See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE GLAUCOMA FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
80 MAIDEN LANE 700

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10038

F Name and address of principal officer: SCOTT CHRISTENSEN
SAME AS C ABOVE

D Employer identification number
13-3174839

E Telephone number
(212)285-0080

G Gross receipts $ 2,926,908.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ GLAUCOMAFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984 M State of legal domicile: NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE ATTACHED STATEMENT		
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	8
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,588,579.	1,989,938.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	290,157.	312,790.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<65,989.>	<62,671.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,812,747.	2,240,057.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	94,025.	283,025.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	502,945.	498,735.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 195,200.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	599,942.	695,368.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,196,912.	1,477,128.
	19	Revenue less expenses. Subtract line 18 from line 12	615,835.	762,929.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,680,955.	6,454,873.
	21	Total liabilities (Part X, line 26)	146,633.	299,963.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,534,322.	6,154,910.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 5/12/15

▶ SCOTT CHRISTENSEN, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ROBERT J. ROSENBERG 089-28-4940	Preparer's signature Robert J. Rosenberg	Date 5/11/15	Check ☐ if self-employed	PTIN P01378729
Firm's name ▶ ROSENBERG ZACH & COMPANY LLP			Firm's EIN ▶	11-3663451
Firm's address ▶ 881 ALLWOOD ROAD SUITE 202 CLIFTON, NJ 07012			Phone no.	(973) 773-1129

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED JUN 10 2015

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE GLAUCOMA FOUNDATION IS A NATIONAL NOT-FOR-PROFIT ORGANIZATION DEDICATED TO ERADICATING GLAUCOMA, THE LEADING CAUSE OF PREVENTABLE BLINDNESS. THE STRATEGY TO ACHIEVE THIS GOAL IS TWO-FOLD: RAISE PUBLIC

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 629,450. including grants of $) (Revenue $)

PUBLIC EDUCATION - SEE FOOTNOTE #1 OF NOTES TO YEAR ENDED 2014 FINANCIAL STATEMENTS

4b (Code) (Expenses $ 600,488. including grants of $ 283,025.) (Revenue $)

RESEARCH PROGRAM - SEE STATEMENTS 8&9 AND FOOTNOTE #1 OF NOTES TO YEAR ENDED 2014 FINANCIAL STATEMENTS

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 1,229,938.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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 and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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 through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		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 as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI X

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶NY, CA, IL, IN, MD, VA, MA, NJ, PA, WI, WY, MI

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

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

THE GLAUCOMA FOUNDATION INC. - 212-285-0080
80 MAIDEN LANE SUITE 700, NEW YORK, NY 10038

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

Check if Schedule O contains a response or note to any line 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. 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 per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT CHRISTENSEN PRES & CEO	40.00			X				200,000.	0.	29,009.
(2) NILDA L. RICHARDS CONTROLLER & ASST TREASURE	40.00			X				86,445.	0.	21,253.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								286,445.	0.	50,262.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								286,445.	0.	50,262.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	156,974.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,832,964.			
	g Noncash contributions included in lines 1a-1f $ 153,747.					
	h Total. Add lines 1a-1f ▶		1,989,938.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		88,420.			88,420.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	789,310.				
	b Less: cost or other basis and sales expenses	564,940.				
	c Gain or (loss)	224,370.				
	d Net gain or (loss) ▶		224,370.			224,370.
	8a Gross income from fundraising events (not including $ 156,974. of contributions reported on line 1c). See Part IV, line 18	a 59,240.				
	b Less: direct expenses	b 121,911.				
	c Net income or (loss) from fundraising events ▶		<62,671.>			<62,671.>
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶					
	12 Total revenue. See instructions. ▶		2,240,057.	0.	0.	250,119.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	283,025.	283,025.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	336,707.	298,320.	26,937.	11,450.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	162,028.	140,815.	12,963.	8,250.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	23,115.	20,110.	1,849.	1,156.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	82,824.	72,056.	6,627.	4,141.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,332.	1,158.	107.	67.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DIRECT MAIL	236,378.	118,189.		118,189.
b	OPTIC NERVE THINK TANK	100,699.	100,699.		
c	FUNDRAISING CONSULTANTS	94,980.	47,490.		47,490.
d	COMMUNITY OUTREACH	46,457.	46,457.		
e	All other expenses	109,583.	101,619.	3,507.	4,457.
25	**Total functional expenses.** Add lines 1 through 24e	1,477,128.	1,229,938.	51,990.	195,200.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	329,712.	1	783,129.
	2	Savings and temporary cash investments	412,548.	2	887,223.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	119,894.	4	67,021.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,992.	9	9,015.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 79,037.			
	b	Less. accumulated depreciation — 10b: 75,696.	2,186.	10c	3,341.
	11	Investments - publicly traded securities	4,777,827.	11	4,677,348.
	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	27,796.	15	27,796.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	5,680,955.	16	6,454,873.
Liabilities	17	Accounts payable and accrued expenses	143,300.	17	189,963.
	18	Grants payable	3,333.	18	110,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	146,633.	26	299,963.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	679,246.	27	1,068,976.
	28	Temporarily restricted net assets		28	40,458.
	29	Permanently restricted net assets	4,855,076.	29	5,045,476.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,534,322.	33	6,154,910.
	34	Total liabilities and net assets/fund balances	5,680,955.	34	6,454,873.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,240,057.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,477,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	762,929.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,534,322.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	<86,599.>
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<55,742.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,154,910.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII X

			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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
THE GLAUCOMA FOUNDATION, INC.	13-3174839

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,916,542.	1,576,182.	1,426,055.	1,588,579.	1,989,938.	8,497,296.
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	1,916,542.	1,576,182.	1,426,055.	1,588,579.	1,989,938.	8,497,296.
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)						1,530,263.
6 **Public support.** Subtract line 5 from line 4						6,967,033.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,916,542.	1,576,182.	1,426,055.	1,588,579.	1,989,938.	8,497,296.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,811.	47,892.	67,118.	82,951.	88,420.	328,192.
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 VI.)						
11 **Total support.** Add lines 7 through 10						8,825,488.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	78.94 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	81.86 %

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7. $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c			
8	Breakdown of line 7.			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
THE GLAUCOMA FOUNDATION, INC.

Employer identification number
13-3174839

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g., recreation or education)
- ☐ Preservation of a 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,855,076.	3,576,853.	3,012,132.	2,769,357.	2,249,230.
b Contributions	60,701.	1,278,223.	564,711.	242,775.	505,355.
c Net investment earnings, gains, and losses	256,698.	1,303,327.	493,279.	209,103.	420,610.
d Grants or scholarships	40,400.	94,025.	198,458.	160,013.	366,295.
e Other expenditures for facilities and programs		1,139,198.	239,523.		
f Administrative expenses	86,599.	70,104.	55,288.	49,090.	39,543.
g End of year balance	5,045,476.	4,855,076.	3,576,853.	3,012,132.	2,769,357.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		79,037.	75,696.	3,341.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				3,341.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	2,219,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	124,310.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	124,310.
3	Subtract line 2e from line 1			3	2,095,317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	86,599.		
b	Other (Describe in Part XIII.)	4b	58,141.		
c	Add lines 4a and 4b			4c	144,740.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	2,240,057.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,599,039.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	121,911.		
e	Add lines 2a through 2d			2e	121,911.
3	Subtract line 2e from line 1			3	1,477,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	1,477,128.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FIN 48 LIABILITY - PER AUDITED F/S NOTE 2F IS ZERO

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-121,911.
GAAP ADJUSTMENT TO REALIZED GAIN	180,052.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	58,141.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	121,911.

