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Form 990

Return of Organization Exempt From Income Tax

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

		iue Service	The organization may have to use a copy of this return to satisfy state	reporting requirements	Inspection						
AF	or the	2009 cal	lendar year, or tax year beginning $JUL~1$, 2009 and ending	JUN 30, 2010							
BC	neck if	Please use IRS	C Name of organization	D Employer identificati	on number						
Г	Addres change	- 1954	AMERICAN ACADEMY OF OPTOMETRY								
	Name change	IVOR	Doing Business As	41-122	7642						
	Legricus]pustraq	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/suite								
느	lated Amend	Instruc-	PILO EXECUTIVE BUAD DOG	301-98							
누	Jeeturn JApplica	ı ı	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,639,381.						
_	M(a) is this a group return										
	F Name and address of principal officer LOTS SCHOENBRUN for affiliates? Yes No SAME AS C ABOVE										
			us: [X] 501(c) (3) ◀ (insert no.) [4947(a)(1) or [527	If "No," attach a list	(see instructions)						
_			TP://WWW.AAOPT.ORG	H(c) Group exemption nu							
				of formation; 1922 M St	ate of legal domicile: DC						
Pa	1	Summ		TAY AND TAYIANOD							
8	1 1	Bnelly de: セマヘヤに	scribe the organization's mission or most significant activities TO MAINTALENCE IN OPTOMETRIC PRACTICE.	IN AND ENHANCE	<u> </u>						
Governance											
<u> </u>			s box Lift the organization discontinued its operations or disposed of mor	1 1							
ဒ္			of voting members of the governing body (Part VI, line 1a)	3							
•ರ			of independent voting members of the governing body (Part VI, line 1b)	4	14						
Activities			nber of employees (Part V, line 2a)	5	226						
.≨			iber of volunteers (estimate if necessary)	6	0.						
¥		_	ss unrelated business revenue from Part VIII, column (C), line 12		0.						
-	ь	ver unrea	ated business taxable income from Form 990-T, line 34	Prior Year	Current Year						
	8	Contribut	ione and greate /Part VIII. line 1h)	378,108.	314,920.						
Revenue			ions and grants (Part VIII, line 1h)	2,920,492.	3,019,437.						
₹		_	service revenue (Part VIII, line 2g)	-407,746.	85,193.						
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)	169,195.	120,398.						
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,060,049.	3,539,948.						
\dashv			enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ad similar amounts paid (Part IX, column (A), lines 1-3)	229,170.	69,250.						
-			and to a far mark and Mark IV and are (A) has (I)								
္တ			other compensation, employee benefits (Part IX, column (A), lines 5-10)	880,463.	770,701.						
Expenses			nal fundraising fees (Part IX, column (A), line 11e)								
홄	h .	Total firms	draining evenence (Part IV, octume (P), has 25)								
ω	17	Other exc	penses (Part IX, column (A), lines 11ad to 114249 0 514 (55)	2,320,439.	2,289,582.						
	18	Total exp	penses (Part IX, Column (A), lines 11a rtd. 1250 Penses (Part IX, Column (A), lines 11a rtd. 1250 Penses. Add lines 13-17 (must equal Part IX, Column (A), lines 11a rtd. 1250 Penses. Add lines 13-17 (must equal Part IX, Column (A), lines 250 Penses.	3,430,072.	3,129,533.						
			less expenses. Subtract line 18 from ine 12	-370,023.	410,415.						
58				eginning of Current Year	End of Year						
Ssets or Balances	20	Total asse	ets (Part X, line 16)	4,499,133.	5,222,400.						
3	21	Total liabi	dates (Part Y line 36)	1,248,287.	1,293,769.						
Piet A	22	Net asset	this or fund balances. Subtract line 21 from InOGDEN. UT	3,250,846.	3,928,631.						
Pa	rt II	1319110	itule block								
		Under pena and comple	dies of perjury, I declare that I have examined this return, including accompanying schedules and statements are Physication of preparer (other than officer) is based on all information of which preparer has any knowledg	, and to the best of my knowledge ar	nd bokef, it is true, correct,						
		/	78 11 10 0 . N	1/2/2014	ı l						
Sigr	1		71000000	12/20/1							
Here	e	l' .	nature of officer	Uare							
			DIS SCHOENBRUN, EXECUTIVE DIRECTOR	<u>. </u>							
			e or print name and title	hook if Dearcontai	dentrying number						
Paid		Preparer's		(see astruc	tions)						
	arer's	signature			0075 (1						
Use		yours d	LAKSONADDEN DDF	EIN > 41-0	746747						
	- 1	self-employ address, an		5 701	000 5100						
_		259+4	ARLINGTON, VA 22206	Phone no. ► 703							
May	the IF		s this return with the preparer shown above? (see instructions)		X Yes No						
9320	01 02-0	4-10 LH	IA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	structions.	Form 990 (2009)						

Cis linage, do not corr for signature

690.8

	990 (2009) AMERICAN ACADEMY OF OPTOMETRY	41-1227642	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission. TO MAINTAIN AND ENHANCE EXCELLENCE IN OPTOMETRIC PRACTI	ICE.	
2	Did the organization undertake any significant program services during the year which were not listed on		<u></u>
	the pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services if "Yes," describe these changes on Schedule O.		L <u>&</u> JNo
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	•	
4a	(Code:)(Expenses \$ 1,629,749. including grants of \$ 0.)(Expenses \$ 0	Y. THE ANNUA CONSIST OF M	D L ORE
4b	(Code:)(Expenses \$ 508,759 · including grants of \$ 0 ·)(PUBLICATIONS: THE ACADEMY'S JOURNAL, OPTOMETRY & VISION ARCHIVES THE ADVANCEMENT OF PRIMARY EYE CARE BY PUBLISH RESEARCH IN THE FIELD. THE ACADEMY'S NEWSLETTERS INFORM ACTIVITIES AND PROMOTE FELLOWSHIP. MEMBERSHIP DEVELOPH COMMITTEE EXPENSES INCLUDE DESIGN AND PRINTING OF MARKI COMMITTEE MEETING TRAVEL, AND TRAVEL TO THE ANNUAL MEETINGLUDED AS MEMBER RETENTION IS DUES PRINTING AND MAIL	ON SCIENCE, HING CURRENT RM MEMBERS OF MENT AND RELA ETING MATERIA TING. ALSO	TED
4c	(Code:)(Expenses \$ 476,048. including grants of \$ 0.)(ADDITIONAL PROGRAM SERVICE EXPENSES INCLUDING MEMBERSHOWN SCHOLARSHIPS, GRANTS, AWARDS AND SPECIAL FUNDS.	(Revenue \$ 1,263, IP, COMMITTEE	
4d	Other program services. (Describe In Schedule O.) (Expenses \$ 90,910 including grants of \$ 69,250) (Revenue \$)	
4e	Total program service expenses ▶\$ 2,705,466.	Form 9	90 (2009)
			_ \ _ /

