

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2024**Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
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 SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC. 6500 HOLLISTER #120 SANTA BARBARA, CA 93117 F Name and address of principal officer: SCOTT W. GROFF SAME AS C ABOVE 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. H(c) Group exemption number
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	J Website: WWW.SEEINTL.ORG
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: 1974 M State of legal domicile: CA

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC. IS A NONPROFIT, HUMANITARIAN ORGANIZATION THAT PROVIDES MEDICAL, SURGICAL, AND EDUCATIONAL SERVICES BY VOLUNTEER OPHTHALMIC SURGEONS WITH THE PRIMARY GOAL OF RESTORING SIGHT TO BLIND INDIVIDUALS WORLDWIDE.</u>
	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 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 27
	6 Total number of volunteers (estimate if necessary) 6 1,450
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 14,400,117. Current Year 14,429,021.
	9 Program service revenue (Part VIII, line 2g) 13,995. 40,519.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 320,671. 518,707.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,831. -100,383.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,737,614. 14,887,864.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 151,856.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,146,077. 2,300,755.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) 1,015,874.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,329,746. 13,137,707.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,475,823. 15,590,318.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12. 261,791. -702,454.
	20 Total assets (Part X, line 16) Beginning of Current Year 12,676,959. End of Year 12,874,730.
	21 Total liabilities (Part X, line 26) 411,750. 450,897.
	22 Net assets or fund balances. Subtract line 21 from line 20. 12,265,209. 12,423,833.

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 HOWARD HUDSON, CPA Type or print name and title
	Date TREASURER
Paid Preparer Use Only	Preparer's name BRAD A. STOLTEY
	Preparer's signature BRAD A. STOLTEY
	Date
	Check <input checked="" type="checkbox"/> if self-employed PTIN P00241354
Firm's name STOLTEY & ASSOCIATES	
Firm's EIN 770581023	
Firm's address 4643 KENNINGTON DR SANTA MARIA, CA 93455	
Phone no. 805-689-5880	

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:SEE SCHEDULE O**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** ☒ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 13,080,963. including grants of \$) (Revenue \$)SEE SCHEDULE O**4b** (Code:) (Expenses \$ 528,640. including grants of \$) (Revenue \$ 40,519.)SEE SCHEDULE O**4c** (Code:) (Expenses \$ 308,728. including grants of \$) (Revenue \$)SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O(Expenses \$ 2,068. including grants of \$) (Revenue \$)**4e** Total program service expenses 13,920,399.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	9
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 27		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent.	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

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

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

19 Describe on 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. SEE SCHEDULE O

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

ACCOUNTANT 6500 HOLLISTER #120 SANTA BARBARA CA 93117 (805) 963-3303

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☒ 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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD W. BELL CEO	40 0			X			235,000.	0.	9,570.
(2) ARIANNA M. CASTELLANOS VICE PRESIDENT OF PROGRAMS	40 0			X			144,392.	0.	17,201.
(3) RACHEL B. TENNANT VP/CHIEF DEV. OFF.	40 0			X			140,410.	0.	19,237.
(4) SCOTT W. GROFF CHAIRMAN	2 0	X	X				0.	0.	0.
(5) HOWARD HUDSON, CPA TREASURER	2 0	X	X				0.	0.	0.
(6) JEFFERY LEVENSON, MD CHIEF MED OFFIC	1 0	X	X				0.	0.	0.
(7) WRIGHT WATLING SECRETARY	1 0	X	X				0.	0.	0.
(8) KENNETH D. GACK, ESQ. DIRECTOR	1 0	X					0.	0.	0.
(9) GEORGE RUDENAUER DIRECTOR	1 0	X					0.	0.	0.
(10) DANTE PIERAMICI, M.D. DIRECTOR	1 0	X					0.	0.	0.
(11) RANDAL GOODMAN, M.D. DIRECTOR	1 0	X					0.	0.	0.
(12) BILL O'CONNOR DIRECTOR	1 0	X					0.	0.	0.
(13) GRACE MCNAMARA DIRECTOR	1 0	X					0.	0.	0.
(14) LAUREN SHATZ, M.D. DIRECTOR	1 0	X					0.	0.	0.