Part XIII Supplemental Information *(continued)*

PART V, LINE 4: THE ORGANIZATIONS ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR MEDICAL RESEARCH GRANTS

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

THE GLAUCOMA FOUNDATION, INC.

Employer identification number

13-3174839

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTS	GRANTS	20,000.
3 a Sub-total	0	0			20,000.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			20,000.

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

Schedule F (Form 990) 2014

432071
09-24-14

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICAL RESEARCH	20,000.	CHECK	0.		

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

3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

RECIPIENTS MUST SUBMIT SEMI-ANNUAL REPORTS SHOWING PROGRESS AND EXPENDITURES

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form 990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

THE GLAUCOMA FOUNDATION, INC.

Employer identification number

13-3174839

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

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

a [X] Mail solicitations
b [ ] Internet and email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
SANKY COMMUNICATIONS, INC. - 599 11TH AVENUE, NEW YORK, NY	DIRECT MAIL PROGRAM CONSULTANT		X	459,114.	94,980.	364,134.
Total ▶				459,114.	94,980.	364,134.

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

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

SEE PART IV FOR CONTINUATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BLACK & WHITE BALL (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	216,214.			216,214.
	2 Less: Contributions	156,974.			156,974.
	3 Gross income (line 1 minus line 2)	59,240.			59,240.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,909.			7,909.
	7 Food and beverages	46,800.			46,800.
	8 Entertainment				
	9 Other direct expenses	67,202.			67,202.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	121,911.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	<62,671.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain. _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, NEW YORK, NY 10036

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE GLAUCOMA FOUNDATION, INC.

Employer identification number
13-3174839

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

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
YUTAO LIU, MD, PHD DUKE UNIVERSITY 905 LASALLE STREET DURHAM, NC 27710		501(C)(3)	50,000.	0.			MEDICAL RESEARCH
MANSOOR SARAFARAZI PHD UNIVERSITY OF CONNECTICUT - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030		501(C)(3)	60,000.	0.			MEDICAL RESEARCH
JOHN FINGERT MD,PHD UNIVERSITY OF IOWA - 285 NEWTON ROAD - IOWA CITY, IA 52242		501(C)(3)	40,000.	0.			MEDICAL RESEARCH
MARGARET E HUFLEJT PHD NYU SCHOOL OF MEDICINE - 180 VARICK STREET - NEW YORK, NY 10014		501(C)(3)	33,025.	0.			MEDICAL RESEARCH
MICHAEL G ANDERSON PHD UNIVERSITY OF IOWA - 285 NEWTON ROAD - IOWA CITY, IA 52242		501(C)(3)	40,000.	0.			MEDICAL RESEARCH
TERETE BORRAS, PHD UNIVERSITY OF NORTH CAROLINA - 115 MASON FARM ROAD - CHAPEL HILL, NC 25799		501(C)(3)	40,000.	0.			MEDICAL RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCH I PART I LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

RECIPIENTS MUST SUBMIT SEMI-ANNUAL REPORTS SHOWING PROGRESS AND EXPENDITURES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

THE GLAUCOMA FOUNDATION, INC.

Employer identification number

13-3174839

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a 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	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT CHRISTENSEN	(i)	200,000.	0.	0.	6,000.	23,009.	229,009.	0.
PRES & CEO,	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1B:

BASIC GYM MEMBERSHIP PROVIDED FOR ALL EMPLOYEES IF THEY CHOOSE TO PARTICIPATE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization

THE GLAUCOMA FOUNDATION, INC.

Employer identification number

13-3174839

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4	153,747.	SALES PROCEEDS
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization: THE GLAUCOMA FOUNDATION, INC.

Employer identification number: 13-3174839

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AWARENESS CONCERNING THE NECESSITY OF ROUTINE EYE EXAMS, AND FUND CRITICAL RESEARCH TO FIND CURES FOR GLAUCOMA.

FORM 990, PART VI, SECTION B, LINE 11:

THE CHIEF EXECUTIVE OFFICER AND THE ASSISTANT TREASURER REVIEW THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, QUESTIONN 12C

THE CONFLICT OF INTEREST POLICY WAS MONITORED AND ENFORCED BY STRICT BOARD OVERSIGHT OF BOARD MEMBERS,EMPLOYEES AND VOLUNTEERS.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD DETERMINATION

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE AND UPON DIRECT REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAAP ADJUSTMENT TO CAPITAL GAINS

NET UNREALIZED GAINS	-55,742.
TOTAL TO FORM 990, PART XI, LINE 9	-55,742.

FORM 990, PAGE 12, QUESTION #2C

Name of the organization: THE GLAUCOMA FOUNDATION, INC.

Employer identification number: 13-3174839

TWO BOARD MEMBERS ARE CERTIFIED PUBLIC ACCOUNTANTS AND ARE RESPONSIBLE FOR SELECTING THE INDEPENDENT ACCOUNTANT. THE PROCEDURE HAS NOT CHANGED FROM PRIOR YEARS.

2014 10K and over Donors

ID #	Prospect Fullname w/ Salutation	Payment Amount	Payment Date	Fund Code	Appeal Code	Full Address w/o Country
49	The Alcon Foundation, Inc.	15,000.00	10/27/2014	RESTR	TTANK14	6201 South Freeway Fort Worth, TX 76134-2099
49	The Alcon Foundation, Inc.	80,000.00	10/27/2014	UNREST	BD14	6201 South Freeway Fort Worth, TX 76134-2099
7941	Gregory K. Harmon, M.D.	10,000.00	8/11/2014	RESTR	TTANK14	205 East 64th Street, Ste. 101 New York, NY 10021
7941	Gregory K. Harmon, M.D.	10,000.00	12/26/2014	UNREST	14TB10K	205 East 64th Street, Ste. 101 New York, NY 10021
7941	Gregory K. Harmon, M.D.	10,000.00	12/26/2014	UNREST	CRAMERAP	205 East 64th Street, Ste. 101 New York, NY 10021
8048	Mr. and Mrs. Kenneth Mortenson	15,000.00	5/19/2014	RESTR	LMEND14	21 South End Avenue, PH -1D New York, NY 10280
8048	Mr. and Mrs. Kenneth Mortenson	25,000.00	5/19/2014	UNREST	14CONT	21 South End Avenue, PH -1D New York, NY 10280
8048	Mr. and Mrs. Kenneth Mortenson	40,458.29	8/31/2014	UNREST	UNSOL	21 South End Avenue, PH -1D New York, NY 10280
8048	Mr. and Mrs. Kenneth Mortenson	42,166.06	6/16/2014	UNREST	CRAMERAP	21 South End Avenue, PH -1D New York, NY 10280
8353	Mr. Martin R. Lewis	50,000.00	3/18/2014	UNREST	CRAMERAP	1140 Broadway, Suite 706 New York, NY 10001-7504
8353	Mr. Martin R. Lewis	50,000.00	7/8/2014	UNREST	CRAMERAP	1140 Broadway, Suite 706 New York, NY 10001-7504
9189	Mr. Joseph M. Cohen	15,000.00	12/22/2014	UNREST	14CONT	70 East 55th Street, 16th Floor New York, NY 10022

