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DLN: 93493089001022

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)

2010

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

A F.	r the	2010 relender week out by week beginning 07 01 2010 and ording 06 20	2011			Inspection
		C Name of organization	2011	D Emple	oyer i	dentification number
	dress ch	nange		04-3	511	754
Na	me cha	Doing Business As inge		E Telepi	hone	number
Inı	tıal retu	Number and street (of P O box it mail is not delivered to street address)	Room/suite	(413	781	L-2274
Te	rmınate	23 E BRUNDRETH STREET				
_ Am	ended	return City or town, state or country, and ZIP + 4 SPRINGFIELD, MA 011092110		G Gross	receip	ots \$ 487,205
Ap	plication	n pending				
		F Name and address of principal officer BETH FOSS	H(a) Is this a	group return	for affili	ates? Yes No
		1750 Patriot Rd	H(b) Are all	affiliates inc	cluded	?
		Northfield, MN 55057				t (see instructions)
I Ta	x-exen	npt status	H(c) Grou	p exempti	ion n	umber 🟲
j W	ebsit e	e: 🕨 www.choroideremia org				
K For	m of or	ganization	L Year of fo	rmation 20	00	M State of legal domicile MA
Pa	rt I	Summary				
Governance	1	Briefly describe the organization's mission or most significant activities To raise funds to hasten medical research for a cure or treatment of Choroid this inherited degenerative eye condition to those affected, the medical and funds to hasten medical research for a cure or treatment of Choroideremia a inherited degenerative eye condition to those affected, the medical and rese	research commu s well as promote	nities, and greater u	the Inder	public at large To raise standing of this
ٽ ٽ	2	Check this box 🔭 if the organization discontinued its operations or disposi	ed of more than 2	5% of its	net a	assets
Activities &	3	Number of voting members of the governing body (Part VI, line 1a)			3	17
Ě	4	Number of independent voting members of the governing body (Part VI, line	1b)	. [4	17
ş	5	Total number of individuals employed in calendar year 2010 (Part V , line 2a)		5	0
-		Total number of volunteers (estimate if necessary)		-	6	
		Total unrelated business revenue from Part VIII, column (C), line 12		-	7a 	0
	Ь	Net unrelated business taxable income from Form 990-T, line 34	Deia	r Year	7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)	Prio	244,5	506	486,586
9	9	Program service revenue (Part VIII, line 2q)	•	244,2	,00	480,380
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1.3	359	619
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A),	line	2.15.6		407.005
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		245,8	-+	487,205
	14	Benefits paid to or for members (Part IX, column (A), line 4)		183,3	22/	75,000
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line				<u>_</u>
Expenses		10)				0
<u>₹</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
五	b	Total fundraising expenses (Part IX, column (D), line 25) ►0	-	20.4		00.511
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25		39,4 222,8	-	90,511
	19	Revenue less expenses Subtract line 18 from line 12	-	23,0	-	321,694
<u>৯</u> পু			Beginning	of Currei	_	End of Year
Net Assets or Fund Balances	20	Total accets (Part V. Line 16)	<u> </u>	178 1		
ASS dBs	20 21	Total labilities (Part X, line 26)		178,1	189	499,883
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20		178,1	89	499,883
Pa	rt II	Signature Block				<u> </u>
know		lties of perjury, I declare that I have examined this return, including accompanyin and belief, it is true, correct, and complete. Declaration of preparer (other than of				
	_	*****		12-03-06		
Sigr Her		Signature of officer TY HERRING EXECUTIVE DIRECTOR Type or print name and title		ite		
	Ī	Print/Type Preparer's signature	Date	Check if sel		PTIN
Paid	}	preparer's name NICHOLAS LaPIER NICHOLAS LaPIER Firm's name NICHOLAS LaPIER CPA PC	2012-03-06	employed I	<u> </u>	
Prep	arer	Firm's address 71 PARK AVE ST PO BOX 324				Firm's EIN
Use	Only	W SPRINGFIELD, MA 010900324				Phone no (413) 732- 0200
	I	W SI KINGI ILLD, PIA UTUSUUSZA				Ī

May the IRS discuss this return with the preparer shown above? (see instructions)

