

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

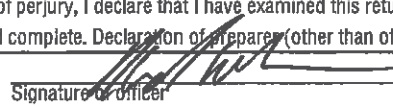
A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIGHTLIFE		D Employer identification number 23-7051021
	Doing business as		E Telephone number (206) 682-8500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1200 6TH AVENUE		300
City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101			
F Name and address of principal officer: CLAIRE BONILLA SAME AS C ABOVE		G Gross receipts \$ 48,703,393.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.SIGHTLIFE.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969	M State of legal domicile: WA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE SERVE AS A GLOBAL LEADER AND PARTNER TO ELIMINATE CORNEAL BLINDNESS.		
	2 Check this box <input type="checkbox"/> 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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	276
	6 Total number of volunteers (estimate if necessary)	6	550
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	168,482.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,718.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,365,050.	8,344,324.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,865,867.	39,248,250.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-735,562.	-16,616.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,875.	288,599.
		43,518,230.	47,864,557.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	656,492.	241,244.
	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)	16,289,937.	18,817,356.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 714,689.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,826,731.	25,630,832.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,773,160.	44,689,432.
19 Revenue less expenses. Subtract line 18 from line 12	-1,254,930.	3,175,125.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	23,323,730.	19,349,998.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,961,166.	9,944,131.
	8,362,564.	9,405,867.	

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 1/26/17			
	HOWARD MENDELSON, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SARA ELIZABETH J. HYRE	Preparer's signature SARA ELIZABETH J. HYRE	Date 10/26/17	Check if self-employed <input type="checkbox"/>	PTIN P00235495
	Firm's name CLARK NUBER, PS	Firm's EIN 91-1194016	Phone no. 425-454-4919		
Firm's address 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004					

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

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: WE SERVE AS A GLOBAL LEADER AND PARTNER TO ELIMINATE CORNEAL BLINDNESS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 32,381,108. including grants of \$) (Revenue \$ 39,049,460.) FOUNDED IN 1969, THE SIGHTLIFE EYE BANK IS THE ORGANIZATION'S MOST RECOGNIZED PROGRAM. TO DATE, SIGHTLIFE EYE BANK HAS PROVIDED CORNEAL TISSUE FOR APPROXIMATELY 100,000 SIGHT-RESTORING TRANSPLANTS AND HAS BECOME PROMINENT AS A LEADER AND PARTNER WITHIN THE EYE BANK COMMUNITY. AS ONE OF THE LEADING EYE BANKS IN THE WORLD, IT PROVIDES RECOVERY AND REPLACEMENT OF CORNEAL TISSUE FOR TRANSPLANT, DONATION SERVICES, RESEARCH SUPPORT AND FAMILY SUPPORT PROGRAMS. IT ALSO IS A SIGNIFICANT PROVIDER OF WHOLE EYE GLOBES AND SCLERA FOR RESEARCH INTO EYE DISEASES. THIS PROGRAM ALSO INCLUDES SALES OF DEVICES FOR CORNEAL DELIVERY SERVICES. SIGHTLIFE IS THE WORLD'S LARGEST PROVIDER OF CORNEAL TRANSPLANT TISSUE, WORKING TO MAKE THE ELIMINATION OF TREATABLE CORNEAL BLINDNESS A REALITY.

4b (Code:) (Expenses \$ 2,212,134. including grants of \$ 85,488.) (Revenue \$ 41,962.) THE GLOBAL EYE BANK DEVELOPMENT INITIATIVE LEVERAGES OUR EXPERTISE AND RESOURCES TO ADDRESS WORLDWIDE CORNEA BLINDNESS BY PROMOTING THE GROWTH OF PROFESSIONAL EYE BANKS AROUND THE WORLD THAT ARE SCALABLE, SUSTAINABLE AND OF HIGH QUALITY. ESTABLISHED IN 2009, THIS INITIATIVE PROVIDES STRATEGIC, TECHNICAL AND FINANCIAL ASSISTANCE TO EYE BANK PARTNERS IN DEVELOPING COUNTRIES. AS OF DECEMBER 31, 2016, SIGHTLIFE HAS ENTERED INTO EIGHTEEN GLOBAL EYE BANK PARTNERSHIPS. DURING 2016, THESE PARTNERSHIPS COLLECTIVELY PRODUCED CORNEAL TISSUE FOR APPROXIMATELY 17,000 SIGHT RESTORING TRANSPLANTS.