9239	Gerald and Daphna Cramer Family Foundation, Inc.	250,000.00	11/19/2014	UNREST	CRAMERAP	707 Westchester Ave., Ste 405 White Plains, NY 10604-3102
39032	The Donna and Marvin Schwartz Foundation	35,000.00	11/10/2014	UNREST	ML14	Neuberger Berman, LLC 605 Third Avenue New York, NY 10158-3698
40677	Mr. Joseph M. La Motta	10,000.00	8/11/2014	UNREST	14CONT	69 Black Brook Road Pound Ridge, NY 10576-1444
40677	Mr. Joseph M. La Motta	35,000.00	8/11/2014	RESTR	LMEND14	69 Black Brook Road Pound Ridge, NY 10576-1444
45237	The Barry Friedberg and Charlotte Moss Family Foundation	25,000.00	1/6/2014	UNREST	13CONT	Friedberg, Milstein, LLC 6 East 43rd Street - 3rd Floor New York, NY 10017-4631
45237	The Barry Friedberg and Charlotte Moss Family Foundation	25,000.00	11/5/2014	UNREST	14CONT	Friedberg, Milstein, LLC 6 East 43rd Street - 3rd Floor New York, NY 10017-4631
45237	The Barry Friedberg and Charlotte Moss Family Foundation	30,000.00	12/11/2014	UNREST	CRAMERAP	Friedberg, Milstein, LLC 6 East 43rd Street - 3rd Floor New York, NY 10017-4631
45265	Ms. Barbara Willis Hearst	10,000.00	1/13/2014	UNREST	13TB10K	0 Tradd Street Charleston, SC 29401
45265	Ms. Barbara Willis Hearst	10,000.00	12/30/2014	UNREST	14TB10K	0 Tradd Street Charleston, SC 29401
55594	The Allergan Foundation	10,000.00	12/2/2014	UNREST	14TB10K	2525 Dupont Drive, T1-4D Irvine, CA 92612-1599
55594	The Allergan Foundation	15,000.00	5/7/2014	RESTR	TTANK14	2525 Dupont Drive, T1-4D Irvine, CA 92612-1599
75931	Bausch & Lomb	10,000.00	12/1/2014	UNREST	14CONT	One Bausch & Lomb Place Rochester, NY 14604
79032	Dr. Karen Davis	10,000.00	11/11/2014	UNREST	14TB10K	35 Sutton Place, Apt.7B New York, NY 10022-2464
90747	Ms. Nestina I. Thomas	50,000.00	6/6/2014	UNREST	LEG14	1540 Fairview Avenue Willow Grove, PA 19090-4804

92626	Estate of William N. Vaughan	400,000.00	10/6/2014	UNREST	LEG14	25 Field Point Road Greenwich, CT 06830
108244	Ms. Susan F. J. Petschek	13,752.55	10/16/2014	UNREST	ACK14	c/o United Continental Corp. 750 3rd Avenue, Suite 3300 New York, NY 10017
118041	Estate of Genevieve MacHarg	28,947.36	3/10/2014	UNREST	LEG14	Intergrity First Bank PO Box 1928 Mountain Home, AR 72654
120451	Mahadeva Family Foundation	15,000.00	12/24/2014	UNREST	UNREST	15 East Putnam Avenue, #407 Greenwich, CT 06830
120759	Valeant Pharmaceuticals North America, LLC	10,000.00	4/3/2014	RESTR	TTANK14	PO Box 25169 Lehigh Valley, PA 18002-5169
122522	Estate of Ruth S. Propp	10,000.00	7/28/2014	UNREST	LEG14	One Atlantic Sfreet Stamford, CT 06901
123102	Regeneron Pharmaceuticals Inc.	10,000.00	9/8/2014	RESTR	TTANK14	777 Old Saw Mill River Road Tarrytown, NY 10591
	Sum:	**1,375,324.26**				
21						

2/13/2015

2014 Legacy Gifts

ID #	Appeal	Payment Amount	Payment Date	Prospect Fullname w/ Salutation	Year of Payment Date	Full Address w/ Country
35175	LEG14	6,997.90	3/10/2014	Estate of Theodore Sachs and Hele	2014	23232 Peralta Drive, Ste 200 Laguna Hills, CA 92653
118041	LEG14	28,947.36	3/10/2014	Estate of Genevieve MacHarg		Intergrity First Bank PO Box 1928 Mountain Home, AR 72654
90747	LEG14	50,000.00	6/6/2014	Ms. Nestina I. Thomas		1540 Fairview Avenue Willow Grove, PA 19090-4804
106376	LEG14	1,340.84	6/16/2014	Estate of Delores H. Von Bank		99 Greenwood Avenue Bethel, CT 06801
122522	LEG14	10,000.00	7/28/2014	Estate of Ruth S. Propp		One Atlantic Sfreet Stamford, CT 06901
82400	LEG14	2,000.00	8/25/2014	Estate of Kathleen Cleator		Martin, Garza & Fisher, LLP c/o Emily A. Fisher 1100 Rosenberg Galveston, TX 77550
31126	LEG14	340.91	8/6/2014	Estate of Andrew Lebwohl		800 West Morse Blvd., Ste. 1 PO Box 1328 Winter Park, FL 32789
92626	LEG14	400,000.00	10/6/2014	Estate of William N. Vaughan		25 Field Point Road Greenwich, CT 06830

101493	LEG14	500.00	12/16/2014	Mr. I. J. Gottlieb		3151 S. Palm Aire Dr., Apt 105 Pompano Beach, FL 33069-4246
		500,127.01			**2014**	

The Glaucoma Foundation

Statement of Purpose/Mission Statement

The Glaucoma Foundation is an international not-for-profit organization dedicated to eradicating glaucoma, the leading cause of preventable blindness. The strategy to achieve this goal is two-fold: raise public awareness concerning the necessity of routine e ye exams, and fund critical research to find cures for glaucoma.

Program Activities

Medical Research: The Glaucoma Foundation awards grants-in-aid for glaucoma research in the following disciplines:

1. Optic Nerve Rescue and Restorations
   - Neuroprotectants and their role in glaucoma
   - Reversal of dysfunction of damaged retinal ganglion cells
   - Retinal ganglion cell axonal regeneration
   - Optic nerve transplantation
2. Molecular Genetics
   - Research into the genetic causes of the various forms of glaucoma, particularly the identification of the responsible genes, with the long-term goal of finding ways to reverse these genetic defects.
3. Nanotechnology
   - Research into the use of nanotechnology for monitoring IOP, diagnosing and monitoring damage to the optic nerve and delivering drugs and other therapies.

Grants are awarded for a one-year period and are renewable. The maximum amount of funds awarded for a one-year period is $40,000 per grantee. Researchers may also apply for a one-time expanded grant renewal up to $50,000 for a second year. Funds are not to be used for salaries, personnel support, overhead or other indirect costs. All requests for grants must be made in writing on The Foundation's application form and supporting documentation must include a description of the objectives, background, methodology, significance, any preliminary results, and budget for the project.