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) MADHAVI REDDY, M.D. DIRECTOR	1 0	X						0.	0.	0.
(16) LT. COL. TRAVIS MORROW, ESQ. DIRECTOR	1 0	X						0.	0.	0.
(17) TRACY PARISHER DIRECTOR	1 0	X						0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal 519,802. 0. 46,008.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 519,802. 0. 46,008.

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 3

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	308,134.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,120,887.		
	g	Noncash contributions included in lines 1a-1f	1g	11,794,447.		
	h	Total. Add lines 1a-1f		14,429,021.		
	Program Service Revenue	Business Code				
2a		PROGRAM SERVICE REVENUE 611600	40,519.	40,519.		
b		-----				
c		-----				
d		-----				
e		-----				
f		All other program service revenue				
g		Total. Add lines 2a-2f	40,519.			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	347,798.		347,798.
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	Gross rents	(i) Real			
			(ii) Personal			
			6a			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
			7a	1,338,397.		
	b	Less: cost or other basis and sales expenses	7b	1,167,488.		
	c	Gain or (loss)	7c	170,909.		
	d	Net gain or (loss)	170,909.	170,909.		
	8a	Gross income from fundraising events (not including \$ 308,134. of contributions reported on line 1c). See Part IV, line 18				
			8a	29,700.		
b			Less: direct expenses	8b	130,083.	
c	Net income or (loss) from fundraising events	-100,383.		-100,383.		
9a	Gross income from gaming activities. See Part IV, line 19					
		9a				
		b	Less: direct expenses	9b		
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
		10a				
		b	Less: cost of goods sold	10b		
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a	-----				
	b	-----				
	c	-----				
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12 Total revenue. See instructions			14,887,864.	211,428.	0.	247,415.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	151,856.	151,856.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	565,810.	190,635.	178,139.	197,036.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,411,067.	722,523.	197,346.	491,198.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	44,683.	21,691.	7,187.	15,805.
9 Other employee benefits.	121,749.	71,626.	16,398.	33,725.
10 Payroll taxes.	157,446.	75,929.	27,895.	53,622.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	30,000.		30,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	70,303.		70,303.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	41,139.	30,892.		10,247.
12 Advertising and promotion.	55,866.	6,680.	83.	49,103.
13 Office expenses.	65,581.	53,858.	7,807.	3,916.
14 Information technology.	95,116.	33,758.	18,591.	42,767.
15 Royalties.				
16 Occupancy.	185,927.	127,716.	36,311.	21,900.
17 Travel.	45,461.	19,652.	13,117.	12,692.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,958.	1,075.	5,382.	1,501.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	78,779.	48,024.	30,755.	
23 Insurance.	42,544.	26,407.	8,813.	7,324.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>DONATED MEDICAL SUPPLIES</u>	12,013,087.	12,013,087.		
b <u>MEDICAL SUPPLIES</u>	229,489.	229,489.		
c <u>MISCELLANEOUS</u>	99,145.	24,695.	5,918.	68,532.
d <u>CLINICS AND PROGRAMS</u>	77,312.	70,806.		6,506.
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	15,590,318.	13,920,399.	654,045.	1,015,874.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash — non-interest-bearing	1	110,674.	
	2	Savings and temporary cash investments	1,239,682.	2	978,849.
	3	Pledges and grants receivable, net	96,307.	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,277,115.	8	952,239.
	9	Prepaid expenses and deferred charges	45,629.	9	49,040.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,520,443.	
	b	Less: accumulated depreciation	10b	1,431,663.	
	11	Investments — publicly traded securities	161,339.	10c	88,780.
	12	Investments — other securities. See Part IV, line 11	9,580,471.	11	10,388,036.
	13	Investments — program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 33)	276,416.	15	307,112.	
		12,676,959.	16	12,874,730.	
Liabilities	17	Accounts payable and accrued expenses	129,235.	17	141,425.
	18	Grants payable		18	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	282,515.	25	309,472.
	26	Total liabilities. Add lines 17 through 25	411,750.	26	450,897.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	11,375,362.	27	11,153,943.
	28	Net assets with donor restrictions	889,847.	28	1,269,890.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances.	12,265,209.	32	12,423,833.
33	Total liabilities and net assets/fund balances.	12,676,959.	33	12,874,730.	