932002 02-04-10

# "Yes," complete Schedule to complete Schedule B, Schedule of Contributors? 3 bd the organization engage in direct or infurent political cumpaign activities on behalf of or in opposition to candidates for public office? ## "Yes," complete Schedule C, Part ## 4		r		Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or induced political carganige activities on hemal of or in opposition to candidates for public office? If "es," complete Schedule C, Part I 5 Section 501(c)(3) organizations. Did the organizations lengage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(3) organizations. And 501(c)(6) organizations is the organization subject to the section 603(c)(e) organization and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 5 Did the organization misma my donor advised funds or any similar funds or accounts where dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization mismatian cofections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization mismatian cofections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, time 21; serve as a custodian for amounts not issed in Part X; or provide ored is counterling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount for land, buildings, and equipment in Part X, time 10? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for investments - potential in Part X, time 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for other assets in Part X, time 10? If "Yes," complete Schedule D, Part X 13 Did the organization report an amount for other assets in Part X, time 10? If "Yes," complete Schedule D, Part X 14 Did the organization report an amount for other assets in Part X, time 13 that is 5% or more of its total assets reported in Part	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	j	.,	
Did the organization engage in direct of indirect political campaign activities on hetail of or in opposition to candidates for public office? // "es," complete Schedule C, Part // Section 501(c)(a), organizations. Did the organization engage in lobbying activities? // "Yes," complete Schedule C, Part // X Section 501(c)(a), 501(c)(a), and 501(c)(a) organizations. But the organization subject to the section 603(d) notice and reporting requirement and proxy tax // "Yes," complete Schedule C, Part // X Section 501(c)(a), 501(c)(a), and 501(c)(a) organizations. Is the organization subject to the section 603(d) notice and reporting requirement and proxy tax // "Yes," complete Schedule C, Part // X Did the organization metains any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // "Yes, complete Schedule D, Part // T Did the organization metains coffections of weeks of art, historical fressures, or other similar assets? // "Yes," complete Schedule D, Part // X Did the organization metains in delections of weeks of art, historical fressures, or other similar assets? // "Yes," complete Schedule D, Part // Yes," complete Schedule D, Part // Yes, complete Schedule D, Part // Yes, complete Schedule D, Part // Yes, supplicable Oot the organization report an amount for investments other securities in Part X, line 10? "Yes," complete Schedule D, Part X/, In 10 of the organization report an amount for investments other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X/, In 10 of 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? // "Yes," complete Schedule D, Part X X/, In 10 of the organization					
public office? If "Pes," complete Schedule C, Part I Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Dd the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 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 "Pes," complete Schedule C, Part II 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 II Section 501(c)(4), 501(c)(5), and 501(c)(6), and 501(c)			2		
Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organization subject to the section 6033(e) notice and reporting requirement and provide and reporting requirement and provide and the complete Schedule C, Part II 5 But the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the dishibution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 Did the organization maintain collections of works of art, historical treasures, or other smaller assets? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other smaller assets? If "Yes," complete Schedule D, Part II 8 Did the organization of the state organization services? If "Yes," complete Schedule D, Part IV 7 Did the organization service organization, the state organization services? If Yes," complete Schedule D, Part IV 7 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X 10 Did the organization report an amount for their assets in Part X, line 11 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 10 Did the organization report an amount for investments - other securities 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 X 10 Did the organization schedule organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes	3		. 1		v
Section 50 ([c]4], 501(c)5), and 50 ([c]6) or ganizations, is the organization subject to the section 6003(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 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 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 II Did the organization maintain collections of works of art, historical treasures, or other similar sessets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodiun for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debit negotation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for other labilities in Part X, line 15? If at 1s 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for other labilities in Part X, line 15? If at 1s 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization					
reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 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 II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar seases? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide receit counterling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part V Did the organization report an amount for Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide receit counterling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part V Did the organization report an amount for line following questions "Yes"? If so, complete Schedule D, Part V, III, VIII, IIX, or X as applicable Did the organization report an amount for lind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, III IX IX	4		4	<u></u>	
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 O, Part I I Did the organization reserved or hold a conservation easiement, including easiements to preserve open space. The environment, historic land area, or historic structures? If "Yes," complete Schedule D, Part II I I Schedule D, Part III I I I I I I I I I I I I I I I I I	5	, , , , , , , , , , , , , , , , , , ,	_		
provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part I 6			_5_		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic tand areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization manifain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not fisted in Part X; or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 11 "Yes," complete Schedule D, Part V. 12 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV, IV, IVII, IVI, or X as applicable. 13 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV. 13 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 IVI. 14 Did the organization report an amount for other sasets a 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 IXI. 15 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization shall be parate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Part X, IVI. 16 Did the organization organization export on Part IX, Ivolumi IV, Iving IVI "Yes," complete Schedule D, Part X, IVI. 17 Did the organization have appropriate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II	6				v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			-6		
B Dd the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, sine 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 V Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V It is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part V, VIII, VIII, IX, or X as applicable Old the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 10? 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 VII. Did the organization report an amount for other labilities 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 VII. Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part XX. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XX. A the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XX. A the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XX. Did the organization have aggingate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and programs service and substituted	7	· · · · · · · · · · · · · · · · · · ·	_]		.
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 bit the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 Dot the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other 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 other assets 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 VIII. Did the organization report an amount for other habilities 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 X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional is the organization management revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, and programs service activities outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or an organization report and tall of more than \$15,00	8	· · · · · · · · · · · · · · · · · · ·	8		х
10 Did the organization, directly or through a related organization, hold asserts in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 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 18? If "Yes," complete Schedule D, Part VII. 13 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 18? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other labilities 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 VII. 15 Did the organization insport an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization is lability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X, V. 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, V. 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If Yes, "complete Schedule D, Part X, V. 18 Did the organization maintain an office, employees, or agents outside the United States? If Yes, "complete Schedule F, Part II If Yes," complete Schedule F, Part II If Yes, "complete Schedule F, Part III If Yes, "complete Schedule G, Part III If Yes, "complete Schedule F, Part III If Yes, "compl	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			
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 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 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 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. 14 Did the organization report an amount for investments - other securities 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. 15 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 XIII. 16 Did the organization report an amount for other liabilities 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 XII. 17 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X X. 18 Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X. 19 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E. 19 Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule E. 19 Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part II. 19 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gants or assistance to any organization or entity located outside the United States? If "Yes," complete		credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
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14a Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a			<u> </u>		
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and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ) X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	l
or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X		and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146	!	X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	15		}	,	
located outside the United States? If "Yes," complete Schedule F, Part III 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X			15	 	<u>X</u>
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 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 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	16		1	۱	Į.
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X			16	X	↓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	17		1	1	1
1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X			- 17	 	 ^
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // *Yes,* complete Schedule G, Part III 20 Did the organization operate one or more hospitals? // *Yes,* complete Schedule H 20 X	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines]	1	\ v
complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X		1c and 8a? If "Yes," complete Schedule G, Part II	<u> 18</u>	 	 ^ _
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	19			1	v
20 Did the organization operate one or more hospitals in ites, complete deficient in item.		complete Schedule G, Part III	_	╁	
	20	Did the organization operate one or more hospitals? If "Yes," complete scriedule in		990	