The Foundation also sponsors the annual Scientific Think Tank on Optic Nerve Rescue and Restoration, a worldwide collaboration of leading scientists and researchers pooling their efforts to seek a way to reverse optic nerve damage.

Public Education: The Glaucoma Foundation distributes the following publication on request to the general public at no charge:

- a 20-page color brochure, *Doctor, I Have a Question*, a guide for patients and their families
- a quarterly newsletter, *Eye to Eye*
- a leaflet, *Glaucoma: The leading cause of preventable blindness*, a brief guide describing glaucoma and treatment for glaucoma.

The Glaucoma Foundation

Solicitation Plan for Fundraising

The Glaucoma Foundation solicits funds or plans to solicit funds from individuals, corporations and foundations through a variety of methods including:

1. At the quarterly meeting on August 13, 1997, the Board of Directors of The Glaucoma Foundation, Inc., approved a proposal to begin an endowment campaign for glaucoma research with a goal of $5 million. Solicitations for this campaign will include personal solicitation of individuals, corporations, and foundations by members of the Board of Directors and Foundation staff.

2. Direct mail to readers of The Foundation's free quarterly newsletter, *Eye to Eye*, and to individuals on lists to be purchased or rented by The Foundation.

3. Corporations will be solicited through a variety of methods to meet the requirements of each corporation. These include the submission of completely developed proposals for specific project support, solicitation letters for general operating support, and in-person solicitation by members of The Foundation's Board of Directors and staff for project support and/or operating support.

4. Foundations that provide funding in the areas of health and human services will receive solicitations proposals for specific project support and/or general operating support based on the requirements and limitation of each foundation.

5. Special event: The annual Black and White Ball in early winter in a black tie dinner/dance held at one of New York City's landmark locations. The event is attended by approximately 350 guests from the financial community and medical profession. Other facets of this event include the publication of an advertising journal, a silent auction of donated prizes and a raffle of donated prizes.

The Glaucoma Foundation Board of Directors
As of December 2014

Gregory K. Harmon, M.D.
Chairman
Chairman of the Boardl
205 E. 64th Street, Suite 101
New York, New York 10021

Sheldon M. Siegel
2199 NW 59th Street
Boca Raton, Florida 33496

William C. Baker
7 East 78th Street
New York, New York 10021

Joseph M. Cohen
Chairman
J.M.Cohen & Company
70 East 55th Street, 16th Floor
New York, New York 10022

Ilene Giaquinta
35 Sutton Place, #15B
New York, NY 10022

Murray Fingeret, O.D.
Professor
SUNY College of Optometry
St. Albans VA Medical Center
183 Lakeview Drive
Hewlett, New York 11557

Joseph M. La Motta
Chairman Emeritus
69 Black Brook Road
Pound Ridge, New York 10576-1444

Robert Ritch, M.D.
Medical Director, Vice President, Secretary, & Founder
Professor of Clinical Ophthalmology
Chief, Glaucoma Service
The New York Eye & Ear Infirmary
310 East 14th Street
New York, NY 10003

Lori G. Feldman, Esq.
31 Cross Road
Cortland Manor, NY 10567

Kumar Mahadeva
10 Skyridge Road
Croeley Chemical Co., Inc.
Greenwich, CT 06831

Mr. Salvatore P. Ciampo
Senior Director
Albert Einsten College of Medicine
1300 Morris Park Avenue
Bronx, NY 10461

Mr. David Fellows
President, Vision Care New Ventures
Vistakon
7500 Centurion Parkway
Jacksonville, FL 32256

The Glaucoma Foundation Board of Directors
As of December 2014

The Glaucoma Foundation Board of Directors
As of December 2014

Gerald Kaiser, Esq.
44 Bacon Road
Old Westbury, NY 11568

Mr. Irving Wolbrom
785 Fifth Avenue
New York, NY 10022-1696

Allergan, Inc.
Julian Gangolli
Corporate Vice President and President
North American Pharmaceuticals
2525 Dupont Drive
Irvine, California 92612

Alcon Laboratories, Inc.
Gary Menichini
Vice president & General Manager
6201 South Freeway
Fort Worth, Texas 76134-2099

Officers of the Corporation

Chairman	Gregory K. Harmon, M.D. Director, Glaucoma Service New York Presbyterian Hospital 520 East 70th Street, Suite 823 New York, NY 10021
President and Chief Executive Officer	Mr. Scott R. Christensen 8 Inness Place Manhasset, NY 11030
Assistant Treasurer	Ms. Nilda L. Richards 34 Cornell Avenue Staten Island, NY 10310
Vice President and Secretary	Robert Ritch, M.D New York Eye & Ear Infirmary 310 East 14th Street New York,NY 10003
Assistant Secretary	Marianne Howard 80 Crystal Rock Ct Middle Island, NY 11953

The Glaucoma Foundation
80 Maiden Lane, Suite 700 | New York, NY 10038
T 212.285.0080 | F 212.651.1888
www.glaucomafoundation.org

Audit Committee

Board Members:

Salvatore Ciampo, Chair

William Baker

Gerald Kaiser

The Glaucoma Foundation Staff list 2014

Staff List

Scott Christensen
President & Chief Executive Officer

Angela Cooley
Director of Fundraising

Robin Smith
Director of Outreach Programs Sept.-Present

Marianne Howard
Director of Outreach Programs Jan.-August 2014

Nilda Richards
Controller & Assistant Treasurer

Banking and Other Financial Institutions

Brokerage Account
Treasury Partners
Div. of High Tower Sec.
505-5th Ave. 14th Fl.
New York, NY 10017
(917)286-2770
Account Number: 395-11339 263

Brokerage Account-Endow.
Treasury Partners
Div. of High Tower Sec.
505-5th Ave. 14th Fl.
(917) 286-2770
A/C #: 395-04565 263 -Mendelsohn

Brokerage Account
Treasury Partners
Div. of High Tower Sec.
505-5th Ave. 14th Fl.
New York, NY 10017
(917)286-2770
A/C#: 395-31796 263-Res. Reserve

Business Checking
JPMorgan Chase Bank
255 First Avenue
New York, NY 10003
(212) 935-9935
Account Number: 079-3602483

Neuberger Berman
605 Third Ave.
New York, NY 10158-3698
(212) 476-5911
Account Number: 550-00071 002

Individual Responsible for Custody of Records

Nilda Richards, Assistant Treasurer

Individuals Authorized to Sign Checks

Gregory K. Harmon, M.D., Chairman;
Scott R. Christensen, President and Chief Executive Officer
Joseph M. La Motta, Chairman Emeritus
Robert Ritch, M.D., Vice President & Secretary

All checks of $2,500 or more require 2 signatures or
the personal approval of the Chairman.

Individuals Responsible for Custody and Distribution of Funds

Chairman
Gregory K. Harmon, M.D.
Director, Glaucoma Service
New York Presbyterian Hospital
520 East 70th Street, Suite 823
New York, NY 10021
(212) 746-2475

President and Chief Executive Officer
Mr. Scott R. Christensen
8 Inness Place
Manhasset, NY 11030

Vice President and Secretary
Robert Ritch, M.D.
Professor and Chief, Glaucoma Service
New York Eye & Ear Infirmary
310 East 14th Street
New York, NY 10003
(212) 477-7540

Key Staff List

As of December 2014

Dr. Gregory K. Harmon, Chairman
(unpaid volunteer)

Scott R. Christensen, President and Chief Executive Officer

Nilda Richards, Controller and Assistant Treasurer

Marianne Howard, Director of Research and Events

Angela Cooley, Director of Fundraising

Sanky
Communications, Inc.