▼Yes 「No

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Par			ce Accomplishments onse to any question in this Part I	II	୮
1	Briefly describe the	organization's mission			
To ra	ise funds to hasten m	nedical research for a cu	re or treatment of Choroideremia		
2			nt program services during the ye		
	•	ese new services on Scl	nedule O		Yes 🔽 No
3			ake significant changes in how it		_ Yes ☑ No
	If "Yes," describe the	ese changes on Schedu	le O		
4	Section 501(c)(3) a	nd 501(c)(4) organizatio	for each of the organization's throns and section 4947(a)(1) trusted revenue, if any, for each program	s are required to report the amou	
4a	(Code) (Expenses \$	130,174 including grants of \$) (Revenue \$)
	To provide grants for ch	noroideremia research			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Sche	dule O)		
	(Expenses \$	ınclu	ding grants of \$) (Revenue \$)
4e	Total program serv	ice expenses ► \$	130,174		

Part IV (Checl	klist	of	Rea	ıuire	d 9	Sche	dules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	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.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV \cdot	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28 a	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		N
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No
	complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V		<u>.</u> _	
4-	Enter the number reported in Pay 2 of Form 1006. Enter 10 of not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a)		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7		
Ī	gaming (gambling) winnings to prize winners?	1 c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨	-		
	See instructions for ming requirements for Form FDT 30-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-		Νο
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
Ju	organization solicit any contributions that were not tax deductible?	- Ju		110
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		No.
7	were not tax deductible?	00		110
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		No
·	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	5 7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
•	Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
D	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		NI -
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	_00		.,,,
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website 🔽 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Laura Ogg

2500 Wiltshire Street Bedford, TX 76021 (817) 571-2533

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

Check if Schedule O contains a response to any question in this Part VII

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				П		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) BETH FOSS PRESIDENT	1 00			х				0	0	0	
(2) CHRISTOPHER MOEN MD 1ST VP	1 00			х				0	0	0	
(3) JANET ROWLEY 2ND VP	1 00			х				0	0	0	
(4) LIN OGG TREASURER	1 00			х				0	0	0	
(5) JOHN OSTER SECRETARY	1 00			х				0	0	0	
(6) JEFF BANELLI DIRECTOR	1 00	х						0	0	0	
(7) DANNY BOREN DIRECTOR	1 00	х						0	0	0	
(8) GARRY DEAN DIRECTOR	1 00	х						0	0	0	
(9) THOMAS DRISCOLL DIRECTOR	1 00	х						0	0	0	
(10) H ERIC HARTMAN DIRECTOR	1 00	х						0	0	0	
(11) IAN MACDONALD MD DIRECTOR	1 00	х						0	0	0	
(12) LORIE MAYER DIRECTOR	1 00	х						0	0	0	
(13) MARION SCOTT DIRECTOR	1 00	х						0	0	0	
(14) NICK TUFTNELL DIRECTOR	1 00	х						0	0	0	
(15) LISA VOLKER DIRECTOR	1 00	х						0	0	0	
(16) DERRY WALSH DIRECTOR	1 00	Х						0	0	0	

\$100,000 in compensation from the organization 🕨

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

(A) Name and Title	(B) Average hours	1	(tion that a			ıll		(D) Reportable compensation	(E) Reportable compensation		(F) Estima imount o	ated fother
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from rganizat relat organiza	the ion and ed
.7) RANDY WHEELOCK IRECTOR	1 00	х						0		0		
NEO FOR												
			_							-		
b Sub-Total						 	<u> </u>					
c Total from continuation sheet						<u> </u>						
d Total (add lines 1b and 1c) .							*					
Total number of individuals (ind \$100,000 in reportable compe	-				ted	above) who	received more tha	n	·		
									Г		Yes	No
Did the organization list any fo on line 1a? <i>If "Yes," complete S</i> i									ated employee			
For any individual listed on line									from the	3		No
organization and related organi												
ındıvıdual			•	•	•		•			4		Νo
Did any person listed on line 1 services rendered to the organ		-				-		-	r individual for	5		N o
									L			110
Section B. Independent Co												
Complete this table for your fiv \$100,000 of compensation fro			ındep	ende	ent o	contra	tors	that received more	e than			
	(A) ame and business add	drocc						Descr	(B) uption of services		(C Comper	
NI-	arric and publicas du	u1C33						Desci	ipaon or services		сопре	i3GUUII
N:				_								
N.												
N.												