D-+ 11/	Chaalii-A	of Required	C-L-J.J /	
PARLIV	CHECKIEL	at Healittea	SCHOOLINGS /A	ANTINI IOM
	4.1041/11/27	01 110441104		Unitatocut

			Yes	No
21	Old 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 17 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Oid the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1	v	
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	l 1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete]]	v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ا
	Schedule K. If "No", go to line 25	24a		<u> </u>
	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	ļ. —	├—
	Ord the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		├
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	,		٠.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		l .
	Schedule L, Part I	25b	├─	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	'	l	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			x
	Schedule L, Part III	27	-	 ^
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):	28a		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 -	X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		 -
C	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization (lquidate, terminate, or dissolve and cease operations?			
٠.	If *Yes,* complete Schedule N, Part I	31	1	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete		T	
-	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			T
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			[
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	38	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	╙	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?]]	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	1_
		Form	990	(2009)

Form	990 (2009) AMERICAN ACADEMY OF OPTOMETRY 41-1227	642	P	age 5
Par	t 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			
ь	Enter the number of Forms W 2G included in line 1a. Enter -0 if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c	X	
22	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 14			
h	the state of the s	2b	Х	
·	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			_
3-	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	35		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	32		 -
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
_				
D	If "Yes," enter the name of the foreign country:]
	See the instructions for exceptions and filing requirements for Form TO F 90-22.1, Report of Foreign Bank and			1
	Financial Accounts.	 	ŀ	х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-^-
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	٠ ـ ا		ł
	Tax Shelter Transaction?	5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	[_	[
	any contributions that were not tax deductible?	6a	}	X
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		1
_	were not tax deductible?	6ь	 	
7	Organizations that may receive deductible contributions under section 170(c).	ŀ	ł	ł
a	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services	l _	\	l 🐷
	provided to the payor?	7a	├	X
	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _	l	\mathbf{x}
	to file Form 8282?	7c	├	┝
	If "Yes," indicate the number of Forms 8282 filed during the year	1	}	ł
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]_	j	x
	benefit contract?	7e	├	 x −
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	 ^- -
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	 -	
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	ł	l	l
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings]]
_	at any time during the year?	B	╂━-	├
9	Sponsoring organizations maintaining donor advised funds.	1	ì	ł
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?	96	╁	+
10	Section 501(c)(7) organizations. Enter:		1	1
a	Initiation fees and capital contributions included on Part VIII, line 12	4	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	1	
11	Section 501(c)(12) organizations. Enter:	1	ì	1
8	Gross income from members or shareholders	4	1	}
þ		1	1	1
	amounts due or received from them.)	٦.	1	-
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in fieu of Form 1041?	128	1-	+-
	If "Voc " anter the amount of the example internet recorded or account during the year 12h		•	1

Form **990** (2009)

Section C. Disclosure

17	List the states with	which a copy of this	s Form 990 is required	to be filed 💌	עש, עיזי
		····			

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

Another's website W Upon request Own website

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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 301-984-1441

6110 EXECUTIVE BLVD, NO. 506, ROCKVILLE, 20852

Form **990** (2009)

Page 7

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co (A) Name and Title	(B)	(C)			•		(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	Average hours	(6			Position eck all that app		ly)	compensation	compensation	amount of
	per week	al buster or director		Officer		Mahest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	other compensation from the organization and related organizations
RICHARD E. WEISBARTH IMMEDIATE PAST PRESIDENT	10.00	x		x		,		0.	0.	0.
MARK W. EGER PRESIDENT	10.00	x		x				0.	0.	0.
KARLA ZADNIK PRESIDENT ELECT	10.00			х				0.	0.	0.
BRETT G. BENCE BOARD MEMBER	10.00	T	-					0.	0.	0.
BERNARD J. DOLAN SECRETARY - TREASURER	10.00	<u> </u>		x				0.	0.	0.
BARBARA CAFFERY BOARD MEMBER	10.00	x						0.	0.	0.
JOSEPH P. SHOVLIN BOARD MEMBER	10.00	x						0.	0.	0.
TIMOTHY T. MCMAHON BOARD MEMBER	10.00	x						0.	0.	0.
LOIS SCHOENBRUN EXECUTIVE DIRECTOR	31.00			x				163,780.	0.	21,737
		} -	-		-	-	-			
		-	-		-	-	-			
				-	-	_	-			
		L	<u> </u>	1	L	1	L			
·	<u> </u>		_		L				L	Form 990 (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form 990 (2009)

					EMY OF O	PLOWELKA		41-1221	542 Page 9
Par						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tool sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	•	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants,	1b 1c 1d ns) 1e					
Contribut and other		g	similar amounts not included above Noncash contributions included in times 1a Total. Add lines 1a 1f	1f	314,920. 55,250.	314,920.			·
\neg	2	a	ANNUAL MEETING MEMBERSHIP DUES		Business Code 900099 900099	1734896. 1263506.			
Program Service Revenue	,		PUBLICATIONS		511120	21,035.	21,035.		
ě	3		All other program service revenu		. ▶	3019437.			
	4		Investment income (including di other similar amounts)	exempt bond p	proceeds	58,107. 120,158.			58,107.
	-	b	Gross Rents Less: rental expenses Rental income or (foss)	(i) Real	(ii) Personal	120,138.			120,158.
	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 1,126,519,					
		d	Gain or (loss) Net gain or (loss) Gross income from fundraising	27,086.	<u> </u>	27,086.			27,086.
Other Revenue			including \$	of c). See a					•
۲۶			Net income or (loss) from fundra						
	9	а	Gross income from gaming active Part IV, line 19	vities. See					
}	10	c	Less: direct expenses Net income or (loss) from gamir Gross sales of inventory, less re and allowances Less: cost of goods sold	ng activities etums a					
ŀ	_	c	Net income or (loss) from sales Miscellaneous Revenue		Business Code				
ſ		a	MISCELLANEOUS RE	EVENUE	900099	240.			240.
}		c							
- 1		d	All other revenue						
		е	Total. Add lines 11a-11d			240.	3010455		70E -01
93200			Total revenue. See instructions.	<u></u>		3539948.	3019437.	0.	205,591. Farm 990 (2009)