December 22, 2014

The Glaucoma Foundation
80 Maiden Lane, Suite 700
New York, NY 10038

Sanky Communications, Inc.
599 Eleventh Avenue, 6th Floor
New York, NY 10036

The following is an agreement between Sanky Communications, Inc., (SCI) Professional Fundraising Counsel, and The Glaucoma Foundation (TGF), a 501-C-3 not-for-profit organization dedicated to the eradication of glaucoma.

SCI will design and supervise the direct mail program for fundraising and program support for TGF. All contributions from the direct mail program will be used for the work of The Glaucoma Foundation. TGF raises funds for research into the causes of glaucoma, improvement of existing methods of treatment, and development of cures.

This contract covers the period from January 20, 2015 through December 31, 2015. SCI services will commence on January 20, 2015. The contract can be canceled by either party with sixty days written notice. If canceled, TGF would be responsible for all invoices for materials, design and production and counsel ordered before the cancellation date, for any mailing in the agreed upon mail plan.

The direct mail schedule of appeals will be developed jointly by TGF and SCI, and can be revised as needed throughout this time period. TGF has approval over the mail plan.

SCI's responsibilities will include the following:

- Creation of all materials for the acquisition program, seven to eight donor mailings pending 2014 results (this includes one year-end reminder mailing). TGF will provide the background materials and SCI will write the copy, work with the artists and supervise the printing process. All materials will be submitted to TGF for any revisions and approval at copy, design, mechanical and blueprint stages.

  SCI will work with TGF staff to develop themes and concepts for the acquisition and renewal packages, craft calls for action, and work to accomplish both the fundraising and educational/public awareness goals of the organization. This is also to confirm that TGF program personnel will be involved in the development of each activity.

- Selection of all acquisition lists. The acquisition mailing quantity recommended for this contract period is a quantity of approximately 500,000-750,000 pending 2014 results and final budget. TGF has final authority over the acquisition quantity. SCI will arrange for merge purges, negotiate for list exchanges and schedule and request exchange paybacks

from The Glaucoma Foundation list. List selections will be sent to TGF in advance for approval. TGF has approval over all exchanges of the donor list.

- Working with TGF and Foundation Computer Services (FCS) to ensure accurate donor inputting and reporting. SCI will use the statistical reports from TGF and FCS to provide additional analysis on a regular basis. SCI will work with TGF staff on any necessary revisions of the mailing plan.

- Supervision of all lettershop activities, including preparation of mailing schedules, checking in of lists and monitoring of mailing times.

- Providing periodic reports and analysis on the results of the direct mail campaign and recommendations for the program.

The following procedures will apply:

COPY, DESIGN AND LIST APPROVALS

Any copy written or materials designed by SCI will be based on information supplied by TGF and in regular consultation with TGF. TGF exercises control and approval over the content and volume of all mailings, but TGF understands that timely approvals will be critical for the maintenance of the mailing schedule. By sending written approvals of blueprints to SCI, TGF accepts responsibility for the mailing package.

The donor list remains the exclusive property of TGF. SCI will have no independent access to or use of TGF's donor names.

VENDORS

Suppliers will be selected on a competitive bid basis in order to obtain the best prices and delivery dates possible. TGF can elect to have SCI handle the bidding and ordering, or TGF may choose suppliers for any or all mailings.

All vendor invoices (for printing, lettershop, computer, lists, artists, postage, typesetting, etc.) will be sent to SCI for approval and then forwarded to TGF for direct payment to the vendor, with no agency markup. TGF will be responsible for paying all vendor invoices within the specified period.

FEE

SCI's fee for the above services will be $96,000 for the period 1/20/15-12/31/15, divided into 12 installments of $8,000. The first installment is due upon signing of this contract and the remaining eleven installments will be billed monthly. Any special projects that SCI might be asked to take on during this period, may occasion an additional fee (please refer to the appendix), which would be jointly agreed upon in advance.

Overnight delivery or messenger charges, or stock photos, will be billed separately. In addition, TGF will be billed for any design layouts and/or revisions produced by our staff. Your approval will be secured in advance for any of these charges which might exceed $300.

CONTRIBUTIONS

All contributions will be received by TGF or its bank. At no time will SCI have control over, custody of, or access to any of the contributions.

STATE AND LOCAL REGULATIONS

This contract is written in accordance with provisions established by the Association of Direct Response Fundraising Counsel's code of ethics and with various state and local regulations. TGF agrees to register in jurisdictions where it is required, and understands that SCI also registers as fundraising counsel, sending copies of client contracts as required.

According to New York State Law, you may cancel this contract without cost penalty or liability for the first fifteen days that the contract is on file with the Office of the Attorney General. In such a case, send a written notice of cancellation to SCI, and a duplicate copy to: Office of the Attorney General, Charities Bureau, The Capitol, Albany, NY 12224.

For purposes of the Commonwealth of Pennsylvania the following shall apply: Services under the terms of the Agreement with respect to solicitation of contributions in the Commonwealth will commence on the Effective Date or ten (10) working days after the Agreement is received by the Department of State, Bureau of Charitable Organizations and/or is approved by the Department of State, Bureau of Charitable Solicitations. Services and the Agreement will terminate on the Expiration Date within the Commonwealth of Pennsylvania.

TGF agrees to return a signed copy of the contract to SCI, and to supply financial and/or organizational information necessary for SCI to satisfy governmental regulations.

We are looking forward to another rewarding year!

Sincerely,

Harry Lynch
CEO

AGREED AND ACCEPTED:

FOR The Glaucoma Foundation	TITLE	DATE
PRESIDENT		1/12/15
FOR The Glaucoma Foundation (board member)	TITLE	DATE
CHAIRMAN		1/12/15

Appendix to Contract

ADDITIONAL SERVICES

The following additional services and products, beyond the scope of this contract, are offered by Sanky Communications, Inc. to The Glaucoma Foundation. Each service or product must be mutually agreed upon in advance by both SCI and TGF.

Service or Product	Minimum Fee
Acknowledgment Letter	$500.00
Short Inserts (planned giving or matching gift)	$500.00
Additional Renewal	$4,000.00
Additional Acquisition Mailing	$5,000.00
Welcome Package	$2,500.00
Planned Giving Marketing Package	$4,000.00
Major Donor Package	$6,000.00
Gift Club Development	$10,000.00
Pledge Program Development	$6,000.00

Sanky*Net*: SCI's online division, Sanky*Net*, offers our clients a range of Internet-related services including web design; consulting to make web sites more dynamic and increase traffic; and multifaceted campaigns designed to help NPOs use the internet proactively to both raise funds and further their missions.

Related Consulting: Ongoing consulting is also available to our clients in other areas of fundraising and marketing, including major donor cultivation programs.

Printing Production: SCI is available, upon request, to handle printing production of non-direct-mail materials for a fee equivalent to 10% of the gross price charged by the selected printer (minimum charge for this service will be $25).