Form 99		Statement of Revenue					P
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
頭目	Ь	Membership dues 1b	77,673				
ું≝	C	Fundraising events 1c					
慧慧	d	Related organizations 1d					
ωŒ	e	Government grants (contributions) 1e					
ਤੋਂ <u>ਕ</u>	f	All other contributions, gifts, grants, and 1f	408,913				j j
<u>5</u> \$ €	g	similar amounts not included above — Noncash contributions included in lines 1a-1f \$					
물음	9	· —					
္မ	h	Total. Add lines 1a-1f	►	486,586			
•		В	usiness Code				
ы	2a						
<u>چ</u> چ	ь						
90	c						
Š Š	d						
ૐ ⊆	e						
Program Service Revenue	f	All other program service revenue					
Š			<u> </u>				
_	д 3	Total. Add lines 2a-2f					
	•	Investment income (including dividends, interest and other similar amounts)	^t ▶ -	619			
	4	Income from investment of tax-exempt bond proceeds	.				
	5	Royalties	. ▶				
			(II) Personal				
	6a	Gross Rents	. ,				
	ь	Less rental					
	c	expenses Rental income					
		or (loss)	-				
		Net rental income or (loss)	(II) O ther				
	7a	Gross amount	(ii) O thei				
		from sales of assets other					
	١.	than inventory Less cost or					
	6	other basis and					
	c	sales expenses Gain or (loss)					
	1	Net gain or (loss)	.				
		Gross income from fundraising events					
<u>e</u>		(not including					
Other Revenue		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
<u>.</u>		a					
ţ		Less direct expenses b					
0	-	Net income or (loss) from fundraising events . Gross income from gaming activities See	• •				
	Ja	Part IV, line 19 . a					
	ь	Less direct					
		expenses					
	c	Net income or (loss) from gaming activities .	▶				
		Gross sales of inventory, less					
		returns and allowances .					
	Ь	Less cost of goods sold b					
	1	Net income or (loss) from sales of inventory .	. •				
	٣		usiness Code				
	11a						
	Ь						
	l c						
		All other revenue					
		Total. Add lines 11a-11d					
	1		▶				
	12	Total revenue. See Instructions	▶	487 205			

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	75,000	75,000							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	, 5,555							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	0								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0								
9	Other employee benefits	0								
.0	Payroll taxes	0								
а	Fees for services (non-employees) Management	0								
ь	Legal	60	60							
c	Accounting	0								
d	Lobbying	0								
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	0								
g	Other	0								
2	Advertising and promotion	877	877							
3	Office expenses	3,401		3,401						
	Information technology	0,101		3,102						
- 5	Royalties	0								
6	Occupancy	0								
7	Travel	3,135								
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	3,133							
9	Conferences, conventions, and meetings	12,108	12,108							
0	Interest	0	,							
1	Payments to affiliates	0								
- 2	Depreciation, depletion, and amortization	0								
- 3	Insurance	0								
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	-								
а	CONTRACTED PERSONNEL	63,488	31,744	31,744						
b	MISCELLANEOUS EXPENSES	1,397	1,397							
c	WEBSITE	2,834	2,834							
d	BANK CHARGES	192		192						
e	CREDIT AND OTHER SETTLEMENT CHARGES	3,019	3,019							
f	All other expenses	0								
5	Total functional expenses. Add lines 1 through 24f	165,511	130,174	35,337	<u> </u>					
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		178,189	1	499,883
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees. Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under secrets persons described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	loyers, and			
Assets		Schedule L			6	
	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		178,189	16	499,883
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedule I			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
S ⊕ S		Organizations that follow SFAS 117, check here ► ☐ and complete through 29, and lines 33 and 34.	te lines 27			
Balance	27	Unrestricted net assets			27	
8	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► 🔽 and clines 30 through 34.	complete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
AS	32	Retained earnings, endowment, accumulated income, or other fund	s	178,189	32	499,883
Net	33	Total net assets or fund balances		178,189	33	499,883
2	34	Total liabilities and net assets/fund balances		178.189	34	499.883