Part XI Reconciliation of Net AssetsCheck 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	14,887,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,590,318.
3	Revenue less expenses. Subtract line 2 from line 1	3	-702,454.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,265,209.
5	Net unrealized gains (losses) on investments	5	861,078.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,423,833.

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
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		
b Were the organization's financial statements audited by an independent accountant?	2b	X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

BAA

TEEA0112L 09/05/24

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization
SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.

Employer identification number
31-1682275

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,760,710.	7,314,606.	10468315.	14400117.	14120887.	55,064,635.
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.	5,960.	9,194.	17,480.	13,995.	40,519.	87,148.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	8,766,670.	7,323,800.	10485795.	14414112.	14161406.	55,151,783.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	4,324,668.	1,141,498.	7,095,908.	11281996.	11331149.	35,175,219.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	4,324,668.	1,141,498.	7,095,908.	11281996.	11331149.	35,175,219.
8 Public support. (Subtract line 7c from line 6.)						19,976,564.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.	8,766,670.	7,323,800.	10485795.	14414112.	14161406.	55,151,783.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	239,286.	369,384.	296,243.	294,412.	347,798.	1,547,123.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	239,286.	369,384.	296,243.	294,412.	347,798.	1,547,123.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)			1,692.	2,831.		4,523.
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,005,956.	7,693,184.	10783730.	14711355.	14509204.	56,703,429.
14 First 5 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	35.23 %
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	33.38 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	2.73 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	2.50 %

19a 33-1/3% support tests—2024. 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—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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 0.015 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 0.035.	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 0.85 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).		

BAA

Schedule A (Form 990) 2024

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

BAA

Schedule A (Form 990) 2024

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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2024	2023	2022	2021	2020
OTHER		\$ 2,831.	\$ 1,692.		
TOTAL	\$ 0.	\$ 2,831.	\$ 1,692.	\$ 0.	\$ 0.

ADDITIONAL SUPPLEMENTAL INFORMATION

SEE INTERNATIONAL RECEIVES A LARGE PORTION OF MEDICAL SUPPLIES FROM A SINGLE DONOR. THE SURGERY SUPPLIES USED BY SEE INTERNATIONAL ARE SPECIALIZED AND IS AVAILABLE FROM A LIMITED NUMBER OF PROVIDERS. DUE TO THE SIZE OF THE NON-CASH CONTRIBUTION OF MEDICAL SUPPLIES FROM THE DONOR, THE AMOUNT OF THE NON-CASH CONTRIBUTION HAS BEEN REPORTED ON SCHEDULE A PART III LINE 7A WHICH IMPACTS THE PUBLIC SUPPORT PERCENTAGE REPORTED ON SCHEDULE A PART III LINE 15

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

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.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.

Employer identification number

31-1682275

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year).....		
3 Aggregate value of grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included on line 2a.....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.....	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1..... \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1..... \$ _____

b Assets included in Form 990, Part X..... \$ _____

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

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

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

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.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" 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	9,518,677.	8,657,014.	11,478,316.	12,748,804.	11,428,808.
b Contributions					396,850.
c Net investment earnings, gains, and losses	1,307,131.	1,263,161.	-1,907,854.	1,629,512.	1,376,315.
d Grants or scholarships					
e Other expenditures for facilities and programs	631,919.	401,498.	1,085,950.	2,900,000.	453,169.
f Administrative expenses					
g End of year balance	10,193,889.	9,518,677.	8,484,512.	11,478,316.	12,748,804.