NOTICE

There is an appendix with your contract renewal that asks you to specify which states are to be included in your mailing program for the contract year.

It has become necessary for us to pay much closer attention to state selects because we find that many jurisdictions are becoming stricter about the registration status of both charitable organizations and the consultants who advise them. Several states have resorted to imposing fines or other penalties on mailers who have failed to register.

Thank you.

TGF CONTRACT APPENDIX -- STATE SELECTS

Sanky Communications, Inc. is authorized by you to order names from the states checked below for inclusion in your acquisition and renewal mailings during the FY15 contract year (1/20/15-12/31/15). By signing below, you affirm that your organization is duly registered in each of these states where registration is required by law, and that you are committed to informing SCI before any mailing date if there is any change in your regulatory status in the jurisdictions checked.

Alabama ✓	Montana —
Alaska ✓	Nebraska —
Arizona ✓	Nevada —
Arkansas ✓	New Hampshire ✓
California ✓	New Jersey ✓
Colorado ✓	New Mexico ✓
Connecticut ✓	New York ✓
Delaware ✓	North Carolina ✓
District of Columbia ✓	North Dakota ✓
Florida ✓	Ohio ✓
Georgia ✓	Oklahoma ✓
Hawaii ✓	Oregon ✓
Idaho ✓	Pennsylvania ✓
Illinois ✓	Rhode Island ✓
Indiana ✓	South Carolina ✓
Iowa —	South Dakota —
Kansas ✓	Tennessee ✓
Kentucky ✓	Texas —
Louisiana ✓	Utah BLOCKED
Maine ✓	Vermont ✓
Maryland ✓	Virginia ✓
Massachusetts ✓	Washington ✓
Michigan ✓	West Virginia ✓
Minnesota ✓	Wisconsin ✓
Mississippi ✓	Wyoming ✓
Missouri ✓	

✓ = REGISTERED
— = NO REG. REQ.

Signed _____ Date 1/12/15

Title PRESIDENT

Sanky
Communications, Inc.

December 11, 2013

The Glaucoma Foundation
80 Maiden Lane, Suite 700
New York, NY 10038

Sanky Communications, Inc.
599 Eleventh Avenue, 6th Floor
New York, NY 10036

The following is an agreement between Sanky Communications, Inc., (SCI) Professional Fundraising Counsel, and The Glaucoma Foundation (TGF), a 501-C-3 not-for-profit organization dedicated to the eradication of glaucoma.

SCI will design and supervise the direct mail program for fundraising and program support for TGF. All contributions from the direct mail program will be used for the work of The Glaucoma Foundation. TGF raises funds for research into the causes of glaucoma, improvement of existing methods of treatment, and development of cures.

This contract covers the period from January 1, 2014 through December 31, 2014. SCI services will commence on January 1, 2014. The contract can be canceled by either party with sixty days written notice. If canceled, TGF would be responsible for all invoices for materials, design and production and counsel ordered before the cancellation date, for any mailing in the agreed upon mail plan.

The direct mail schedule of appeals will be developed jointly by TGF and SCI, and can be revised as needed throughout this time period. TGF has approval over the mail plan.

SCI's responsibilities will include the following:

- Creation of all materials for the acquisition program, seven to eight donor mailings pending 2013 results (this includes one year-end reminder mailing). TGF will provide the background materials and SCI will write the copy, work with the artists and supervise the printing process. All materials will be submitted to TGF for any revisions and approval at copy, design, mechanical and blueprint stages.

  SCI will work with TGF staff to develop themes and concepts for the acquisition and renewal packages, craft calls for action, and work to accomplish both the fundraising and educational/public awareness goals of the organization. This is also to confirm that TGF program personnel will be involved in the development of each activity.

- Selection of all acquisition lists. The acquisition mailing quantity recommended for this contract period is a quantity of approximately 500,000-750,000 pending 2013 results and final budget. TGF has final authority over the acquisition quantity. SCI will arrange for merge purges, negotiate for list exchanges and schedule and request exchange paybacks

from The Glaucoma Foundation list. List selections will be sent to TGF in advance for approval. TGF has approval over all exchanges of the donor list.

- Working with TGF and Foundation Computer Services (FCS) to ensure accurate donor inputting and reporting. SCI will use the statistical reports from TGF and FCS to provide additional analysis on a regular basis. SCI will work with TGF staff on any necessary revisions of the mailing plan.

- Supervision of all lettershop activities, including preparation of mailing schedules, checking in of lists and monitoring of mailing times.

- Providing periodic reports and analysis on the results of the direct mail campaign and recommendations for the program.

The following procedures will apply:

COPY, DESIGN AND LIST APPROVALS

Any copy written or materials designed by SCI will be based on information supplied by TGF and in regular consultation with TGF. TGF exercises control and approval over the content and volume of all mailings, but TGF understands that timely approvals will be critical for the maintenance of the mailing schedule. By sending written approvals of blueprints to SCI, TGF accepts responsibility for the mailing package.

The donor list remains the exclusive property of TGF. SCI will have no independent access to or use of TGF's donor names.

VENDORS

Suppliers will be selected on a competitive bid basis in order to obtain the best prices and delivery dates possible. TGF can elect to have SCI handle the bidding and ordering, or TGF may choose suppliers for any or all mailings.

All vendor invoices (for printing, lettershop, computer, lists, artists, postage, typesetting, etc.) will be sent to SCI for approval and then forwarded to TGF for direct payment to the vendor, with no agency markup. TGF will be responsible for paying all vendor invoices within the specified period.

FEE

SCI's fee for the above services will be $94,000 for the period 1/1/14-12/31/14, divided into 12 installments of $7,833.33. The first installment is due upon signing of this contract and the remaining eleven installments will be billed monthly. Any special projects that SCI might be asked to take on during this period, may occasion an additional fee (please refer to the appendix), which would be jointly agreed upon in advance.

Overnight delivery or messenger charges, or typesetting work, will be billed separately. In addition, TGF will be billed for any mechanical layouts and/or revisions produced by our staff. Your approval will be secured in advance for any of these charges which might exceed $300.

CONTRIBUTIONS

All contributions will be received by TGF or its bank. At no time will SCI have control over, custody of, or access to any of the contributions.

STATE AND LOCAL REGULATIONS

This contract is written in accordance with provisions established by the Association of Direct Response Fundraising Counsel's code of ethics and with various state and local regulations. TGF agrees to register in jurisdictions where it is required, and understands that SCI also registers as fundraising counsel, sending copies of client contracts as required.

According to New York State Law, you may cancel this contract without cost penalty or liability for the first fifteen days that the contract is on file with the Office of the Attorney General. In such a case, send a written notice of cancellation to SCI, and a duplicate copy to: Office of the Attorney General, Charities Bureau, The Capitol, Albany, NY 12224.

For purposes of the Commonwealth of Pennsylvania the following shall apply: Services under the terms of the Agreement with respect to solicitation of contributions in the Commonwealth will commence on the Effective Date or ten (10) working days after the Agreement is received by the Department of State, Bureau of Charitable Organizations and/or is approved by the Department of State, Bureau of Charitable Solicitations. Services and the Agreement will terminate on the Expiration Date within the Commonwealth of Pennsylvania.

