Form 990-T	E	Exempt Organization Bus	sine	ss Income T	293935 ax Return	4	051UU 9
		(and proxy tax and	er se	ection 6033(e))			2010
	Forca	lendar year 2018 or other tax year beginning		, and ending			2018
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for ir - Do not enter SSN numbers on this form as it may			ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of		D Employer identification number (Employees' trust, see Instructions)			
B Exempt under section	Print	RETINA RESEARCH PERMAN	ENT	ENDOWMENT B	TUND		4-1860430
X 501(C103)	or Type	Number, street, and room or suite no. If a P.O. bo			lated business activity code instructions)		
408(e) 220(e)	1,900	1977 BUTLER BLVD					
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of HOUSTON, TX 77030	r foreig	n postal code		900	099
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
49,357,5		G Check organization type ► X 501(c) cor	poration		401(a)		Other trust
	-	tion's unrelated trades or businesses.	1		the only (or first) un		
trade or business here					complete Parts I-V.		•
		ice at the end of the previous sentence, complete Pa	irts I an	id II, complete a Schedule	M for each additions	ai trade	e or
business, then complete		-v. oration a subsidiary in an affiliated group or a parei	nt-cube	idiani controllad aroun?	· ·	7	es X No
•	-	tifying number of the parent corporation	เเ-อนมอ	idiary controlled group?			es AN NO
		MARGARET FARESE		Teleph	one number > 7	13-	797-1925
		le or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s						
b Less returns and allow		c Balance	1c]
2 Cost of goods sold (S	chedule	A, line 7)	2		,		- a
3 Gross profit. Subtract	line 2 fr	om line 1c	3				
4 a Capital gain net incom	•	•	4a		•	•	
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		Ų		
c Capital loss deduction			4c	26 041	•		26 041
' '	•	ship or an S corporation (attach statement)	5	-36,841.			-36,841.
6 Rent income (Schedu		(0.1.11.5)	6				
7 Unrelated debt-financ		,	7				
•		nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G)	8				
10 Exploited exempt activ			10				
11 Advertising income (S	•	,	11				
12 Other income (See in		•	12				
13 Total. Combine lines			13	-36,841.			-36,841.
		t Taken Elsewhere (See instructions for	r limita	ations on deductions)			
(Except for d	contribu	itions, deductions must be directly connected	l with t	he unrelated business	income)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule) (se	ee instructions)				18	
19 Taxes and licenses	(0					19	
	•	e instructions for limitation rules)		امدا		20	
		no <i>z)</i> n Schedule A grid -els <u>ewh</u> ere on return		21 22a		22b	
22 Less depreciation cla 23 Depletion	illieu oi			[228]		23	
24 Contributions to defe	erred cou	mpensation plans RECEIVED	_			24	
25 Employee benefit pro		N W	ľ			25	
26 Excess exempt exper	-	hedule I) S! NC! BY 2015 TO				26	
27 Excess readership co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-	27	
28 Other deductions (at		1				28	
29 Total deductions. A	dd lines	14 through 28				29	0.
		ncome before net operating loss deduction. Subtrac			ĺ	30	-36,841.
		oss arising in tax years beginning on or after Janua	ry 1, 20	18 (see instructions)		31	· · ·
		ncome. Subtract line 31 from line 30		-		32	-36,841.
823701 01-09-19 LHA Fo	r Paper	work Reduction Act Notice, see instructions.					Form 990-T (2018)