4c (Code:) (Expenses \$ 596,194. including grants of \$ 155,756.) (Revenue \$ 123,948.) THE NORTHWEST LIONS FOUNDATION (NLF) IS AN OPERATING UNIT OF SIGHTLIFE. NLF OVERSEES THE LIONS COMMUNITY SERVICE PROGRAMS. THESE PROGRAMS INCLUDE THE LIONS HEALTH SCREENING UNIT, THE LIONS HEARING AID BANK, AND PROJECT SUPPORT & PATIENT CARE GRANTS. WITHIN 2016, MORE THAN 30,000 INDIVIDUALS, PRIMARILY SCHOOLCHILDREN, WERE SCREENED FOR SIGHT & HEARING LOSS ALONG WITH OTHER POTENTIALLY LIFE THREATENING HEALTH PROBLEMS. ADDITIONALLY, THE NLF PROVIDED MANY OTHERS WITH FINANCIAL ACCESS TO MEDICAL PROCEDURES AND HEARING AIDS. NLF SPONSORS VARIOUS FUNDRAISING INITIATIVES TO SUPPORT THESE PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,914. including grants of \$) (Revenue \$ 32,880.)

4e Total program service expenses 35,191,350.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA, CA, AK, OR
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. [X] Own website [] Another's website [X] 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: LINDSAY GORANG - (206) 682-8500 1200 6TH AVENUE, SUITE 300, SEATTLE, WA 98101

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) MELODY J. SUMMERS, JD BOARD CHAIR	12.00 0.00	X		X				0.	0.	0.
(2) JAMES L. SMALLEY VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(3) JACALYN M. LINDSTROM SECRETARY	3.00 0.00	X		X				0.	0.	0.
(4) KUSH PARIKH TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) DIANE SABIN, CPA DIRECTOR	4.00 1.00	X						0.	0.	0.
(6) LINDA P. JONES, CFP DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) GULLAPALLI N. RAO, MD DIRECTOR (THRU 06/2016)	1.00 0.00	X						0.	0.	0.
(8) ANN BLUME DIRECTOR (THRU 04/2016)	1.00 0.00	X						0.	0.	0.
(9) PAUL J. DUBORD, MD DIRECTOR (THRU 10/2016)	1.00 0.00	X						0.	0.	0.
(10) SAPPHIRA GORADIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) BILL LUNDIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) HARRY BUCHANAN, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) MONTY MONTOYA PRESIDENT & CEO	50.00 10.00			X				499,340.	66,218.	47,436.
(14) TIM MCLAUGHLIN CHIEF FINANCIAL OFFICER	41.00 9.00			X				221,192.	36,890.	45,085.
(15) BERNARDINO ILIAKIS CHIEF OPERATIONS OFFICER	44.00 6.00				X			192,634.	39,192.	43,707.
(16) CLAIRE BONILLA CHIEF GLOBAL OFFICER	50.00 0.00				X			216,377.	0.	45,481.
(17) JERRY BARKER CHIEF SALES OFFICER	38.00 12.00				X			499,981.	0.	82,164.

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			
(18) JD OSBORNE DIRECTOR OF SALES	38.00 12.00				X			277,179.	0.	15,931.
(19) JOSEPH KELLY CHIEF MARKETING OFFICER	41.00 9.00					X		147,884.	30,337.	32,786.
(20) SCOTT GARREPY CHIEF DEVELOPMENT OFFICER	50.00 0.00					X		184,609.	0.	34,873.
(21) ANDREW MAXWELL VP OF OPERATIONS, CALIFORNIA	44.00 6.00					X		117,067.	24,008.	36,317.
(22) GRETCHEN COKER CHIEF TALENT OFFICER	45.00 5.00					X		130,468.	27,445.	33,147.
(23) VINCENT BRIERE VICE PRESIDENT, TECHNOLOGY SERVICES	43.00 7.00					X		115,645.	24,585.	19,382.
1b Sub-total								2,602,376.	248,675.	436,309.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,602,376.	248,675.	436,309.

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 12

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
DAVIS WRIGHT TREMAINE 1201 3RD AVE #2200, SEATTLE, WA 98101	LEGAL AND CONSULTING	926,494.
SLALOM CONSULTING 821 2ND AVE #1900, SEATTLE, WA 98104	LEGAL AND CONSULTING	860,547.
BLOOD WORKS NORTHWEST 921 TERRY AVENUE, SEATTLE, WA 98104	BLOOD TESTING	655,028.
DA POPE CONSTRUCTION 1160 CHESS DR, FOSTER CITY, CA 94404	CONSTRUCTION	605,381.
MIDNITE AIR CORP DBA MNX 26035 NETWORK PLACE, CHICAGO, IL 60673	TISSUE TRANSPORTATION	454,106.