TGF agrees to return a signed copy of the contract to SCI, and to supply financial and/or organizational information necessary for SCI to satisfy governmental regulations.

We are looking forward to another rewarding year!

Sincerely,

Harry Lynch
CEO

AGREED AND ACCEPTED:

FOR The Glaucoma Foundation — PRESIDENT (TITLE) — 12/13/13 (DATE)

FOR The Glaucoma Foundation (board member) — CHAIRMAN (TITLE) — 12/13/13 (DATE)

Appendix to Contract

ADDITIONAL SERVICES

The following additional services and products, beyond the scope of this contract, are offered by Sanky Communications, Inc. to The Glaucoma Foundation. Each service or product must be mutually agreed upon in advance by both SCI and TGF.

Service or Product	Minimum Fee
Acknowledgment Letter	$500.00
Short Inserts (planned giving or matching gift)	$500.00
Additional Renewal	$4,000.00
Additional Acquisition Mailing	$5,000.00
Welcome Package	$2,500.00
Planned Giving Marketing Package	$4,000.00
Major Donor Package	$6,000.00
Gift Club Development	$10,000.00
Pledge Program Development	$6,000.00

Sanky*Net*: SCI's online division, Sanky*Net*, offers our clients a range of Internet-related services including web design; consulting to make web sites more dynamic and increase traffic; and multifaceted campaigns designed to help NPOs use the internet proactively to both raise funds and further their missions.

Related Consulting: Ongoing consulting is also available to our clients in other areas of fundraising and marketing, including major donor cultivation programs.

Printing Production: SCI is available, upon request, to handle printing production of non-direct-mail materials for a fee equivalent to 10% of the gross price charged by the selected printer (minimum charge for this service will be $25).

NOTICE

There is an appendix with your contract renewal that asks you to specify which states are to be included in your mailing program for the contract year.

It has become necessary for us to pay much closer attention to state selects because we find that many jurisdictions are becoming stricter about the registration status of both charitable organizations and the consultants who advise them. Several states have resorted to imposing fines or other penalties on mailers who have failed to register.

Thank you.

TGF CONTRACT APPENDIX – STATE SELECTS

Sanky Communications, Inc. is authorized by you to order names from the states checked below for inclusion in your acquisition and renewal mailings during the FY14 contract year (1/1/14-12/31/14). By signing below, you affirm that your organization is duly registered in each of these states where registration is required by law, and that you are committed to informing SCI before any mailing date if there is any change in your regulatory status in the jurisdictions checked.

Alabama ✓	Montana —
Alaska ✓	Nebraska —
Arizona ✓	Nevada —
Arkansas ✓	New Hampshire ✓
California ✓	New Jersey ✓
Colorado ✓	New Mexico ✓
Connecticut ✓	New York ✓
Delaware ✓	North Carolina ✓
District of Columbia ✓	North Dakota ✓
Florida ✓	Ohio ✓
Georgia ✓	Oklahoma ✓
Hawaii ✓	Oregon ✓
Idaho ✓	Pennsylvania ✓
Illinois ✓	Rhode Island ✓
Indiana ✓	South Carolina ✓
Iowa —	South Dakota —
Kansas ✓	Tennessee ✓
Kentucky ✓	Texas —
Louisiana ✓	Utah BLOCKED
Maine ✓	Vermont ✓
Maryland ✓	Virginia ✓
Massachusetts ✓	Washington ✓
Michigan ✓	West Virginia ✓
Minnesota ✓	Wisconsin ✓
Mississippi ✓	Wyoming ✓
Missouri —	

✓ = REGISTERED
— = NO REG REQUIRED
UTAH - BLOCKED

Signed _____ Date 12/16/13

Title PRESIDENT

	Account No.	541-18524	NEUBERGER | BERMAN
NEUBERGER BERMAN LLC OH4-RM00 P.O BOX 183211 COLUMBUS, OH 43218 FOR UNDELIVERABLE MAIL ONLY	Account Name	THE GLAUCOMA FOUNDATION	
	Recipient's Identification Number:	13-3174839	
	Account Executive No:	002	
Telephone Number: (212) 476-5505	*ORIGINAL:*	*12/31/14*	

2014 SUPPLEMENTAL GAIN/(LOSS) INFORMATION

Total Cost, Realized Gain/ (Loss), and holding period information may not reflect all adjustments necessary for tax reporting purposes. Taxpayers should verify such information against their own records when calculating reportable gain or (loss) resulting from a sale, redemption, or exchange. JPMCC does not report such information to the IRS or other taxing authorities and is not responsible for the accuracy of such information taxpayers may be required to report to federal, state or other taxing authorities. JPMCC makes no warranties with respect to, and specifically disclaims any liability arising out of a customer's use of, or any tax position taken in reliance upon, such information. Unless otherwise noted, JPMCC determines cost basis at the time of sale based on the average cost method for regulated investment companies such as open-end mutual funds and based on the first-in, first-out (FIFO) method for all other securities. Proceeds information excludes accrued income.

Supplemental Gain/(Loss) Totals Summary

	Proceeds	Cost	REALIZED GAIN/(LOSS)
Total Short-Term Gain/(Loss) from Transactions Not Reported to IRS	325,342 52	319,508 39	5,834 13

	Proceeds	Cost	REALIZED GAIN/(LOSS)
Total Long-Term Gain/(Loss) from Transactions Not Reported to IRS	463,952.43	245,431 22	218,521 21

Total 789,294.95 Total 224,355 3
Frac. shares 14.97 14.97
Total proceeds 789,309.92 224,370

NEUBERGER BERMAN LLC
OH4-RM00
P O BOX 183211
COLUMBUS, OH 43218
FOR UNDELIVERABLE MAIL ONLY

Telephone Number (212) 476-5505

Account No 541-18524
Account Name: THE GLAUCOMA FOUNDATION
Recipient's Identification Number 13-3174839

Account Executive No 002

ORIGINAL: 12/31/14

NEUBERGER | BERMAN

2014 Supplemental Gain/(Loss) Information

Short-Term Gain/(Loss) from Transactions not Reported to IRS

10/09/14 H	06/11/14	APACHE CORP	APA 037411105	300 00000	24,748.28	28,432 80	(3,684.52)
10/09/14 H	05/28/14	APACHE CORP	APA 037411105	1,100.00000	90,743 70	100,373 90	(9,630 20)
09/12/14 H	11/20/13	INTERNATIONAL PAPER CO	IP 460146103	150 00000	7,463 76	6,706 86 T	756 90
05/28/14 H	08/30/13	KRAFT FOODS GROUP INC COM	KRFT 50076Q106	550 00000	31,966 06	28,527.29	3,438 77
05/28/14 H	01/29/14	KRAFT FOODS GROUP INC COM	KRFT 50076Q106	700 00000	40,684 08	36,739 64	3,944 44
02/25/14 H	09/23/13	MICROSOFT CORP	MSFT 594918104	250 00000	9,405 96	8,186 13	1,219 83
07/17/14 H	09/23/13	MICROSOFT CORP	MSFT 594918104	250 00000	11,275.45	8,186 12	3,089.33
02/25/14 H	08/30/13	MICROSOFT CORP	MSFT 594918104	300 00000	11,287 15	9,972 51	1,314 64
02/05/14 H	08/30/13	MICROSOFT CORP	MSFT 594918104	600 00000	21,800 32	19,945 02	1,855.30
01/21/14 H	09/23/13	PEOPLES UTD FINL INC	PBCT 712704105	500 00000	7,488 97	7,114 50	374 47
01/21/14 H	08/30/13	PEOPLES UTD FINL INC	PBCT 712704105	4,500.00000	67,400 72	64,232.55	3,168.17
07/07/14 H	11/20/13	VERITIV CORPORATION COM	VRTV 923454102	32.00000	1,078 07	1,091 07	(13 00)
		12 ITEMS - Total Short-Term Not Reported Transactions Gain/(Loss)			325,342.52	319,508.39	5,834.13