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	187,20
2	Total expenses (must equal Part IX, column (A), line 25)	2			165,51
3	Revenue less expenses Subtract line 2 from line 1	3		3	321,69
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	178,18
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	199,88
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			∀	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization CHOROIDEREMIA RESEARCH FOUNDATION INC

04-3511754 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 2 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

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

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	organización i	ano to quamy t	macr the tests	noted below, pre	sase complete	rare III.
		T		1			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
	behalf			+			
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)			+			
6	Public Support. Subtract line 5 from line 4						0
S	ection B. Total Support	_1	.1	<u> </u>			<u> </u>
	endar year (or fiscal year beginning	() 2006	(1) 2007	() 2000	(1) 2000	() 2010	/6> T
	ın) F	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
•	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	for the organization	nn's first second	third fourth or i	fifth tay vear as a	501(c)(3) organ	ızatıon
	check this box and stop here	or the organization	on a mat, second	, tillia, loaitii, or i	intilitax year as a	501 (c)(5) 01gan	▶ □
	and and and are many						- 1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010) (line 6 column (f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 2009	Schedule A, Par	rt II, line 14			15	
16a	33 1/3% support test-2010. If the	organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qua				,	,	▶ □
b	33 1/3% support test-2009. If the	•			5a, and line 15 is 3	3 3 1/3% or more	, check this
	box and stop here. The organization	_			,		´ ▶ ┌
17a	10%-facts-and-circumstances test-				ne 13, 16a, or 16b	and line 14	•
	is 10% or more, and if the organizat	cion meets the "fa	acts and circums	tances" test, che	ck this box and st	op here. Explain	
	in Part IV how the organization mee						
	organization				,		▶ □
Ь	10%-facts-and-circumstances test-	–2009. If the ora:	anization did not	check a box on li	ne 13, 16a, 16b. d	r 17a and line	•
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	у
	supported organization				_	,	▶ □
18	Private Foundation If the organizati	on did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	•
	instructions		=-,	, -,	,		▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	•	•		, ,		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	43,005	70,239	62,457	137,873	77,673	391,24
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	67,906		54,137	106,633	408,913	637,58
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	110,911	70,239	116,594	244,506	486,586	1,028,83
	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						1,028,83
	from line 6) section B. Total Support						
	ndar year (or fiscal year beginning	(=) 2006	(h) 2007	(2) 2008	(4) 2000	(-) 2010	(5) Total
	ın)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	110,911	70,239	116,594	244,506	486,586	1,028,83
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,632	4,215	1,576	1,356	619	9,39
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,632	4,215	1,576	1,356	619	9,39
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c,	112,543	74,454	118,170	245,862	487,205	1,038,23
14	11 and 12) First Five Years If the Form 990 is for	,	·	,	,	<u> </u>	
	check this box and stop here			tillia, lourtii, or ii	iilii tax yeai as a	section301(c)(3) organization, ►
	ction C. Computation of Publi						
15	Public Support Percentage for 2010		•	L3 column (†))		15	99 090 %
16	Public support percentage from 2009	∋ Schedule A , Pa	rt III, line 15			16	100 000 %
	ction D. Computation of Inve						
17	Investment income percentage for 2	010 (line 10c col	umn (f) dıvıded b	y line 13 column	(f))	17	0 910 %
18	Investment income percentage from	2009 Schedule A	, Part III, line 17	7		18	
102	33 1/3% support tests—2010. If the	organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3% and	line 17 is not

▶▼ 33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

2010

Open to Public
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization CHOROIDEREMIA RESEARCH FOUNDATION INC 04-3511754 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) 3 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 □ No 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit 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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 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? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount 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)(ı) and 170(h)(4)(B)(ıı)?

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.