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 27

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	10,036.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,334,288.					
	g Noncash contributions included in lines 1a-1f: \$		2,866,473.					
	h Total. Add lines 1a-1f			8,344,324.				
Program Service Revenue	2 a SIGHTLIFE EYE BANKS	Business Code	900099	39,091,422.	39,091,422.			
	b NW LIONS FOUNDATION		900099	123,948.	123,948.			
	c AUDIENT		900099	32,880.	32,880.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			39,248,250.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,353.		16,538.	16,815.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	166,395.					
		(ii) Personal						
		b Less: rental expenses		14,451.				
		c Rental income or (loss)		151,944.				
	d Net rental income or (loss)			151,944.		151,944.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	766,672.	7,744.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		766,751.	57,634.			
		c Gain or (loss)		-79.	-49,890.			
	d Net gain or (loss)			-49,969.			-49,969.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a 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						
11 a ADMINISTRATIVE SVCS		561000	103,057.			103,057.		
b OTHER INCOME		900099	33,598.			33,598.		
c								
d All other revenue								
e Total. Add lines 11a-11d			136,655.					
12 Total revenue. See instructions.			47,864,557.	39,248,250.	168,482.	103,501.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	120,000.	120,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,756.	35,756.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	85,488.	85,488.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,549,002.	1,079,965.	1,272,425.	196,612.
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	11,786,175.	10,473,925.	1,088,879.	223,371.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	809,610.	611,733.	164,483.	33,394.
9 Other employee benefits	2,511,614.	1,963,533.	449,795.	98,286.
10 Payroll taxes	1,160,955.	944,903.	184,141.	31,911.
11 Fees for services (non-employees):				
a Management				
b Legal	620,020.	100,028.	524,476.	-4,484.
c Accounting	118,326.	2,207.	116,119.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	328.		328.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,954,405.	1,496,823.	431,764.	25,818.
12 Advertising and promotion	661,159.	47,500.	609,794.	3,865.
13 Office expenses	386,932.	177,942.	201,854.	7,136.
14 Information technology	943,087.	778,464.	160,497.	4,126.
15 Royalties				
16 Occupancy	1,156,503.	868,311.	268,231.	19,961.
17 Travel	1,882,580.	1,269,966.	543,956.	68,658.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	282,627.	124,809.	154,358.	3,460.
20 Interest	257,728.	24,313.	233,415.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,628,080.	1,530,424.	97,656.	
23 Insurance	153,690.	-147.	153,813.	24.
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 TISSUE PROCESSING	10,012,387.	10,010,376.	2,011.	0.
b LAB SUPPLIES	2,847,477.	2,847,477.		
c SURGICAL INC. FORMATION	1,824,274.		1,824,274.	
d DUES & SUBSCRIPTIONS	282,482.	186,852.	93,323.	2,307.
e All other expenses	618,747.	410,702.	207,801.	244.
25 Total functional expenses. Add lines 1 through 24e	44,689,432.	35,191,350.	8,783,393.	714,689.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,032,793.	1	887,993.
	2 Savings and temporary cash investments	336,216.	2	1,052,978.
	3 Pledges and grants receivable, net	1,707,010.	3	1,757,691.
	4 Accounts receivable, net	5,182,995.	4	852,854.
	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	462,021.	8	185,528.
	9 Prepaid expenses and deferred charges	352,986.	9	229,732.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,205,417.		
	b Less: accumulated depreciation	10b 2,300,904.		
		6,622,878.	10c	7,904,513.
	11 Investments - publicly traded securities	746,580.	11	774,489.
	12 Investments - other securities. See Part IV, line 11	34,411.	12	40,598.
	13 Investments - program-related. See Part IV, line 11	0.	13	1,354,048.
	14 Intangible assets	5,844,262.	14	0.
15 Other assets. See Part IV, line 11	1,001,578.	15	4,309,574.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,323,730.	16	19,349,998.	
Liabilities	17 Accounts payable and accrued expenses	4,906,605.	17	2,418,265.
	18 Grants payable	513,016.	18	204,601.
	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	1,598,902.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	5,359,552.	23	906,551.
	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	2,583,091.	25	6,414,714.
	26 Total liabilities. Add lines 17 through 25	14,961,166.	26	9,944,131.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,606,021.	27	6,458,791.
	28 Temporarily restricted net assets	1,754,965.	28	1,830,934.
	29 Permanently restricted net assets	1,001,578.	29	1,116,142.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	8,362,564.	33	9,405,867.	
34 Total liabilities and net assets/fund balances	23,323,730.	34	19,349,998.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,864,557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,689,432.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,175,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,362,564.
5	Net unrealized gains (losses) on investments	5	-1,287,437.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-844,385.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,405,867.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	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? _____		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 _____		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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		<input type="checkbox"/>
b 33 1/3% support test - 2015. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,232,543.	1,641,371.	2,526,166.	2,365,050.	8,344,324.	16,109,454.
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	17,698,152.	21,247,988.	32,924,654.	41,865,867.	39,248,250.	152,984,911.
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	18,930,695.	22,889,359.	35,450,820.	44,230,917.	47,592,574.	169,094,365.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	27,458.	21,260.	313,076.	1,187,531.	1,287,562.	2,836,887.
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	6,057,921.	6,409,943.	4,949,910.	6,619,191.	7,039,752.	31,076,717.
c Add lines 7a and 7b	6,085,379.	6,431,203.	5,262,986.	7,806,722.	8,327,314.	33,913,604.
8 Public support. (Subtract line 7c from line 6.)						135,180,761.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	18,930,695.	22,889,359.	35,450,820.	44,230,917.	47,592,574.	169,094,365.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,292.	91,672.	91,342.	57,038.	31,266.	348,610.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	77,292.	91,672.	91,342.	57,038.	31,266.	348,610.
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.)	2,025.		15,951.	22,875.	136,655.	177,506.
13 Total support. (Add lines 9, 10c, 11, and 12.)	19,010,012.	22,981,031.	35,558,113.	44,310,830.	47,760,495.	169,620,481.