Form 990 (2009) AMERICAN ACAD
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	ner organizations must compl				<u> </u>
7b, 8b, 9b, and 10b of 1		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	istance to governments and J.S. See Part IV, line 21	_			•
	ssistance to individuals in				
	V, line 22	59,500.	59,500.		
3 Grants and other a	ssistance to governments,			-	
	individuals outside the U.S.			İ	
	5 and 16	9,750.	9,750.		
4 Benefits paid to or	for members		5,750.		
	current officers, directors.				
•	· · · · · · · · · · · · · · · · · · ·	163,780.	163,780.		
trustees, and key of Compensation not in	cluded above, to disqualified	103,700.	103,700.		
•	under section 4958(f)(1)) and				
	section 4958(c)(3)(B)				
		446,190.	446,190.		
	wages	440,170.	440,130.		
	utions (include section 401(k)	i			
	mployer contributions)	117 310	117,318.		
	enefits	117,318. 43,413.	43,413.		
		43,413.	43,413.		
11 Fees for services (Ì	
		0 017		0-872	
		8,246.		8,246.	
		46,898.		46,898.	
d Lobbying				····	
	sing services. See Part IV, line 17				
	perment fees				
	<u>.</u> .	93,798.	16,216.	77,582.	
12 Advertising and pr	omotion				
		236,298.	174,989.	61,309.	
14 Information technology	ology				
15 Royalties	<u>.</u>				
16 Occupancy		84,430.		84,430.	
17 Travel		173,478.	119,944.	53,534.	
18 Payments of trave	l or entertainment expenses				
for any federal, sta	ite, or local public officials				
19 Conferences, conv	ventions, and meetings	1,000,768.	1,000,768.		
20 Interest					
21 Payments to affilia	ites				
22 Depreciation, depl	etion, and amortization	26,089.		26,089.	
23 Insurance		33,082.	9,221.	23,861.	
24 Other expenses, Item above. (Expenses gro	nize expenses not covered ouped together and labeled not exceed 5% of total				•
a JOURNAL		390,319.	390,319.		
b EXPENSE R	EIMBURSEMENTS	48,522.	48,522.		
c DECORATOR		48,492.	48,492.		
d CREDIT CA		37,548.	· · · · · · · · · · · · · · · · · · ·	37,548.	
	CRIPTIONS	24,441.	24,441.	, , , , , , , , , , , , , , , , , , , ,	
All other expenses	}	37,173.	32,603.	4,570.	
	enses. Add lines 1 through 24f	3,129,533.	2,705,466.	424,067.	(
	ere I if following	3,203,000.			
	this line only if the organization			1	v
			i	}	
•	B) joint costs from a combined				
educational campaig	n and lundraising solicitation .		l		Form 990 (20)

Pai	rt X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	100.	1	300.
	2	Savings and temporary cash investments	613,780.	2	275,297.
	3	Pledges and grants receivable, net	65,000.	3	268,812.
	4	Accounts receivable, net		4_	22,647.
	5	Receivables from current and former officers, directors, trustees, key			
	l	employees, and highest compensated employees. Complete Part II	1	, ,	•
		of Schedule L		5	L
	6	Receivables from other disqualified persons (as defined under section		,	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	İ		
	}	Part II of Schedule L	}	6	
9	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges	1 252 002	9	287,150.
	10a	Land, buildings, and equipment: cost or other		Ť	
		basis. Complete Part VI of Schedule D 10a 286, 94	1.		
	١,	Less: accumulated depreciation 10b 206,59		10c	80,348.
	11		2 770 271	11	4,272,456.
	12	to the same and the same at th		12	4,0,0,4500
	13		•	13	
	14	Investments - program-related See Part IV, line 11		14	
	15	tntangible assets	· · ·	15	15,390.
		Other assets. See Part IV, line 11	·	16	5,222,400.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		17	42,727.
	18	Accounts payable and accrued expenses		18	32,727.
	1 -	Grants payable	1,101,451.	19	1,251,042.
	19	Deferred revenue	· · <u> </u>		1,231,042.
	20	Tax-exempt bond liabilities	·	20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
量	22	Payables to current and former officers, directors, trustees, key employees,		1	ł
Ë	1	highest compensated employees, and disqualified persons. Complete Part I	'		į.
	l	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	38,702.	24	0.
	25	Other liabilities. Complete Part X of Schedule D	1,248,287	25 26	1,293,769.
	26	Total liabilities. Add lines 17 through 25		20	1,293,103.
	1	Organizations that follow SFAS 117, check here	³	Į.	
ĕ		lines 27 through 29, and lines 33 and 34.	2,514,754	l	3,090,186.
alances	27	Unrestricted net assets	534,679		633,500.
8	28	Temporarily restricted net assets	201,413		204,945.
Ĕ	29	Permanently restricted net assets	201,413	29	204,343.
Ę	ĺ	Organizations that do not follow SFAS 117, check here		1	,
٥ م)	complete lines 30 through 34.	1		1
9et:	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund	··	31	
Net Assets or Fund B	32	Retained earnings, endowment, accumulated income, or other funds		32	2 000 634
~	33	Total net assets or fund balances	3,250,846	_	3,928,631.
	34	Total liabilities and net assets/fund balances	4,499,133	34	5,222,400.

Form 990 (2009)

	1990 (2009) AMERICAN ACADEMY OF OPTOMETRY 41-122	042	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	Γ		
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O.	Į.	ł	l
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Ţ		
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]	l	}
	consolidated basis, separate basis, or both:	İ	ļ	
	Separate basis X Consolidated basis Both consolidated and separate basis	Í	l	
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	ł	ł	l
	Act and OMB Circular A-133?	3a		X
ь	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.	ЗЬ	<u> </u>	
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

nternal 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.