Form 990-T		ND	74-186	<u>50430</u>	Page 2
Part II	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructio	ns)	33	-36,841.
34	Amounts paid for disallowed fringes		•	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT 1	35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si		-	100	<u>-</u>
36	·	um vi		1 00	-36,841.
	lines 33 and 34			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			26 244
	enter the smaller of zero or line 36			38	-36,841.
Part I	<u> </u>				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 fi	rom:	<u> </u>	
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax, See instructions		•	41	
42	Alternative minimum tax (trusts only)		•	42	
	Tax on Noncompliant Facility Income. See Instructions			43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part V				1 77 1	
		4Eo		T	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		┨ :[
	Other credits (see instructions)	45b		-{	
	General business credit. Attach Form 3800	45c		4 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		I	
е	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 🔲 0	ther (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b		1	
	Tax deposited with Form 8868	50c		1	
	·			1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		1	
	Backup withholding (see instructions)	50e		-	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		4	
g	Other credits, adjustments, and payments: Form 2439	1			
	Form 4136 Other Total	50g			
51	Total payments Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	,	>	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded >	55	
Part V	Statements Regarding Certain Activities and Other Informatio	n (see in	structions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other aut	hority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-		
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	-			
	here		•		
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	aneferor to	a foreign trust?		$-\frac{x}{x}$
		ansicioi to,	a foreign trustr		
	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$				
		tomonte and	to the best of my knowle	dae and hel	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any know	vledge	oge and bei	וסו, ונוט טטט,
Here	i modern Modellar		~	lay the IRS	discuss this return with
11010	alice W/Cherson 101,//2 PRESIDE	NT,	tt	ne preparer s	shown below (see
	Signature of officer Date Title		ır	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN	
Paid			self- employed		
Prepa	rer KRISTEN SIMPSON KRISTEN SIMPSON 11	/06/1	9	P0	1268482
Use O	- LOND DIGGG THODAN IIG	·	Firm's EIN ▶		-1396621
OSE O	TWO RIVERWAY, 15TH FLOOR		The second secon		
	Firm's address ► HOUSTON, TX 77056		Phone no.	713-6	21-8090
823711 01-			1 . 110110 110. /		Form 990-T (2018)
320. 11 014	•• ••				101111 000-1 (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A		,	-		
1 Inventory at beginning of year	1		T	Inventory at end of year			6		
2 Purchases	2			Cost of goods sold Si		ine 6			
3 Cost of labor	3			from line 5 Enter here					
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
1 Description of property									
(1)									
(2)									
(3)					····				
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than than	` of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connect od 2(b) (a	ed with the income i ttach schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)	,				
			١,	. Gross income from		3 Deductions directly control to debt-finance			
1. Description of debt-fir	nanced property		•	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
/4\			+				-		
(1)			+						
(2)			+						
(3) (4)			+				+		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property i schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8 Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)		····	<u> </u>	%					
(3)			1	%			†		
(4)				%		,			
	•			,,		nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Totals				▶		0	.		0.
Total dividends-received deductions in	ncluded in column	8		,		•			0.
							•	Form 990-T	

C-L-	dula E Intaract	Annuitia	D-v-l	Line	MEINI I	ENDOWME	11V I P	-LOND	4:	74-10		
Scned	dule F - Interest, A	Annuities	s, Royal	ties, an	T				itions	s (see in:	struction	ns)
1,	. Name of controlled organizat	tion	2. Em Identifi num	cation	3. Net unr	elated income instructions)	4, Tot	ONS all of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
/1\									-			
(1)									\vdash			
(2)												
(4)					l							
	empt Controlled Organi	zations			<u> </u>				L			
	7. Taxable Income		nrelated incon ee instructions		9 Total	of specified payn made	nents	10 Part of colur in the controlli gross	mn 9 tha ng orgar s income	nization's	11. De	eductions directly connected h income in column 10
(1)		Ì	·		 							
(2)		<u> </u>										· · · · · · · · · · · · · · · · · · ·
(3)					1							
(4)												
								Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals							▶			0.		0.
Sched	dule G - Investme	nt Incon	ne of a S	Section	501(c)(7), (9), or (1	17) Org	anization				
	(see insti	ructions)								_		T
	1. Desc	cription of incor	me			2. Amount of	ncome	 Deduction directly connected (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)												
(3)												
(4)						Enter horo and a						Estar have and an area 1
						Enter here and o Part I, line 9, col						Enter here and on page 1. Part I, line 9, column (B)
Totals					> _		0.					0.
Sched	dule I - Exploited (see instru	•	Activity	Income	e, Other	Than Adv	ertisin	g Income				
	Description of exploited activity	2. Gi unrelated l income trade or b	business trom	directly of with pro of uni	penses connected oduction related s income	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							ŀ					
(2)												
(3)												
(4) Fotals		Enter here page 1, line 10, c	Part I,		re and on I, Part I, col (B)	-			- v			Enter here and on page 1, Part II, line 26
	dule J - Advertisir	ng Incon		nstruction								
Part I						olidated l	Basis					· ·· · ·
	Name of periodical		2. Gross advertising Income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati	lon	6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	··		•								-	Ī
(2)												
(3)												
(4)												
Fotals (c	arry to Part II, line (5))	•	().	0							0.
,,												Form 990-T (2018)

Form 990-T (2018) RETINA RESEARCH PERMANENT ENDOWMENT FUND 74-18604 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0
	Ì	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	30,623.	0.	30,623.	30,623.
12/31/13	80,233.	0.	80,233.	80,233.
12/31/14	52,189.	0.	52,189.	52,189.
12/31/15	39,277.	0.	39,277.	39,277.
12/31/16	30,290.	0.	30,290.	30,290.
12/31/17	4,325.	0.	4,325.	4,325.
NOL CARRYO	VER AVAILABLE THIS	YEAR	236,937.	236,937.