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 2016 (line 8, column (f) divided by line 13, column (f))	15	79.70 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	77.06 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.21 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.28 %

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.			
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.			
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.			
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.			

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 (explain in Part VI.) **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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2016 AMOUNT: \$ 33,598.

EYE BANK TRAINING

2012 AMOUNT: \$ 2,025.

ADMINISTRATIVE SERVICES

2014 AMOUNT: \$ 15,951.

2015 AMOUNT: \$ 22,875.

2016 AMOUNT: \$ 103,057.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

SIGHTLIFE

Employer identification number

23-7051021

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 508,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 35,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 25,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 15,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 15,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 13,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 7,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 6,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 5,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 23,569.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 55,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,850,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
28	TRAVEL EXPENSES _____ _____ _____	\$ 23,569.	12/31/16
30	LAND, BUILDING, AND EQUIPMENT _____ _____ _____	\$ 2,842,904.	01/29/16
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SIGHTLIFE	Employer identification number 23-7051021
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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

2016

Open to Public Inspection

Name of the organization: SIGHTLIFE; Employer identification number: 23-7051021

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure); 2. Conservation contribution details (table with 2a-2d); 3-8. Monitoring and enforcement questions (checkboxes for yes/no); 9. Description of reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with 2 main questions: 1a/b. Reporting requirements for collections of art/treasures; 2. Reporting requirements for financial gain on art/treasures. Includes dollar amounts for revenue and assets.

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" on 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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 _____ %
- c Temporarily restricted endowment _____ %

The percentages on 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)	
(ii) related organizations	3a(ii)	

b If "Yes" on line 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" on 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		300,000.		300,000.
b Buildings		2,400,000.	200,000.	2,200,000.
c Leasehold improvements		5,806,701.	1,182,012.	4,624,689.
d Equipment		845,810.	537,604.	308,206.
e Other		852,906.	381,288.	471,618.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,904,513.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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) INVESTMENT IN SIGHTLIFE SURGICAL,		
(2) INC.	1,354,048.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,354,048.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST	1,116,142.
(2) INTERCOMPANY RECEIVABLES	3,193,432.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,309,574.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) EQUIPMENT LEASE LIABILITIES	92,324.
(3) LEASE INCENTIVE LIABILITY	2,686,236.
(4) INTERCOMPANY PAYABLES	3,636,154.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,414,714.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions and numerical values. Total revenue is calculated as line 5.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions and numerical values. Total expenses are calculated as line 5.

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.

Series of horizontal lines provided for entering supplemental information.

**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

2016

Open to Public Inspection

Name of the organization SIGHTLIFE	Employer identification number 23-7051021
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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? **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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GLOBAL PROGRAM DEVELOPMENT	TRAVEL, TRAINING AND CONSULTING PROVIDED TO PROMOTE EYE BANKING	24,046.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GLOBAL PROGRAM DEVELOPMENT	TRAVEL, TRAINING AND CONSULTING PROVIDED TO PROMOTE EYE BANKING	34,571.
SOUTH ASIA	0	0	GLOBAL PROGRAM DEVELOPMENT	TRAVEL, TRAINING AND CONSULTING PROVIDED TO PROMOTE EYE BANKING	33,031.
NORTH AMERICA	0	0	GLOBAL PROGRAM DEVELOPMENT	TRAVEL, TRAINING AND CONSULTING PROVIDED TO PROMOTE EYE BANKING	2,880.
MIDDLE EAST AND NORTH AFRICA	0	0	GLOBAL PROGRAM DEVELOPMENT	TRAVEL, TRAINING AND CONSULTING PROVIDED TO PROMOTE EYE BANKING	2,935.
SUB-SAHARAN AFRICA	0	0	GLOBAL PROGRAM DEVELOPMENT	TRAVEL, TRAINING AND CONSULTING PROVIDED TO PROMOTE EYE BANKING	10,362.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	215,023.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	373,773.
3 a Sub-total	0	0			696,621.
b Total from continuation sheets to Part I	0	0			1,967,495.
c Totals (add lines 3a and 3b)	0	0			2,664,116.

