Check box if address changed   Print   RETINA RESEARCH PERMANENT ENDOWMENT FUND   City or town, state or province, country, and ZIP or foreign postal code   HOUSTON, TX 77030   PG or owney is a considerable or business here   MLP OWNERSHIP   If only one, complete Parts III-V
Department of the Treasury Internal Revenue Service
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).    A
RETINA RESEARCH PERMANENT ENDOWMENT FUND   T4-1860430
So1(C) (3 03   J20(e)   J20(e)   J20(e)   J408(e)   J20(e)   J408(e)   J20(e)   J408(e)   J20(e)   J408(e)   J408(
408(e)   220(e)   408(e)   220(e)   408(e)   220(e)   408(a)   300(a)   1977 BUTLER BLVD   1970 See instructions.   1970 See inst
408A   530(a)   City or town, state or province, country, and ZIP or foreign postal code   529(a)   HOUSTON, TX 77030   900099
C Book value of all assets at end of tyear 56, 667, 705.  Becok value of all assets at end of tyear 56, 667, 705.  Becok value of all assets at end of tyear 56, 667, 705.  Becok value of all assets at end of tyear 56, 667, 705.  Becok value of all assets at end of tyear 56, 667, 705.  Becok value of all assets at the end of the organization type ▶ ▼ 501(c) corporation 501(c) trust 401(a) trust 0ther trust the Enter the number of the organization's unrelated trades or businesses.  Becok value of all assets at the end of the previous senses.  Becok value of all assets at the end of the previous senses.  Becok value of all assets at the end of the previous sense of the parent corporation 501(c) trust 401(a) trust 0ther trust of the previous sense of the previous sense of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation.  J The books are in care of VIRGINIA GISSEL SCHWANAUER Telephone number 713-797-1925  Part I Unrelated Trade or Business Income  (A) Income (B) Expenses (C) Net  1a Gross receipts or sales  b Less returns and allowances  c Balance  2 Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2 from line 1c  4 a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  5 -47, 725.
H Enter the number of the organization's unrelated trades or businesses.  H Enter the number of the organization's unrelated trades or businesses.  H Enter the number of the organization's unrelated trades or businesses.  I Describe the only (or first) unrelated trade or businesses.  If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation.  J The books are in care of VIRGINIA GISSEL SCHWANAUER  Telephone number 713-797-1925  Part I Unrelated Trade or Business Income  (A) Income (B) Expenses (C) Net  1a Gross receipts or sales  b Less returns and allowances  c Balance  c Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2 from line 1c  4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  5 -47,725.  -47,725.
H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ MLP OWNERSHIP . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If "Yes," enter the name and identifying number of the parent corporation. ▶  J The books are in care of ▶ VIRGINIA GISSEL SCHWANAUER Telephone number ▶ 713-797-1925  Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net  1 a Gross receipts or sales     b Less returns and allowances     c Balance
trade or business here MLP OWNERSHIP  describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I The books are in care of VIRGINIA GISSEL SCHWANAUER  I Telephone number 713-797-1925  Part I Unrelated Trade or Business Income  I C Selance  I C Selance  C Balance  C Balance  I C Selance  I C Sela
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation.  J The books are in care of VIRGINIA GISSEL SCHWANAUER  Telephone number 713-797-1925  Part I Unrelated Trade or Business Income  (A) Income  (B) Expenses  (C) Net  1 a Gross receipts or sales  b Less returns and allowances  c Balance  c Balance  1 c  2 Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2 from line 1c  4 a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  5 -47,725.  -47,725.
business, then complete Parts III-V  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I Telephone number ▶ 713-797-1925  Part I Unrelated Trade or Business Income  I a Gross receipts or sales  b Less returns and allowances  c Balance  c Cost of goods sold (Schedule A, line 7)  Gross profit. Subtract line 2 from line 1c  4 a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  I Income (loss) from a partnership or an S corporation (attach statement)  5 -47,725.  -47,725.
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
If "Yes," enter the name and identifying number of the parent corporation.  J The books are in care of ▶ VIRGINIA GISSEL SCHWANAUER  Part I Unrelated Trade or Business Income  1 a Gross receipts or sales  b Less returns and allowances  2 Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2 from line 1c  4 a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  Telephone number ▶ 713-797-1925  (C) Net  1 c
Telephone number ► 713-797-1925    Part I   Unrelated Trade or Business Income
Part I Unrelated Trade or Business Income  1 a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement)  (A) Income (B) Expenses (C) Net  4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement)  5 -47,725.
b Less returns and allowances  2 Cost of goods sold (Schedule A, line 7)  3 Gross profit. Subtract line 2 from line 1c  4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  b Less returns and allowances  2
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 -47,725.
3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 -47,725.
4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  5 -47,725.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 -47,725.
c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 -47,725.  4c 5 -47,725.
5 Income (loss) from a partnership or an S corporation (attach statement) 5 -47,725.
6 Rent income (Schedule C) 6
7 Unrelated debt-financed income (Schedule E) 7
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9
10 Exploited exempt activity income (Schedule I)
11 Advertising income (Schedule J)
12 Other income (See instructions; attach schedule)
13 Total. Combine lines 3 through 12
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Deductions must be directly connected with the unrelated business income )
14 Compensation of officers, directors, and trustees (Schedule K)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts 17
18 Interest (attach schedule) (see instructions) 18
19 Taxes and licenses 19
20 Depreciation (attach Form 4562)
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b
22 Depletion RECEIVED
23 Contributions to deterred compensation plans
24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readers by costs (Schedule I) 27 Excess readers by costs (Schedule I) 28 Excess readers by costs (Schedule I) 29 Excess readers by costs (Schedule I) 20 Excess readers by costs (Schedule I) 21 Excess readers by costs (Schedule I) 22 Excess readers by costs (Schedule I) 23 Excess readers by costs (Schedule I) 25 Excess readers by costs (Schedule I) 26 Excess readers by costs (Schedule I) 27 Excess readers by costs (Schedule I) 28 Excess readers by costs (Schedule I) 29 Excess readers by costs (Schedule I) 20 Excess readers by costs (Schedule I) 20 Excess readers by costs (Schedule I) 20 Excess readers by costs (Schedule I) 21 Excess readers by costs (Schedule I) 22 Excess readers by costs (Schedule I) 23 Excess readers by costs (Schedule I) 25 Excess readers by costs (Schedule I) 26 Excess readers by costs (Schedule I) 27 Excess readers by costs (Schedule I) 28 Excess readers by costs (Schedule I) 29 Excess readers by costs (Schedule I)
24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J)  27
26 Excess readership costs (Scriedule 3)
27 Other deductions (attach schedule)  OGDEN. UT
26 Total, deductions. Add lines 14 through 27 U.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  29 -47,725.
30 / Deduction for net operating loss arising in tax years beginning on or after January 1, 2018
(see instructions) SEE STATEMENT 1 30 0.
'31 Unrelated business taxable income. Subtract line 30 from line 29  31 -47,725.  923701 01-27-20 LHA For Paperwork Reduction Act Notice see instructions  Form 990-T (2019)