2000 No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF OPTOMETRY

Employer identification number 41-1227642

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 L 2 L A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) \mathbf{X} An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III · Other c ____ Type III - Functionally integrated _ Type I b Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes_ (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 1,1g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) is the ganization in col. (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. n col. (i) listed in your SUDDORT organization (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009						Page 2
Part II Support Schedule for				(b)(1)(A)(iv) an	а 170(Б)(1)(А)(vi)
(Complete only if you check	ed the box on line 5	, 7, or 8 of Part I.)				
Section A. Public Support						
Catendar year (or tiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions, and 						
membership fees received. (Do not						
include any "unusual grants.")				<u> </u>		
2 Tax revenues levied for the organ-			1		1	
ization's benefit and either paid to			ŀ		İ	ł
or expended on its behalf						<u> </u>
3 The value of services or facilities				I		
furnished by a governmental unit to	1			1		
the organization without charge				j 	ł	
4 Total. Add lines 1 through 3					· ·	
5 The portion of total contributions						
by each person (other than a	1			1		
governmental unit or publicly			l	1		1
supported organization) included					1	
on line 1 that exceeds 2% of the	, 1					
amount shown on line 11,	1					
column (f)	1					
6 Public support. Subtract time 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				I		
8 Gross income from interest,						
dividends, payments received on	1		1			
securities loans, rents, royalties	1			,		
and income from similar sources			l	1.	1	
9 Net income from unrelated business	3					
activities, whether or not the		(Ì	1	ľ	Ĭ
business is regularly carried on			L			
10 Other income. Do not include gain			1			
or loss from the sale of capital						ŀ
assets (Explain in Part IV.)			<u> </u>	<u> </u>		
11 Total support. Add lines 7 through 10				<u>l</u>	<u> </u>	<u> </u>
12 Gross receipts from related activitie	s, etc. (see instructi	ons)			12	
13 First five years. If the Form 990 is f	or the organization's	s first, second, thi	ird, fourth, or fifth I	tax year as a secti	on 501(c)(3) .	_
organization, check this box and ste		<u></u>		 		▶∟
Section C. Computation of Put						
14 Public support percentage for 2009					14	%
15 Public support percentage from 200					15	
16a 33 1/3% support test - 2009.If the						
stop here. The organization qualifie						
b 33 1/3% support test - 2008.If the	•		=			. —
and stop here. The organization qu						
17a 10% -facts-and-circumstances to	_					
and if the organization meets the "fa			-	•	•	
meets the "facts-and-circumstances						
b 10% -facts-and-circumstances to						
more, and if the organization meets				•		. □
organization meets the "lacts-and-c 18 Private foundation. If the organizate		-	-	• • •		┈┈┈╏┤
to rivate toungation. If the organizal	JULI DED DET CUECK B	LUXUITHE IJ. 1	ua. 100. (/8. Of)/	ID. CHECK INS DOX	・ ロール うせき けいいいじにん	

Schedule A (Form 990 or 990-EZ) 2009

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part L) Section A. Public Support Catendar year (or fiscal year beginning in) (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 1 Gifts, grants, contributions, and membership fees received, (Do not 479,484. 378,108. 314,920 include any "unusual grants.") 423,865 554,419 2,150,796. 2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the 3,019,437 2,819,585 14,406,011. 2,808,517 2,920,492 organization's tax-exempt purpose 2,837,980 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 ... 3 334 357 16,556,807. 6 Total. Add lines 1 through 5 3,298,600 3,243,450 3,362,936 3,317,464 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year 16,556,807 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total 3,362,936. 3,334,357. 16,556,807. 3,298,600 3,317,464. 3,243,450, 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 283,715. 178,265 434,492. 215,285. 377,104. 1,488,861. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 434,492. 283,715. 178,265 215,285 377,104. 1 488 861. 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 carned on 12 Other income. Do not include gain or loss from the sale of capital 323 240 17,106. 4.273 6,198 6,072. assets (Explain in Part IV.) 3,803,626. 3,582,638. 3,512,862. 18,062,774. 13 Total support (Add times 9, 10c, 11, and 12.) 3 538 821. 3 624 827. 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 91.66 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 94.12 16 96 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 8.24 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 18 5.84 96 18 Investment income percentage from 2008 Schedule A, Part III, line 17 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 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 🗼

chedule A (Form 990 or 990-EZ) 2009 AMERICAN ACADEMY OF OPTOMETRY	41-1227642 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, lin	e 10; Part II, line 17a or 17b;
and Part III, line 12. Provide any other additional information. See instructions.	
CHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME	₹:
CHESTER I, THE III, BING IS, DRI MARTIEST FOR CITED TOOLS	
MULED INCOME PROM VARIOUS COUNCES	
THER INCOME FROM VARIOUS SOURCES	
	
•	
	•
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	•
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	. •
	
Sched	ule A (Form 990 or 990-EZ) 200

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.

2009
Open to Public Inspection

Name of the organization **Employer Identification number** AMERICAN ACADEMY OF OPTOMETRY 41-1227642 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 18 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 (i) Revenues included in Form 990, Part VIII, line 1 ______ > \$ (ii) Assets Included in Form 990, Part X 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

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Schedule D (Form 990) 2009

Schedule D	Form 990) 2009 AMERICA	N ACADEMY	OF OPTOMET	RY	41-12	227642 Page 2			
Part III	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	her Similar Asso	ets (continued)			
3 Using	the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of its	collection items			
(check	all that apply):								
a <u> </u>	Public exhibition	d	Loan or excl	hange programs		٠			
ьЩ	Scholarly research	e	Other						
ا 🗀 ه	Preservation for future generations								
4 Provid	e a description of the organization's co	ollections and explain	n how they further ti	ne organization's ex	cempt purpose in Pa	rt XIV.			
5 During	the year, did the organization solicit of	r receive donations (of art, historical trea	sures, or other simi	lar assets				
	old to raise funds rather than to be m					Yes No			
Part IV	Escrow and Custodial Arran	gements. Comple	ete if organization ar	nswered "Yes" to Fe	orm 990, Part IV, line	9, or			
	reported an amount on Form 990, Par	rt X, line 21.							
1a Is the	organization an agent, trustee, custod								
on For	m 990, Part X?				L	Yes No			
b if "Yes	," explain the arrangement in Part XIV	and complete the fo	llowing table:						
						Amount			
-	ing balance								
d Additio	ons during the year				1d				
e Distnb	utions during the year				le				
f Ending	balance								
	organization include an amount on F		21?			Yes			
	, explain the arrangement in Part XIV.								
Part V	Endowment Funds. Complete i								
		(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back			
	ning of year balance	196,710.	270,813.		 				
b Contri	butions	2,500.	1,003.		 	<u> </u>			
	40 000 000								
d Grants or scholarships 10,000. 27,000.									
e Other expenditures for facilities									
	and programs								
•	year balance	216,749.	196,710.	<u> </u>	4	J			
	e the estimated percentage of the year								
	designated or quasi-endowment	.00	%						
	nent endowment ► 94.60	%							
		96			- 41				
	ere endowment funds not in the posse	ession of the organiz	ation that are neid a	ina administerea to	r the organization	(Ver Ne			
by:		,				Yes No			
	related organizations					···			
	lated organizations					··· ==			
	to 3a(ii), are the related organization be in Part XIV the intended uses of the					[30]			
	Investments - Land, Building			Part X line 10					
	Description of investment	(a) Cost or o			Accumulated	(d) Book value			
	Description of investment	basis (investr	' ' ' '		depreciation	(a) Dook 4888			
to Land		_ 		· ·					
			- 						
	ngshold improvements			2,612.	2,270.	10,342.			
	ment			4,329.	204,323.	70,006.			
e Other		,							
	nes 1a through 1e (Column (d) must e		X. column (B) line	10(c).)		80,348.			