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

a Board designated or quasi-endowment 97.24 %

b Permanent endowment 0.50 %

c Term endowment 2.26 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

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

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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				
b Buildings				
c Leasehold improvements				
d Equipment		1,464,274.	1,375,219.	89,055.
e Other		56,169.	56,444.	-275.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 88,780.

Part VII Investments – Other Securities

N/A

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. (Column (b) must equal Form 990, Part X, line 12, column (B)).....		

Part VIII Investments – Program Related

N/A

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).....		

Part IX Other Assets

N/A

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....	

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) LEASE OBLIGATIONS	309,472.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))		309,472.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE. 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.

1	Total revenue, gains, and other support per audited financial statements	1	129,299,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	861,078.
b	Donated services and use of facilities	2b	113,621,260.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	114,482,338.
3	Subtract line 2e from line 1	3	14,817,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,303.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	70,303.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,887,864.

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.

1	Total expenses and losses per audited financial statements	1	129,141,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	113,621,260.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	113,621,260.
3	Subtract line 2e from line 1	3	15,520,015.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	70,303.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	70,303.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,590,318.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE SPECIFIC PURPOSE FOR THE ENDOWMENT SHALL BE TO OBTAIN AND INVEST AND REINVEST FUNDS FOR THE SPECIFIC BENEFIT OF SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC.

PART X - FASB ASC 740 FOOTNOTE

SEE IS ORGANIZED AS A CALIFORNIA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C) (3) AND QUALIFIES

FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B) (1) (A) (VI) AND HAS

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) (2) . SEE IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, SEE IS SUBJECT TO TAX ON INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. MANAGEMENT HAS DETERMINED SEE IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

SEE TAX FILINGS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. SEE IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

SCHEDULE F
(Form 990)

(Rev. December 2024)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.

Employer identification number

31-1682275

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.) **PART V**

(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
CENTRAL AMERICA & THE (1) CARIBBEAN			EYE SURGERIES & EYE EXAMS	EYE SURGERIES & EYE EXAMS	10,649,290.
EAST ASIA & THE (2) PACIFIC			EYE SURGERIES & EYE EXAMS	EYE SURGERIES & EYE EXAMS	1,513,145.
(3) SOUTH ASIA			EYE SURGERIES & EYE EXAMS	EYE SURGERIES & EYE EXAMS	86,676,967.
(4) SUB-SAHARAN AFRICA			EYE SURGERIES & EYE EXAMS	EYE SURGERIES & EYE EXAMS	10,971,813.
(5) NORTH AMERICA			EYE SURGERIES & EYE EXAMS	EYE SURGERIES & EYE EXAMS	2,353,150.
(6) SOUTH AMERICA			EYE SURGERIES & EYE EXAMS	EYE SURGERIES & EYE EXAMS	1,608,750.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal.....					113,773,115.
b Total from continuation sheets to Part I.....					
c Totals (add lines 3a and 3b)...	0	0			113,773,115.

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

Schedule F (Form 990) (Rev. 12-2024)

Part IIIGrants 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't 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 - ADDITIONAL SUPPLEMENTAL INFORMATION

FOREIGN EXPENDITURES REPORTED INCLUDE DONATED MEDICAL SERVICES (SURGERIES AND OTHER EYE CARE PROCEDURES), MEDICAL SUPPLIES AND CASH GRANTS MADE TO FOREIGN ENTRIES TO PROVIDE MEDICAL TREATMENT AND TRAINING.

VOLUNTEER SERVICES REPORTED ARE BASED ON GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ACCEPTED IN THE UNITED STATES OF AMERICA.