	Q-T (2018			74	-1860430 Page 2
Part		Total Unrelated Business Taxable Income			
₩32 🗂	Total d	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	- 1	32	-47,725.
33	Amour	ints paid for disallowed fringes		33	
34	Charita	table contributions (see instructions for limitation rules)		34	0.
35	Total u	unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 ar	d 335	35	-47,725.
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	2_	36	0.
37	Total o	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7	37	-47,725.
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		П	
-		the smaller of zero or line 37	$-10^{\circ}$	39	-47,725.
Part	l IV	Tax Computation		<u> </u>	
40		nizations Taxable as Corporations Multiply line 39 by 21% (0 21)		40	0.
41	_	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from;		'	
*.		Tax rate schedule or Schedule D (Form 1041)		41	
42		tax. See instructions		42	
43	•	lative minimum tax (trusts only)		43	
		n Noncompliant Facility Income See instructions		44	
44 45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part		Tax and Payments		1 40 1	
					<del></del>
		nn tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a 46b			
b		credits (see instructions)  46b			
C		al business credit. Attach Form 3800			
d		t for prior year minimum tax (attach Form 8801 or 8827)			
		credits Add lines 46a through 46d	,	46e	
47		act line 46e from line 45		47	0.
48		taxes Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	adule)	48	
49		tax. Add lines 47 and 48 (see instructions)		49	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51 a	Payme	ents: A 2018 overpayment credited to 2019			
		estimated tax payments 51b			
C	Tax de	eposited with Form 8868 51c			
d	Foreign	in organizations; Tax paid or withheld at source (see instructions)			
е	Backup	p withholding (see instructions) 51e			
		for small employer health insurance premiums (attach Form 8941)		,	
9	Other o	credits, adjustments, and payments: Form 2439			
	F	Form 4136 Other Total ▶ <b>51g</b>			
52	Total p	payments Add lines 51a through 51g		52	
53		ated tax penalty (see instructions) Check if Form 2220 is attached		53	
54	Tax du	ue If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶	54	
55	Overpa	ayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
56		the amount of line 55 you want: Credited to 2020 estimated tax		56	
Part	VI _	Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			,
	FinCEN	N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			<u>  </u>
	here	<b>&gt;</b>			X
58	During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
	If "Yes,	," see instructions for other forms the organization may have to file			
59		the amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
	U	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Declaration of praparer (other than taxpayer) as based on all information of which preparer has any knowledge	knowled	ge and b	elief, it is true,
Sign		correct, procedure because of the first and axpayers based on an information of which preparer has any knowledge	Lu.	the IDC	discuss this return with
Here		live M hasself Mile (20) PRESIDENT		•	shown below (see
	_   •	Signature of difficer Date Title			<sup>7</sup> X Yes No
		Print/Type preparer's name Preparer/s/signature Date Check [	ıf	PTIN	
Paid	1	Rue Signal self-emp	loved		
		EDICHEN CINDON EDICHEN CINDON 11/13/20	.,	P	1268482
-	oarer Only	- CARR REGGG C TYCRAN IIG	IN ►		2-1396621
USE	Unity	- TWO RIVERWAY, 15TH FLOOR			
		Firm's address  HOUSTON, TX 77056  Phone of	10 7	13-6	521-8090
923711 (	01-27-20	· · · · · · · · · · · · · · · · · · ·		<del> `</del>	Form <b>990-T</b> (2019)
					. 5 5 . (2015)