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 AMERICAN A	CADEMY OF OPTOMETRY	41-12276	642 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.	_	
(a) Description of investment type		(c) Method of valuation:	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
	1		
			_
Total. (Col (b) must equal Form 990, Part X, col (B) fine 13.)			
Part IX Other Assets. See Form 990, Part X, III	ne 15	•	
	a) Description	(b) B	look value
			,
Total. (Column (b) must equal Form 990, Part X, col (B)			
Part X Other Liabilities, See Form 990, Part			
(a) Description of liability	(b) Amo	xunt	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.) >	•	
2. FIN 48 Footnote. In Part XIV, provide the text of the	footnote to the organization's financia	statements that reports the organization	's liability for
uncertain tax positions under FIN 48.		· -	<u> </u>
932053 02-01-10		Schedule D (I	Form 990) 2009
AE-A 1- 14			,

Sche	dule D (Form 990) 2009 AMERICAN ACADEMY OF OPTOMETI	RY_					227642	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Finan	cial S	tateme	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			3,539,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	-		3,129,	533.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			410,	415.
4	Net unrealized gains (losses) on investments			4			267,	370.
5	Donated services and use of facilities			5				
6				6				
	Investment expenses			7				
7	Prior period adjustments			8				
8	Other (Describe in Part XIV.)			9			267	370.
9	Total adjustments (net). Add lines 4 through 8			10				785.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemen	te Wit	h Reve		er Reti	um		. 03.
					1		3,942,	684.
1	Total revenue, gains, and other support per audited financial statements			• •	···	-		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1	26	7,37	, ,	1		
	Net unrealized gains on investments	2a		5,36				
	Donated services and use of facilities			5,30) 	1		
C	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d				- 1		726
e	Add lines 2a through 2d				2	e		736.
3	Subtract line 2e from line 1				ئـا	<u>:</u>	3,539,	948.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	48				Ţ		
b	Other (Describe in Part XIV.)	46						
	Add lines 4a and 4b				. 4	c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)] :	5	3,539	<u>,948.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	th Expe	enses	per Re	etur	n	
1	Total expenses and losses per audited financial statements					1	3,264	, 8 99.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					\top		
	Donated services and use of facilities	2a	13	35,30	56.	- 1		
	Prior year adjustments					- 1		
		2c			_	1		
		-			\neg			
d					-	_{2e} │	135	,366.
_	Add lines 2a through 2d				···· ⊢	3	3,129	
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		•••••	· · · -	~+		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b				- {		
b	Other (Describe in Part XIV.)				─┤.	,		0.
C	Add tines 4a and 4b				· ··· ⊢	1c 5	3.129	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	••••	·· ····	 · :		<u>• </u>	3,100	<u>, 555 -</u>
	rt XIV Supplemental Information		- 4 4 5	- 411/ 1	15		b. Dod M. Ima	A. Dod
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1	a and 4; P	art IV, II	nes 10 a	ano: 2	o; Pan V, line	4; Part
X, lu	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete this	part to pr	ovide a	ny addit	KOUS)	INIORMATION.	
PA	RT V, LINE 4: THE ACADEMY'S ENDOWMENT FUNDS	ME1	65 37	LADU	ISHE	<u> </u>	OK INE	
	TRACES OF PROMITERING THROWS MO CURRORM CRECT	T T T C	A COUT	TTTT	EC.			
PU	RPOSES OF PROVIDING INCOME TO SUPPORT SPECI	LFIC	ACII	<u> </u>				
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Schedule F (Form 990)

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.

2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

18111	e or the organization					Employer Identi	ncation number
MI	ERICAN ACADEN	Y OF OPT	OMETRY.			41-12276	42
				side the United States. Comple	ete if the organ		
	to Form 990, Pa	rt IV, line 14b.				· ——	
1		_		is to substantiate the amount of the gi			. —
	grantees' eligibility for the	he grants or assi	stance, and the	selection critena used to award the gra	ints or assista	nce?	Yes No
2	For grantmakers. Desc	cribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds out	side the United St	ates.
3	Activities per Region. (L	Jse Schedule F-1	(Form 990) if ad	ditional space is needed.)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If acti	vity listed in (d)	(f) Total
		offices	employees or	(by type) (i.e., fundraising,		gram service,	expenditures
		in the region	agents in region	program services, grants to recipients located in the region)		e specific type ce(s) in region	for region
		ļ	region	racipients located in the region)	VI 361VII		ļ — <u> </u>
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

(I) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 890) 2009 Grents 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 (h) Description of non-cash assistance ; (g) Amount of non-cash assistance 41-1227642 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of : : of cash grant (e) Amount reciplent who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counse! has provided a section 501(c)(3) equivalency letter AMERICAN ACADEMY OF OPTOMETRY (d) Purpose of grant Use Schedule F.1 (Form 990) if additional space is needed. (c) Region Enter total number of other organizations or entitles (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization Part II

Page 3	
PTOMETRY 41-1227642	ne organization answered "Yes" to Form 990, Part IV. line 16.
MY OF OPTOMETRY	states. Complete if t
9	nited S
	Outside the Ur
AMERICAN AC	tance to Individuals
Schedule F (Form 990) 2009	Part III Grants and Other Assis