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

Schedule F (Form 990) 2016

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	551,342.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	417,484.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	151,635.
SOUTH ASIA	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	318,882.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISCOUNTED CORNEA PLACEMENTS (UNRECORDED FOR BOOK PURPOSES)	442,665.
SOUTH ASIA	0	0	GRANTMAKING	EYEBANK DEVELOPMENT AND CAPACITY	54,487.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	EYEBANK DEVELOPMENT AND CAPACITY	31,000.
Totals					1,967,495.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GRANT TO SUPPORT DEVELOPMENT OF EYE BANK	14,878.	WIRE TRANSFER	0.		
		SOUTH ASIA	GRANT TO SUPPORT DEVELOPMENT OF EYE BANK	19,010.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GRANT TO SUPPORT DEVELOPMENT OF EYE BANK	31,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	GRANT TO SUPPORT DEVELOPMENT OF EYE BANK	14,000.	WIRE TRANSFER	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 4

3 Enter total number of other organizations or entities 0

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 noncash assistance	(g) Description of noncash 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 separately 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 separately 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. See instructions.

PART I, LINE 2:

A MEMO OF UNDERSTANDING IS SIGNED BY SIGHTLIFE AND THE NON-US ENTITY DESCRIBING PERFORMANCE OBJECTIVES AND THE PROJECTED PAYMENT SCHEDULE. PERFORMANCE AGAINST THE OBJECTIVES IS MONITORED THROUGHOUT THE YEAR, INCLUDING REVIEW BY A SIGHTLIFE GLOBAL DIRECTOR AND APPROVAL BY THE CHIEF GLOBAL OFFICER. AS OBJECTIVES ARE ACHIEVED, PAYMENTS ARE MADE BY SIGHTLIFE TO THE NON-US ENTITY.

PART I, LINE 3:

PER FORM 990 INSTRUCTIONS, THE ACCRUAL METHOD OF ACCOUNTING WAS USED.

**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" on 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

2016

Open to Public
Inspection

Name of the organization

SIGHTLIFE

Employer identification number
23-7051021

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? 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" on 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
WASHINGTON STATE SCHOOL FOR THE BLIND - 2214 E 13TH ST - VANCOUVER, WA 98661	91-6001117	501(C)(3)	26,615.	0.	N/A	N/A	PROJECT SUPPORT GRANT AND EDUCATION
SPOKANE CENTRAL LIONS CLUB 1212 NORTH HOWARD SPOKANE, WA 99201	91-6074613	501(C)(3)	14,548.	0.	N/A	N/A	PROJECT SUPPORT GRANT AND EDUCATION
VISION FOR INDEPENDENCE CENTER PO BOX 2833 YAKIMA, WA 98907	20-5900432	501(C)(3)	22,881.	0.	N/A	N/A	PROJECT SUPPORT GRANT AND EDUCATION
SIGHTCONNECTION 9709 3RD AVE NE SEATTLE, WA 98115	91-0564751	501(C)(3)	18,621.	0.	N/A	N/A	EYE EXAMS, GLASSES, HEARING AIDS, SCREENINGS, OTHER ASSISTANCE
KINDERING CENTER 16120 NE 8TH ST BELLEVUE, WA 98008	91-0816827	501(C)(3)	12,334.	0.	N/A	N/A	EYE EXAMS, GLASSES, HEARING AIDS, SCREENINGS, OTHER ASSISTANCE
BELLINGHAM CENTRAL LIONS VISION CLINIC - PO BOX 608 - BELLINGHAM, WA 98227	31-1707651	501(C)(3)	7,258.	0.	N/A	N/A	EYE EXAMS, GLASSES, HEARING AIDS, SCREENINGS, OTHER ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EDITH BISHEL CENTER FOR THE BLIND & VISUALLY IMPAIRED - 628 N ARTHUR ST - KENNEWICK, WA 99336	91-1323283	501(C)(3)	6,185.	0.	N/A	N/A	EYE EXAMS, GLASSES, HEARING AIDS, SCREENINGS, OTHER ASSISTANCE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
PATIENT CARE GRANTS	60	0.	35,756.	OTHER	PAYMENTS TO PROVIDERS FOR MEDICAL SERVICES TO INDIVIDUALS

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

PART I, LINE 2:

FOR GRANTS MADE FOR OR ON BEHALF OF PATIENTS, AN APPLICATION IS PRESENTED

TO THE PHILANTHROPY COMMITTEE OF THE NORTHWEST LIONS FOUNDATION (NLF) FOR

CONSIDERATION. EACH APPLICATION IS CONSIDERED ON ITS MERITS AND IN

CONJUNCTION WITH THE OVERALL APPROVED BUDGETARY LEVEL. AFTER APPROVAL, THE

COMMITTEE RECOMMENDS APPROVAL OF EACH GRANT TO THE NLF BOARD OF TRUSTEES.

COSTS ARE USUALLY SHARED BETWEEN THE SPONSORING LIONS CLUBS AND NLF.