If you are required to file a return, a negligence penalty or other sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

NEUBERGER BERMAN LLC
OH4-RM00
P O BOX 183211
COLUMBUS, OH 43218
FOR UNDELIVERABLE MAIL ONLY

Telephone Number: (212) 476-5505

Account No. 541-18524
Account Name: THE GLAUCOMA FOUNDATION
Recipient's Identification Number: 13-3174839

Account Executive No: 002

ORIGINAL: *12/31/14*

NEUBERGER | BERMAN

2014 Supplemental Gain/(Loss) Information

Long-Term Gain/(Loss) from Transactions not Reported to IRS

06/02/14	H	04/20/09	ABBVIE INC	ABBV 00287Y109	1,000.00000	54,034 80	23,028 99	31,005 81
10/15/14	S	10/09/03	ANADARKO PETROLEUM CORP	APC 032511107	300 00000	25,051.36	6,385 86	18,665.50
10/15/14	S	10/14/10	ANADARKO PETROLEUM CORP	APC 032511107	300 00000	25,051.37	17,327 49	7,723 88
11/19/14	H	05/23/13	BOEING CO	BA 097023105	250 00000	33,063 09	24,951 48	8,111 61
11/13/14	S	06/19/13	CALIFORNIA RESOURCES CORPORATION	CRC 13057Q107	40 00000	322 92	324.28 T	(1 36)
11/13/14	S	09/23/13	CALIFORNIA RESOURCES CORPORATION	CRC 13057Q107	60 00000	484 38	477 27 T	7 11
11/13/14	S	08/18/09	CALIFORNIA RESOURCES CORPORATION	CRC 13057Q107	70 00000	565 11	425 06 T	140 05
11/13/14	S	05/09/13	CALIFORNIA RESOURCES CORPORATION	CRC 13057Q107	80 00000	645 84	616 16 T	29 68
11/13/14	S	10/07/09	CALIFORNIA RESOURCES CORPORATION	CRC 13057Q107	200 00000	1,614 60	1,347.08 T	267 52
05/28/14	H	06/11/12	KRAFT FOODS GROUP INC COM	KRFT 50076Q106	133 00000	7,729 98	5,389 42	2,340 56
05/28/14	H	06/18/12	KRAFT FOODS GROUP INC COM	KRFT 50076Q106	133 00000	7,729 98	5,477.84	2,252 14
05/28/14	H	05/09/13	KRAFT FOODS GROUP INC COM	KRFT 50076Q106	217 00000	12,612 06	11,958 44	653 62
05/28/14	H	06/22/12	KRAFT FOODS GROUP INC COM	KRFT 50076Q106	267.00000	15,518 07	10,921.72	4,596 35

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2014 Supplemental Gain/Loss Information (Continued)

Long-Term Gain/(Loss) from Transactions not Reported to IRS

07/22/14	H	03/21/12	MICROSOFT CORP	MSFT 594918104	100 00000	4,489.90	3,202 64	1,297.26
07/17/14	H	03/21/12	MICROSOFT CORP	MSFT 594918104	250 00000	11,275 45	8,006.60	3,268 85
06/23/14	H	09/11/09	PIONEER NATURAL RESOURCES COMPANY	PXD 723787107	100 00000	23,152.88	3,346 04	19,806 84
10/15/14	S	09/11/09	PIONEER NATURAL RESOURCES COMPANY	PXD 723787107	200.00000	32,339.24	6,692 08	25,647.16
11/10/14	S	11/10/11	OCCIDENTAL PETE CORP	OXY 674599105	200.00000	17,576 01	19,297 60 T	(1,721.59)
06/02/14	H	05/09/12	PHILLIPS 66 COM	PSX 718546104	50.00000	4,239.23	1,503 43	2,735 80
06/02/14	H	11/16/11	PHILLIPS 66 COM	PSX 718546104	150 00000	12,717 71	4,897 98	7,819.73
06/05/14	H	07/28/10	PHILLIPS 66 COM	PSX 718546104	150 00000	12,526.60	3,776 82	8,749 78
06/03/14	H	05/09/12	PHILLIPS 66 COM	PSX 718546104	200 00000	16,899 66	6,013.72	10,885 94
06/05/14	H	05/09/12	PHILLIPS 66 COM	PSX 718546104	250 00000	20,877.66	7,517 15	13,360 51
10/22/14	H	02/19/10	THE TRAVELERS COMPANIES INC	TRV 89417E109	250 00000	23,929 15	13,235 63	10,693 52
07/08/14	H	02/19/10	TORCHMARK CORP	TMK 891027104	250 00000	13,727.19	5,176 82	8,550 37
03/25/14	H	02/05/09	***UNILEVER N V YORK SHS ADR	UN 904784709	300 00000	11,861.53	6,319 75	5,541 78

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2015 Supplemental Gain/(Loss) Information (Continued)

Long-Term Gain/(Loss) from Transactions not Reported to IRS

03/25/14	H	10/30/08	***UNILEVER N V YORK SHS ADR	UN 904784709	700 00000	27,676.89	16,350 32	11,326.57
11/25/14	H	02/06/06	UNUM GROUP	UNM 91529Y106	600 00000	20,295 03	12,680 46	7,614.57
11/25/14	H	09/27/07	UNUM GROUP	UNM 91529Y106	700 00000	23,677.53	17,100 72	6,576 81
07/07/14	H	09/07/12	VERITIV CORPORATION COM	VRTV 923454102	9 00000	303.21	256 23	46 98
07/07/14	H	02/28/13	VERITIV CORPORATION COM	VRTV 923454102	15 00000	505.35	504 17	1 18
07/07/14	H	07/11/12	VERITIV CORPORATION COM	VRTV 923454102	43 00000	1,448 65	921 97	526 68
			32 ITEMS - Total Long-Term Not Reported Transactions Gain/(Loss)			**463,952.43**	**245,431.22**	**218,521.21**

FOOTNOTES

A - Position carried at Average Cost.

T - Cost Basis information is based on information you, your advisor or third parties have supplied and it has been included on your statement for informational purposes only JPMCC has not attempted to validate information and disclaims all warranties of any kind related to this information, either express or implied, including, without limitation, any implied warranties of accuracy, completeness and fitness for a particular purpose

E - Adjusted for option exercise or assignment.

DISPOSAL METHODS

Blank - FIFO (First In First Out),**L** - LIFO (Last In First Out),**S** - Specific Match (Versus Purchase Method),**H** - High Cost Method;**C** - Low Cost Method,**X** - High Cost Long-Term

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