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 890) if additional space is needed.	J) if additional space is no	eded.					
(a) Type of grant or assistance	(b) Region	ımber of Ipients	(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)
		•	C	200	•		
BUCATION	WTTOOL STORY	1		Ayan			
EDUCATION	NORTH AMERICA	10	7,500.CHECK	CHECK	0		
·			•		in .	٠	
						Schedul	Schedule F (Form 990) 2009

								OMB No. 1545-0047	
(Form 990)			Grants and Governments	l Other Assistance s, and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	es les		2009	
Department of the Treasury		Сомріє	Complete if the organization answered "Yes" on Form 890, Part IV, line 21 or 22.	n answered "Yes" on Fo	on Form 990, Pa	rt IV, line 21 or 22.		Open to Public Inspection	
Name of the organization	ation AMPRICAN ACADEMY	Ι `	OPPOMETRY	·			Ш	Employer identification number 41-1227642	1 _k
Part General	General Information on Grants and Assistance	1							
1 Does the organ	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	to substantate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or assi	istance, and the selection	[ı
	criteria used to award the grants or assistance?	stance?	oring the use of grant	funds in the Unite	States.	:		X Yes	•
Part II Grants a	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	Governments and	Organizations in the	e United States. C	complete if the organic	anization answered "Y	es* to Form 990. Part IN	/, line 21, for any	
recipient	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipler	nt received more th	van \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if additiona	I space is needed ▶	\dashv
1 (a) Name and a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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	
		,				,			
]
									j
									
		į					•		
	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations						
3 Enter total num LHA For Privacy A	3 Enter total number of other organizations LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	is action Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	18

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. SCHEDULE I, PART I, LINE 2: THE ACADEMY REQUIRES DOCUMENTATION OF EXPENSES Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 59,500 (c) Amount of cash grant (b) Number of recipients FOR AMOUNTS GIVEN TO INDIVIDUALS. (a) Type of grant or assistance STUDENT TRAVEL GRANTS 932102 02-02-10 Par⊞

Page 2

41-1227642

AMERICAN ACADEMY OF OPTOMETRY

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

AMERICAN ACADEMY OF OPTOMETRY

Employer identification number 41-1227642

Pa	art I Questions Regarding Compensation			
			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			ŀ
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			ŀ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		1
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь		
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 X Compensation survey or study	 -		İ
	Form 990 of other organizations X Approval by the board or compensation committee	1		
		1		
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:	ļ .		
8	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation]
	contingent on the revenues of:			1
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		}	
	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	the production of the producti			
	not described in lines 5 and 67 lf "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	L	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ľ		
	Regulations section 53.4958-6(c)?	9		1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

41-1227642

AMERICAN ACADEMY OF OPTOMETRY

Schedule J (Form 990) 2009

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 890. Part VII.

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

	-	(B) Breakdown of	(B) Breakdown of W 2 and/or 1099 MISC compensation	3C compensation	(0)	(Q)	(E)	(£)
(A) Name		(I) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
			compensation	compensation		,		Form 990.EZ
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Open to Public Inspection

Employer identification number

	AMERICAN ACA	DEMY O	F OPTOMET	RY		41	-1227	542	
Par	t Types of Property								
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported o Form 990, Part VIII, line		Method o	(d) I determini enues	ng	
1	Art - Works of art								
2	Art - Historical treasures							•	
3	Art · Fractional interests								
4	Books and publications	X		30,250	· PUI	RCHASE	PRICE		
5	Clothing and household goods	X				NOR EST			
6	Cars and other vehicles								
7	Boats and planes	,							
8	Intellectual property								
9	Secunties - Publicly traded								
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or								
	trust interests								
12	Securities · Miscellaneous	•							
13	Qualified conservation contribution -				1				
	Historic structures			ļ					
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	ļ					•		
18	Collectibles								
19	Food inventory					 			
20	Drugs and medical supplies		ļ						
21	Taxidermy								
22	Historical artifacts				_				
23	Scientific specimens	<u> </u>							
24	Archeological artifacts	<u> </u>			-				
25	Other ()	 	<u> </u>	<u> </u>				_	
26	Other ()				-				
27	Other ()		 						
28	Other (_		
29	Number of Forms 8283 received by the organ		•					0	
	for which the organization completed Form 82	263, Part IV,	Dones Acknowled	gment <u>29</u>	<u> </u>			Yes	
20-	Ouring the year, did the organization receive t		an any proporty re	ported in Part I lines 1.2	S that it	must hold for		163	-110 -
30a	at least three years from the date of the initial								l
							30a		Ιx
_	the entire holding period? If "Yes," describe the arrangement in Part II.						333		
		notice that r	enures the review	of any non-standard co	ntabutio	าร?	31	х	1
31	Ones the organization hire or use third parties						" "		
723	. 13 . 43 . 6						32a		x
	tf "Yes." describe in Part II.						. -		
33		column (c) fo	r a type of proper	ty for which column (a) is	checker	d.			1
~	describe in Part II.		I type of proper	.,					1
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	see the Instruc	tions for Form 990.		Schedu	de M (For	n 990	2009

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

SCHEDULE O

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.

2009
Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF OPTOMETRY

Employer identification number 41-1227642

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ACADEMY PROVIDES \$750 TRAVEL GRANTS TO OPTOMETRY STUDENTS TO ATTEND TWO EDUCATIONAL EVENTS DURING THE YEAR - THE ACADEMY'S ANNUAL MEETING AND THE ASSOCIAITON FOR RESEARCH IN VISION AND OPHTHALMOLOGY. SELECTION IS COMPETITIVE AND DETERMINED BY THE ACADEMY'S RESEARCH IN ADDITION THE ACADEMY AWARDS SEVERAL RECOGNITIONS THAT INCLUDE HONORARIA FOR SPEAKING AT THE AWARDS CEREMONY AT THE ACADEMY'S ANNUAL MEETING. INCLUDING GRANTS OF \$ 69250. REVENUE \$ 0. EXPENSES \$ 69250. THE ACADEMY'S SECTIONS ALLOW FOR THE EXCHANGE OF MEDICAL AND SECTIONS: SCIENTIFIC KNOWLEDGE RELATING TO SPECIALITIES WITHIN THE FIELD OF OPTOMETRY. MEMBERSHIP DUES AND APPLICATION FEES ARE RECEIVED IN EXCHANGE FOR MEMBERSHIP BENEFITS. REVENUE \$ 0. **EXPENSES \$ 21660.** INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ACADEMY'S MEMBERSHIP CONSISTS OF FELLOWS (INCLUDING HONORARY FELLOWS, EMERITUS FELLOWS, AND LIFE THE FELLOWS FELLOWS), CANDIDATES FOR FELLOWSHIP, AND STUDENT MEMBERS. CONSTITUTE THE VOTING MEMBERS OF THE ACADEMY. FORM 990, PART VI, SECTION A, LINE 7A: THE OFFICERS AND AT-LARGE MEMBERS OF THE ACADEMY'S BOARD OF DIRECTORS ARE ELECTED BY THE VOTING MEMBERS AT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 93211 02:03-10

THE ANNUAL MEETING.

Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF OPTOMETRY

Employer identification number 41-1227642

FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENTS TO THE ACADEMY'S

GOVERNING DOCUMENTS MUST BE RATIFIED BY A TWO-THIRDS VOTE OF THOSE VOTING

MEMBERS PRESENT, PROVIDED A QUORUM IS PRESENT.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWED THE FORM 990 AND PRESENTED IT TO THE FULL BOARD OF DIRECTORS PRIOR TO ITS BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY APPLIES TO ALL BOARD MEMBERS, AND OFFICERS. WHEN A
POTENTIAL OR ACTUAL CONFLICT ARISES, THE INDIVIDUAL WITH THE CONFLICT IS
REQUIRED TO NOTIFY THE BOARD OF DIRECTORS OF THE CONFLICT, ABSTAIN FROM ANY
DISCUSSION OF THE TRANSACTION, AND ABSTAIN FROM VOTING ON THE TRANSACTION.
ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO COMPLETE A DISCLOSURE FORM
EVERY TWO YEARS.

FORM 990, PART VI, SECTION B, LINE 15: A PERFORMANCE EVALUATION IS

CONDUCTED ANNUALLY WITH THE BOARD OF DIRECTORS. A PERFORMANCE EVALUATION IS

CONDUCTED BI-ANNUALLY USING A 360-DEGREE EVALUATION BY STAFF, COMMITTEES

AND SECTION OFFICERS, AS WELL AS THE BOARD. THE MANAGEMENT COMMITTEE MAKES

A RECOMMENDATION TO THE BOARD, TAKING INTO ACCOUNT A REVIEW OF COMPARABLE

SALARIES, PROVIDED IN SALARY SURVEYS OF NOT-FOR-PROFITS. THE BOARD REVIEWS

THE MANAGEMENT COMMITTEE'S RECOMMENDATION. THE DECISION/APPROVAL IS

DOCUMENTED IN THE MINUTES AND IN THE EXECUTIVE DIRECTOR CONTRACT. THIS

PROCESS LAST OCCURED IN 2010.

SCHEDULE O (Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN ACADEMY OF OPTOMETRY

Employer identification number 41-1227642

THE ACADEMY HAS NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE ACADEMY MAKES ITS GOVERNING
TO THE PUBLIC UPON REQUEST.
FORM 990, PART VII, SECTION A
ALLOCATION OF TIME BETWEEN RELATED ORGANIZATIONS
LOIS SCHOENBRUN IS THE EXECUTIVE DIRECTOR OF AMERICAN ACADEMY OF
OPTOMETRY AND OF AMERICAN OPTOMETRIC FOUNDATION, A RELATED
ORGANIZATION. HER AVERAGE WEEKLY HOURS SPENT WORKING FOR EACH
ORGANIZATION ARE:
AMERICAN ACADEMY OF OPTOMETRY - 31 HOURS PER WEEK
AMERICAN OPTOMETRIC FOUNDATION - 4 HOURS PER WEEK
<u> </u>

SCHEDULER		Related Organizations	Related Organizations and Unrelated Partnerships			2009
(Form 990) Department of the Treasury Internal Revenue Service	▼ Complet	 Complete if the organization enswered "Yes" to Form 980, Part IV, line 33, 34, 35, 36, or 37. ► Complete if the organization enswered "Yes" to Form 980. 	s" to Form 980, Part IV, line 33, 3 ► See separate instructions.	13, 34, 35, 36, or 37 ons.	·	Open to Public Inspection
Name of the organization AMERICAN	AN ACADEMY	IY OF OPTOMETRY			ធ	Employer identification number 41-1227642
Part I Identification of Disregarded Enti	lities (Complete	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	. 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 (C	empt Organizati	ions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	swered "Yes" to Form 990, Pa	rt IV, line 34 becaus	e it had one or more	related tax-exempt
(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
AMERICAN OPTOMETRIC FOUNDATION, INC. 43-0768182, 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	\$506,	FUNDRAISING TO SUPPORT DPTOMETRIC RESEARCH & EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 9	N/A
					:	
				•		
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932361 02-04-10	ction Act Notic	e, see the Instructions for Form 990	o.			Schedule R (Form 980) 2009

OMB No 1545-0047

41-1227642 Page 2

Part III organizations freated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) AMERICAN ACADEMY OF OPTOMETRY Schedule R (Form 990) 2009

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization enswered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) M Share of end-of-year assets 9 ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত্র (d)
Direct controlling
entity Primary activity æ Legal domicile (state or foreign country) Ξ Primary activity Name, address, and EIN of related organization Name, address, and ElN of related organization 932162 07-21-10 Par R

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

		_
a Receipt of (i) interest (ii) annuuties (iii) royalties or (iv) rent from a controlled entity		\$2
		₽
c Gift, grant, or capital contribution from other organization(s)		٤
d Loans or loan guarantees to or for other organization(s)		2
e Loans or loan guarantees by other organization(s)		6
		-
ation(s)		1-0-1
		ŧ
l Lease of facilities, equipment, or other assets to other organization(s)		=
I Lease of facilities, equipment, or other assets from other organization(s)		=
k Performance of services or membership or fundraising solicitations for other organization(s)		×
-		× =
m Sharing of facilities, equipment, mailing lists, or other assets.		£ X
n Sharing of paid employees	:	ŧ
. Beimburgement neld to niher arranization for avagage		×
processing the control of the contro		2 0
q Other transfer of cash or property to other organization(s)		- 4
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.	saction thresholds.	
(a) Name of other organization(s)	(b) Transaction type (a·t)	(c) Amount involved
(1) AMERICAN OPTOMETRIC FOUNDATION, INC.	N	96,466
(2) AMERICAN OPTOMETRIC FOUNDATION, INC.	M	185,273
(2)		
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Schedule R (Form 990) 2009 AMERICAN ACADEMY OF OPTOMETRY

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Slusion for certain investment partie		,		,		Ľ	
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Name, address, and EIN	Pnmary activity		Are all partners section 50 f(c)(3)	S	Disproper- tionate			General or menaging
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