ORGANIZATIONAL GRANTS ARE CONSIDERED ON A CASE BY CASE BASIS AND MONITORED

VIA ANNUAL REPORTS FROM SUPPORTED ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SIGHTLIFE

Employer identification number

23-7051021

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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

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 on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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 on 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 aren't 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MONTY MONTOYA PRESIDENT & CEO	(i) 376,347. (ii) 61,411.	110,193. 4,807.	12,800. 0.	21,200. 0.	26,236. 0.	546,776. 66,218.	0. 0.
(2) TIM MCLAUGHLIN CHIEF FINANCIAL OFFICER	(i) 186,192. (ii) 36,890.	35,000. 0.	0. 0.	14,988. 2,923.	27,174. 0.	263,354. 39,813.	0. 0.
(3) BERNARDINO ILLAKIS CHIEF OPERATIONS OFFICER	(i) 172,134. (ii) 38,092.	15,000. 0.	5,500. 1,100.	13,388. 2,923.	27,396. 0.	233,418. 42,115.	0. 0.
(4) CLAIRE BONILLA CHIEF GLOBAL OFFICER	(i) 201,877. (ii) 0.	14,500. 0.	0. 0.	11,338. 0.	34,143. 0.	261,858. 0.	0. 0.
(5) JERRY BARKER CHIEF SALES OFFICER	(i) 274,106. (ii) 0.	218,000. 0.	7,875. 0.	81,200. 0.	964. 0.	582,145. 0.	0. 0.
(6) JD OSBORNE DIRECTOR OF SALES	(i) 204,974. (ii) 0.	67,305. 0.	4,900. 0.	15,077. 0.	854. 0.	293,110. 0.	0. 0.
(7) JOSEPH KELLY CHIEF MARKETING OFFICER	(i) 135,884. (ii) 30,337.	12,000. 0.	0. 0.	10,860. 2,384.	19,542. 0.	178,286. 32,721.	0. 0.
(8) SCOTT GARREPY CHIEF DEVELOPMENT OFFICER	(i) 177,503. (ii) 0.	7,106. 0.	0. 0.	12,003. 0.	22,870. 0.	219,482. 0.	0. 0.
(9) ANDREW MAXWELL VP OF OPERATIONS, CALIFORNIA	(i) 107,867. (ii) 24,008.	9,200. 0.	0. 0.	8,621. 1,885.	25,811. 0.	151,499. 25,893.	0. 0.
(10) GRETCHEN COKER CHIEF TALENT OFFICER	(i) 116,468. (ii) 27,445.	14,000. 0.	0. 0.	9,428. 2,184.	21,535. 0.	161,431. 29,629.	0. 0.
(11) VINCENT BRIERE VICE PRESIDENT, TECHNOLOGY SERVICES	(i) 106,595. (ii) 24,585.	9,050. 0.	0. 0.	8,523. 1,931.	8,928. 0.	133,096. 26,516.	0. 0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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 1A:

AS PART OF HIS BOARD APPROVED HEALTH BENEFITS, MONTY MONTOYA, SIGHTLIFE CEO, HAS ACCESS TO CERTAIN HEALTH CLUB AND FITNESS BENEFITS, WHICH INCLUDE GYM ACCESS AND ASSOCIATED PHYSICAL TRAINING SUPPORT. IN ALL CASES, REIMBURSEMENT REQUIRES EXPENSE SUBSTANTIATION AND FOLLOWS COMPANY APPROVAL GUIDELINES FOR PROCESSING ALL PAYMENTS.

PART I, LINE 7:

SIGHTLIFE PROVIDES A VARIABLE COMPENSATION PROGRAM FOR ALL ITS EMPLOYEES. THE PROGRAM IS STRUCTURED TO INCENT AND REWARD EMPLOYEES FOR COLLECTIVELY ACHIEVING OPERATIONAL AND STRATEGIC OBJECTIVES TOWARD ADVANCING THE ORGANIZATION'S MISSION. THE AMOUNT OF COMPENSATION IS VARIABLE, RANGING BETWEEN 0-5% FOR ALL NON-EXEMPT EMPLOYEES AND 0-15% FOR ALL EXEMPT EMPLOYEES. SIGHTLIFE'S BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE PROGRAM BASED ON THE ORGANIZATION'S PERFORMANCE AGAINST PREDETERMINED OBJECTIVES.

SCHEDULE J, PART II:

BEGINNING IN OCTOBER 2016, UPON THE FORMATION OF SIGHTLIFE SURGICAL

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.

INC., A RELATED ORGANIZATION, COMPENSATION AND BENEFITS OF SOME

EXECUTIVES AND EMPLOYEES BECAME THE RESPONSIBILITY OF SIGHTLIFE

SURGICAL INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SIGHT ODYSSEY	JERRY BARKER, A KEY	89,627.	INTEREST EX		X
NOVEX INNOVATIONS, LLC	JERRY BARKER, A KEY	14,451.	RENT RECEIV		X
NOVEX INNOVATIONS, LLC	JERRY BARKER, A KEY	103,057.	ADMINISTRAT		X
NOVEX INNOVATIONS, LLC	JERRY BARKER, A KEY	106,283.	LOGISTICS A		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SIGHT ODYSSEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JERRY BARKER, A KEY EMPLOYEE, IS 75% OWNER IN SIGHT ODYSSEY

(C) AMOUNT OF TRANSACTION \$ 89,627.