Sobodulo A. Cost of Good	o Cold						
Schedule A - Cost of Good	S Solu. Enter	method of inven				<del></del>	
1 Inventory at beginning of year 1 2 Purchases 2			6 Inventory at end of year		uno 6	6	
2 Purchases 2 3 Cost of labor 3			7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I,				
4 a Additional section 263A costs			line 2	raiti,	7		
(attach schedule)	4a		8 Do the rules of section	2634 /	With respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or a		· ·	100 110	
5 Total. Add lines 1 through 4b	5		the organization?	acquirec	i for resaic, apply to		
Schedule C - Rent Income		Property and		ease	d With Real Prope	ertv)	
(see instructions)							
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	(b) From real a of rent for p the ren	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the Income in d 2(b) (attach schedule)	
(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)	<b>O.</b>	
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)	ı			
			2. Gross income from	i	<ol><li>Deductions directly connected to debt-finance</li></ol>		
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			·				
(2)							
(3)							
(4)					•		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-final	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)	l		%				
		<u></u> -			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)	
Totals			•		0.		
Total dividends-received deductions in	icluded in column	8				0.	
						Form 990-T (2019)	

Form 990-T (2019) 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	4 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)							٠
Totals from Part I	<b>&gt;</b>	0.	0.	. ,		į t	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			٠,٠	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	,			0.

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

Form 990-T (2019).

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	36,841.	0.	36,841.	36,841.
NOL CARRYO	VER AVAILABLE THIS	YEAR	36,841.	36,841.

FORM 990-T	NET	OPERATING LOSS D	STATEMENT 2	
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.