				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Harvard Medical School77 Avenue Louis Pasteur Boston, MA 02115	04-2103580	501(c)(3)	100,000				Research
University of FloridaPO Box 100284 Gainesville, FL 32610	59-2729133	501(c)(3)	99,853				Research
University of Oklahoma608 Stanton L Young Blvd Oklahoma City, OK 73117	73-0762267	501(c)(3)	89,000				Research
The Charles Stark Draper Laboratory555 Technology Square MS 37 Cambridge, MA 02139	04-2505372	501(c)(3)	88,997				Research
University of Texas Health Science Center1200 Herman Pressler Drive Houston, TX 77030	74-1761309	501(c)(3)	88,928				Research
Mayo Clinic200 First Street SW Rochester, MN 55905	41-6011702	501(c)(3)	32,574				Research
Stanford University School of MedicineSUMC RM L-331 Stanford, CA 94305	94-1156365	501(c)(3)	78,112				Research
LSU Health Sciences Center 433 Bolivar Street New Orleans, LA 70112	72-1115391	501(c)(3)	80,068				Research
Foundation of UMDNJ90 Bergen Street Newark, NJ 07103	23-7313160	501(c)(3)	75,117				Research
University of Utah School of Medicine65 N Medical Drive Salt Lake City, UT 84132	23-7112869	501(c)(3)	74,368				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Health and Science University2525 SW 1st Avenue Portland, OR 97201	23-7083114	501(c)(3)	54,487				Research
University of California300 University Tower Irvine, CA 92697	95-2540117	501(c)(3)	159,074				Research
University of Florida1600 SW Archer Road Gainesville, FL 32610	59-2729133	501(c)(3)	87,552				Research
Tufts University School of Medicine75 Kneeland Street Boston, MA 02111	04-2103634	501(c)(3)	19,630				Research
University of Florida College of Medicine219 Grinter Hall Gainesville, FL 32611	59-2729133	501(c)(3)	76,474				Research
Helen Wills Neuroscience Institute112 Barker Hall Berkeley, CA 94720	94-6090626	501(c)(3)	67,223				Research
Scheie Eye Institute3535 Market Street Philadelphia, PA 19104	23-1352685	501(c)(3)	74,269				Research
University of FloridaPO Box 100284 Gainesville, FL 32610	59-2729133	501(c)(3)	59,186				Research
Case Western Reserve Univesity10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501(c)(3)	53,200				Research
University of Pennsylvania 3900 Delancy Street Philadelphia, PA 19104	23-2810852	501(c)(3)	59,185				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Health & Science University3375 Terwilliger Boulevard SW Portland, OR 97201	23-7083114	501(c)(3)	65,000				Research
Columbia University Medical Center630 West 168th Street New York, NY 10032	13-5598093	501(c)(3)	65,000				Research
University of California Davis 4860 Y Street Sacramento, CA 95817	94-6036494	501(c)(3)	65,000				Research
University of Chicago5841 South Maryland Chicao, IL 60637	36-2177139	501(c)(3)	65,000				Research
Oregon Health & Science University2525 SW 1st Avenue Portland, OR 97201	23-7083114	501(c)(3)	65,000				Research
University of Iowa375 Newborn Road Iowa City, IA 52245	23-7436761	501(c)(3)	65,000				Research
University of Texas Health Science CenterPO Box 20036 Houston, TX 77225	74-1761309	501(c)(3)	97,307				Research
The Cleveland Clinic Fdn 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	215,000				Research
University of Pennsylvania P221 Franklin Building Philadelphia, PA 19104	23-2810852	501(c)(3)	48,862				Research
Loyola Marymount University 1 LMU Drive Los Angeles, CA 90045	95-1643334	501(c)(3)	41,863				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Michigan3003 South State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	29,356				Research
University of Michigan3003 South State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	32,924				Research
University of Michigan3003 South State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	36,977				Research
Scheie Eye Institute3535 Market Street Philadelphia, PA 19104	23-1352685	501(c)(3)	32,675				Research
Chicago Lighthouse for Blind 1850 W Roosevelt Rd Chicago, IL 60608	36-2169139	501(c)(3)	32,675				Research
National Neurovision Research Institute11435 Cronhill Drive Owings Mills, MD 21117	45-0524687	501(c)(3)	1,203,353				Research
Duke University324 Blackwell Street Durham, NC 27701	56-0532129	501(c)(3)	40,025				Research
University of Pennsylvania 3900 Delancy Street Philadelphia, PA 19104	23-2810852	501(c)(3)	23,619				Research
University of Pennsylvania 422 Curie Blvd Philadelphia, PA 19104	23-2810852	501(c)(3)	89,000				Research
Oregon Health and Science University2525 SW 1st Avenue Portland, OR 97201	23-7083114	501(c)(3)	32,675				Research

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
John Hopkins University600 North Wolfe Street Baltimore, MD 21287	52-0595110	501(c)(3)	38,000				Research
University of Wisconsin1500 Highland Avenue Madison, WI 53705	39-0743975	501(c)(3)	100,000				Research
Mitochem Therapeutics LLC 825 Robert E Lee Blvd Charleston, SC 29412	27-2013371		117,800				Research
Helen Wills Neuroscience Institute112 Barker Hall Berkeley, CA 94720	94-6090626	501(c)(3)	69,980				Research
Various prior year refunds			-39,064				Research