(D) DESCRIPTION OF TRANSACTION: INTEREST EXPENSE ON LOAN FROM SIGHT

ODYSSEY. THE LOAN WAS TRANSFERRED TO SIGHTLIFE SURGICAL, INC., A RELATED

ENTITY, ON OCTOBER 7, 2016.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NOVEX INNOVATIONS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JERRY BARKER, A KEY EMPLOYEE, IS THE SOLE OWNER OF NOVEX INNOVATIONS

(C) AMOUNT OF TRANSACTION \$ 14,451.

(D) DESCRIPTION OF TRANSACTION: RENT RECEIVED AT COST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NOVEX INNOVATIONS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JERRY BARKER, A KEY EMPLOYEE, IS THE SOLE OWNER OF NOVEX INNOVATIONS

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 103,057.

(D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES PROVIDED TO

NOVEX INNOVATIONS AT COST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NOVEX INNOVATIONS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JERRY BARKER, A KEY EMPLOYEE, IS THE SOLE OWNER OF NOVEX INNOVATIONS

(C) AMOUNT OF TRANSACTION \$ 106,283.

(D) DESCRIPTION OF TRANSACTION: LOGISTICS AND INVENTORY MANAGEMENT

SERVICES PROVIDED TO SIGHTLIFE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization: **SIGHTLIFE** Employer identification number: **23-7051021**

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				
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	X	1	2,700,000	MARKET VALUE
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 (EQUIPMENT)	X	1	142,904	MARKET VALUE
26 Other (TRAVEL)	X	1	23,569	MARKET VALUE
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** 0

	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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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 M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

THE CONTRIBUTIONS REPORTED ON PART I LINE 16 CONSIST OF LAND AND A BUILDING, WHICH WERE APPRAISED BY A THIRD PARTY IN OCTOBER 2015.

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.

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2016

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Inspection

Name of the organization

SIGHTLIFE

Employer identification number

23-7051021

FORM 990, PART 1, LINE 6:

THE HEALTH SCREENING VAN REQUIRES VOLUNTEER HELP TO PROCESS EYE,

HEARING, GLAUCOMA AND DIABETES TESTS DURING EACH DAY THE VAN IS

SCHEDULED FOR A SCREENING VISIT. VOLUNTEERS IN THE SPOKANE AREA

TRANSPORT DONATED TISSUE TO AND FROM THE AIRPORT. VOLUNTEERS SUBMIT,

REVIEW AND APPROVE PATIENT CARE GRANTS FOR SIGHT AND HEARING AIDS. THE

NUMBER OF VOLUNTEERS ALSO INCLUDES THE UNCOMPENSATED BOARD AND

COMMITTEE MEMBERS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE PROCESSING, PLACEMENT AND DISTRIBUTION OF TISSUE FOR TRANSPLANT

SERVICES WERE TRANSITIONED TO BE CONDUCTED BY SIGHTLIFE SURGICAL, A

NEWLY FORMED RELATED ENTITY, BEGINNING OCTOBER 2016.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUDIENT, LLC FACILITATES THE DISTRIBUTION OF NEW LOW-COST HEARING AIDS.

THIS PROGRAM INCLUDES LEADING HEARING AID MANUFACTURERS AND SUPPLIERS,

LICENSED AUDIOLOGISTS AND DISPENSERS ACROSS THE COUNTRY. IT PROVIDES

FOR PEOPLE WHO HAVE SOME MEANS TO PAY FOR HEARING AIDS BUT CANNOT

AFFORD FULL MARKET PRICE. SINCE 2010, AUDIENT HAS PARTNERED WITH EPIC,

A THIRD PARTY ORGANIZATION, TO MANAGE, ORGANIZE AND ADMINISTER THE

AUDIENT PROGRAM.

EXPENSES \$ 1,914. INCLUDING GRANTS OF \$ 0. REVENUE \$ 32,880.

FORM 990, PART VI, SECTION A, LINE 1:

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization SIGHTLIFE	Employer identification number 23-7051021
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MONTY MONTOYA, SIGHTLIFE CEO, IS ALSO A SIGHTLIFE BOARD MEMBER. SINCE MR. MONTOYA IS COMPENSATED FOR HIS ROLE AS SIGHTLIFE CEO, HE IS NOT CONSIDERED AN INDEPENDENT BOARD MEMBER. ALL OTHER MEMBERS OF THE SIGHTLIFE GOVERNING BODY ARE UNCOMPENSATED AND CONSIDERED INDEPENDENT.