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

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

-\$ _____

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

Cat No 52283D S

D Schedule D (Form 990) 2010

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Par	t III	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	the	r Similar As	ssets (c	ontinued)
3		ng the organization's accession and othe ns (check all that apply)	r records, check any	ofth	ne foll	owing t	hat are	a sıgnıfıca	ant us	se of its collec	tion	
а	Γ	Public exhibition		d	\sqcap	Loan	orexcha	nge prog	rams			
b	Γ	Scholarly research		e	Γ	Other						
c	Γ	Preservation for future generations										
4		ride a description of the organization's co : XIV	ollections and explai	ın hov	w the	/ furthe	r the or	ganızatıor	ı's ex	empt purpose	ın	
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	┌ Yes	┌ No
Pa	rt IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990,	
1a		he organization an agent, trustee, custod uded on Form 990, Part X?						other ass	ets n	iot	┌ Yes	┌ No
b	If"Y	es," explain the arrangement in Part XIV	/ and complete the f	follow	ıng ta	able		Г		Α.	mount	
_	_							-	1.		illount	
q	_	Inning balance						-	1c			
d		litions during the year						}	1d			
e •		tributions during the year						}	1e			
f -		ing balance						L	1f			
2a		the organization include an amount on Fo		21?							│ Yes	✓ No
		es," explain the arrangement in Part XIV				- 1111/-	-!! to Fo	000	D	h T) / June 10		
Ра	rt V	Endowment Funds. Complete	tne organization (a)Current Year		Mere Prior			orm 990, Years Back		T IV, IINE IU. Three Years Back	(e)Four Y	ears Back
1a	Bea	inning of year balance	(a) carrent rear	(-)	,	Car	(6)	Tears Back	1(4)	Tiree Tears Back	(C), our ,	cars back
ь		itributions										
c	Inve	estment earnings or losses										
d	Grai	nts or scholarships										
e		er expenditures for facilities programs										
f	Adn	ninistrative expenses										
g	End	of year balance										
2	Prov	vide the estimated percentage of the yea	r end balance held a	ıs								
а	Boar	rd designated or quasi-endowment 🕨										
b	Perr	manent endowment 🕨										
c	Terr	n endowment 🕨										
3a		there endowment funds not in the posses inization by	ssion of the organiza	ation t	that a	re held	l and ad	mınıstere	d for t	the	Yes	No
	_	inrelated organizations								3a		140
		related organizations									(ii)	
b		es" to 3a(II), are the related organization	•							3	b	
4		cribe in Part XIV the intended uses of th					00 5		4.0			
Pa	rt VI	Investments—Land, Buildings	s, and Equipme	nt. S				i '		Ī		
		Description of investment				a) Cost o sıs (ınve	or other stment)	(b) Cost or basis (ot		(c) Accumula depreciation		Book value
1a	Land			•								
b	Buildi	ings		•								
c	Lease	ehold improvements		•								
d	Equip	oment		•								
е	Other											
		lines is is /Column (d) should savel Fa	was OOO Part V salva	(D)	1	10/-11				L		

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Par	13X1 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	487,205
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	165,511
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	321,694
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	321,694
	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	487,205
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	487,205
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	487,205
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	165,511
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	165,511
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	165,511
Par	t XIV Supplemental Information		
_			

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

Ident if ier Return Reference | Explanation

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Schedule I

(Form 990)

DLN: 93493089001022 OMB No 1545-0047

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number CHOROIDEREMIA RESEARCH FOUNDATION INC. 04-3511754 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1(a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applicable grant valuation non-cash assistance orassistance cash (book, FMV, appraisal assistance or government other) 75.000 (1) FM Kirby Center for Research Molecular Ophthalmology 51 N 39th Street Philadelphia, PA 19104

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

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

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

Ident if ier	Return Reference	Explanation
I	2	The Organization provides grants to Organizations that do Choroideremia research

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As Filed Data -

DLN: 93493089001022

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization CHOROIDEREMIA RESEARCH FOUNDATION INC Employer identification number

04-3511754

ldentifier	Return Reference	Explanation
Form 990 Part VI	11	The Board members are provided with a copy of the 990 for review before approval

ldentifier	Return Reference	Explanation
Form 990 Part XII	2c	coordination of the audit is by the director, executive director and treasurer the finance committee and the board of directors are actively involved as well

ldentifier	Return Reference	Explanation
		Form 990 Part VI Section B Line 11 The Board members are provided with a copy of the 990 for review before approval. Form 990 Part XII Line 2c coordination of the audit is by the director, executive director and treasurer the finance committee and the board of directors are actively involved as well.