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 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				
William Schmidt	(i)	265,890	0	0	1,250	1,913	269,053	0
	(ii)	0	0	0	0	0	0	0
Annette Hinkle	(i)	167,871	0	0	737	5,892	174,500	0
	(ii)	0	0	0	0	0	0	0
Stephen Rose	(i)	194,202	0	0	876	14,399	209,477	0
	(ii)	0	0	0	0	0	0	0
James Minow	(i)	214,781	0	0	965	10,734	226,480	0
	(ii)	0	0	0	0	0	0	0
Susan Brumley	(i)	142,314	0	0	650	10,306	153,270	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	38	671,683	Fair Market Value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Event Goods)	X	530	202,922	Estimated FMV
26	Other ▶ (Balloons, etc)	X	4	3,040	Cost
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Jeremiah H Shaw, Vice Chairman, has a family relationship with Debbie Shaw, Director
Form 990, Part VI, Section A, line 4		A change to the bylaws was made on February 28th to accommodate a non-board member acting as chair of the Government Affairs Committee
Form 990, Part VI, Section A, line 6		Members of FFB are known as National Trustees The qualifications and eligibility for membership and the manner of admission into membership is prescribed by resolution of the board of directors The National Trustees are entitled to vote
Form 990, Part VI, Section A, line 7a		During the annual meeting of the National Trustees, members of the board of directors are elected The meeting is held during the first quarter of each calendar year
Form 990, Part VI, Section B, line 11		Data to prepare the Form 990 is provided to our outside accounting firm for preparation and guidance After it has been completed, a draft of the form is reviewed by the Chief Financial Officer With the CFO's approval the draft Form 990 is then made available to all board members who are also invited to a special meeting of the Finance Committee to review the Form 990 before filing
Form 990, Part VI, Section B, line 12c		Conflict of interest policy forms are obtained upon board election and hiring New forms are obtained at the beginning of every fiscal year Senior management and board members are aware that conflict of interests must be documented and disclosed to the board of directors Finance staff review activity throughout the year for proper disclosure
Form 990, Part VI, Section B, line 15		As part of the annual budget process, FFB reviews all salaries and performances, including officers and key employees, in order to determine appropriate salary adjustments An overall increase pool, based on feedback from market data, is approved by the board of directors for use in this process On a routine basis, external data provided by outside expert compensation consultants is used to measure reasonableness of salaries to the market place and results are communicated by outside consultants to the board chair/compensation committee
Form 990, Part VI, Section C, line 19		FFB's federal Form 990, Form 1023 and consolidated audited financial statements are available at www fightblindness org Other public governing documents including the conflict of interest policy are available upon request through the contact information disclosed on FFB's web site

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Foundation Fighting Blindness Inc

Employer identification number
23-7135845

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
National Neurovision Research Institute 7168 Columbia Gateway Drive Suite 1 Columbia, MD 21046 45-0524687	Research	DE	501(c)(3)	Line 11a	N/A
Macular Degeneration International Inc 7168 Columbia Gateway Drive Suite 1 Columbia, MD 21046 36-3923922	Fundraising	IL	501(c)(3)	Line 7	N/A
National Retinitis Pigmentosa Foundation 7168 Columbia Gateway Drive Suite 1 Columbia, MD 21046 52-2072391	Fundraising	MD	501(c)(3)	Line 11a	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	National Neurovision Research Institute	B	1,203,353
(2)	National Neurovision Research Institute	K	99,900
(3)	National Neurovision Research Institute	N	461,960
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 23-7135845
Name: The Foundation Fighting Blindness Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Gordon Gund Chairman	10 00	X		X				0	0	0
Jeremiah H Shaw Vice Chairman	1 00	X		X				0	0	0
Edward Gollob President	1 00	X		X				0	0	0
Joel Davis Sr Vice President	1 00	X		X				0	0	0
David Brint Vice President	1 00	X		X				0	0	0
Haynes Lea VP and Treasurer	1 00	X		X				0	0	0
Yvonne Chester Secretary	1 00	X		X				0	0	0
Gregory Austin Director	1 00	X						0	0	0
Daniel Bergstein Director	1 00	X						0	0	0
Marilyn Green Director	1 00	X						0	0	0
Alan Kahn Director	1 00	X						0	0	0
James McNiel Director	1 00	X						0	0	0
Nancy Mendelow Director	1 00	X						0	0	0
Karen Petrou Director	1 00	X						0	0	0
Edward Russnow Director	1 00	X						0	0	0
Bruce Sawyer Director	1 00	X						0	0	0
Debbie Shaw Director	1 00	X						0	0	0
Moira Shea Director	1 00	X						0	0	0
Warren Thaler Director	1 00	X						0	0	0
George Villere Director	1 00	X						0	0	0
David Walsh Director	1 00	X						0	0	0
Ted Welp Director	1 00	X						0	0	0
William Schmidt Chief Executive Officer	40 00			X				265,890	0	3,163
Annette Hinkle Chief Financial Officer	40 00			X				167,871	0	6,629
Stephen Rose Chief Research Officer	40 00			X				194,202	0	15,275

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
James Minow Chief Develop Officer	40 00			X				214,781	0	11,699
Pat Dudley Chief Human Res Officer	40 00			X				122,720	0	10,649
Steve Bramer Chief Drug Dev Officer	40 00			X				113,761	0	9,529
Susan Brumley Sr Nat Dir Chapters	40 00					X		142,314	0	10,956
Kristin White Sr Nat Dir of Events	40 00					X		113,731	0	14,026
Lorrine Hirsch Controller	40 00					X		106,909	0	1,758
Tim Schoen Director, Science	40 00					X		105,322	0	14,216