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

THE SIGHTLIFE FORM 990 IS DEVELOPED BY INTERNAL STAFF WITH THE ASSISTANCE OF AN INDEPENDENT ACCOUNTING FIRM. THE DOCUMENT IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, FOLLOWED BY A REVIEW BY THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE. AFTER COMMITTEE REVIEW AND APPROVAL, THE DOCUMENT IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW SIGHTLIFE EMPLOYEES ARE REQUIRED TO REVIEW AND ACKNOWLEDGE COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. EACH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY REVIEW AND AFFIRM COMPLIANCE WITH THE POLICY. AN OFFICER OR DIRECTOR IS EXPECTED TO REPORT ANY MATERIAL ACTUAL OR POTENTIAL CONFLICT TO THE FULL BOARD OF DIRECTORS FOR THEIR DETERMINATION AND ENFORCEMENT. LIKewise, ANY ACTUAL OR POTENTIAL CONFLICT ON BEHALF OF A SIGHTLIFE EMPLOYEE WILL BE COMMUNICATED TO EXECUTIVE MANAGEMENT FOR INVESTIGATION AND RESOLUTION. IF A CONFLICT EXISTS, THE OFFICER OR TRUSTEE SHALL RECUSE THEMSELVES FROM VOTING ON THE MATTER.

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

THE COMPENSATION OF THE SIGHTLIFE CEO IS REVIEWED AND SET ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. FACTORS INCLUDE A COMPREHENSIVE PERFORMANCE FEEDBACK ASSESSMENT AND A REVIEW OF MARKET DATA.

Name of the organization SIGHTLIFE	Employer identification number 23-7051021
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INDEPENDENT CONSULTANTS ARE ALSO ENGAGED PERIODICALLY, THE LAST BEING IN
APRIL 2016.

THE SIGHTLIFE CEO IS RESPONSIBLE FOR SETTING AND REVIEWING THE COMPENSATION
OF THE ORGANIZATION'S SENIOR MANAGEMENT. FACTORS CONSIDERED INCLUDE MARKET
COMPENSATION DATA, PERIODIC INDEPENDENT COMPENSATION ANALYSIS AND
INDIVIDUAL PERFORMANCE AGAINST OPERATIONAL OBJECTIVES.

FORM 990, PART VI, SECTION C, LINE 19:
SIGHTLIFE PROVIDES PUBLIC ACCESS TO ITS GOVERNING DOCUMENTS AND FINANCIAL
INFORMATION THROUGH ITS WEBSITE. INFORMATION IS ALSO MADE AVAILABLE UPON
REQUEST.

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

CHANGE IN VALUE OF PERPETUAL TRUST	114,564.
INTERCOMPANY CLEARING FROM AFFILIATED ENTITIES NOT REPORTED	
ON FORM 990	-951,923.
OTHER TRANSFER TO SIGHTLIFE SURGICAL, INC.	-7,026.
TOTAL TO FORM 990, PART XI, LINE 9	-844,385.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SIGHTLIFE

Employer identification number

23-7051021

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AUDIENT, LLC - 20-1893196 1200 6TH AVENUE, SUITE 300 SEATTLE, WA 98101	PROVIDES HEARING AIDS FOR LOW INCOME PATIENTS	WASHINGTON	30,966.	24,317.	SIGHTLIFE
OCULAR SYSTEMS, LLC - 46-4996201 101 NORTH CHESTNUT STREET #303 WINSTON-SALEM, NC 27101	PROVIDES INNOVATIVE SURGICAL SOLUTIONS TO PHYSICIANS	NORTH CAROLINA	250,015.	0.	SIGHTLIFE
SIGHTLIFE HOLDINGS, LLC - 81-1156206 1200 6TH AVENUE, SUITE 300 SEATTLE, WA 98101	EYE BANK FACILITY	WASHINGTON	0.	0.	SIGHTLIFE

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHWEST LIONS ENDOWMENT - 41-2189873 1200 6TH AVENUE, SUITE 300 SEATTLE, WA 98101	TO SUPPORT THE CHARITABLE AND LIONS ACTIVITIES OF SIGHTLIFE	WASHINGTON	501(C)(3)	LINE 12A, I	SIGHTLIFE		X
SIGHTLIFE INDIA C-11, QUTAB INSTITUTIONAL AREA NEW DELHI, INDIA 110016	ASSIST THE DEVELOPMENT AND GROWTH OF EYE BANKS IN INDIA	INDIA	501(C)(3)		SIGHTLIFE		X
SIGHTLIFE UK DEVONSHIRE HOUSE, 60 GOSWELL ROAD LONDON, UNITED KINGDOM EC1M 7AD	PROMOTE GLOBAL DEVELOPMENT OF ORGS WHO PROVIDE CORNEAL TRANSPLANT	UNITED KINGDOM	501(C)(3)		SIGHTLIFE		X

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

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SIGHTLIFE SURGICAL, INC.	A	168,482, CASH	
(2) SIGHTLIFE ADVISORY	R	735,824, CASH	
(3) SIGHTLIFE SURGICAL	R	2,493,445, FIXED ASSETS	
(4) SIGHTLIFE SURGICAL	P	663,727, CASH	
(5) SIGHTLIFE SURGICAL	Q	3,418,312, CASH	
(6)			