DUE TO THE NUMBER OF COUNTRIES IN WHICH CLINICS ARE HELD, THE CONDITIONS WHERE THE SURGERIES ARE PERFORMED, THE FACT THAT SURGEONS ON A TEAM MAY ORIGINATE FROM ANY OF A NUMBER OF DEVELOPED COUNTRIES, THE COMPLEX ARRAY OF DONATED SURGICAL SUPPLIES AND THE MANY FOREIGN CURRENCY TRANSLATIONS REQUIRED, IT IS DIFFICULT TO DETERMINE A PRECISE VALUATION FOR DONATED SERVICES. FOR THESE REASONS, ESTIMATES OF VALUES ARE USED. SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC. HAS SELECTED THE PUBLISHED UNITED STATES MEDICARE HOSPITAL OUTPATIENT REIMBURSEMENT RATES FOR SURGERIES AND FACILITIES USAGE IN SANTA BARBARA CALIFORNIA FOR EACH PROCEDURE PERFORMED ANYWHERE IN THE WORLD. SEE REPORTS GIFTS OF DONATED SERVICES AS UNRESTRICTED SUPPORT AND EXPENSE. THE ESTIMATED VALUE OF EACH OF THE VARIOUS DONATED PROCEDURES, PHYSICIAN AND FACILITY RATES, RANGED FROM \$92.91 TO \$3,367.98 FOR THE YEAR ENDED DECEMBER 31, 2024.

SEE REPORTS DONATED MEDICAL SUPPLIES AT ESTIMATED FAIR VALUE AT THE DATE OF THE CONTRIBUTION. THE ESTIMATED FAIR VALUE OF THE DONATED MEDICAL SUPPLIES IS BASED ON THE WHOLESALE VALUE OF THE VARIOUS SUPPLIES PROVIDED BY THE DONOR OF THE SUPPLIES.

PART II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION

SEE MONITORS GRANTS MADE TO FOREIGN ENTRIES BY REQUIRING GRANTEE TO PROVIDE THE FOLLOWING INFORMATION:

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 II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

1. ORIGINAL INVOICES FROM THE VENDOR(S) CHOSEN TO PURCHASE EQUIPMENT OR MEDICAL SUPPLIES, STAMPED AND SIGNED BY GRANTEE PROGRAM ADMINISTRATOR. INVOICE(S) WILL INCLUDE A DESCRIPTION OF THE ITEMS PURCHASED, QUANTITIES AND LOT NUMBER IF APPLICABLE.

2. REPORTS EACH QUARTER. QUARTERLY REPORTING IS TO INCLUDE PROGRESS REPORTS FOR EACH PROGRAM, SURGERIES COMPLETED DURING TRAININGS, DETAILS OF PERSONNEL TRAINED (INCLUDING CONTACT INFORMATION), TRAINEE IMPACT STORIES, AND PATIENT STORIES.

SCHEDULE G
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC.

Employer identification number 31-1682275

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] Special fundraising events
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [] Yes [X] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL AK AZ CA CO CT FL GA IL IN ME MD MA MI MN MO NJ NY NC OH OK OR PA RI UT VA WA WI

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

		(a) Event #1 50TH ANNIVERSA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue				
1	Gross receipts	337,834.			337,834.
2	Less: Contributions	308,134.			308,134.
3	Gross income (line 1 minus line 2)	29,700.			29,700.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	92,201.		92,201.
	7	Food and beverages	9,844.		9,844.
	8	Entertainment	1,500.		1,500.
	9	Other direct expenses	26,538.		26,538.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			130,083.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-100,383.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.**

Employer identification number

31-1682275

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.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (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

1b

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?

2

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☒ Form 990 of other organizations

☐ Approval by the board or compensation committee

4 During the year, did any person listed 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?

4a

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?

4b

X

c Participate in or receive payment from an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed 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?

5a

X

b Any related organization?

5b

X

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?

6a

X

b Any related organization?

6b

X

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.

7

X

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.

8

X

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

9

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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	DONALD W. BELL CEO	(i) 235,000.	0.	0.	0.	7,050.	0.	2,520.	244,570.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.	0.	0.
2	ARIANNA M. CASTELLANOS VICE PRESIDENT OF PROGRAMS	(i) 139,651.	4,741.	0.	0.	4,197.	0.	13,004.	161,593.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.	0.	0.
3	RACHEL B. TENNANT VP/CHIEF DEV. OFF.	(i) 135,805.	4,605.	0.	0.	4,077.	0.	15,160.	159,647.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.	0.	0.
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

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.

Copy

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.

Employer identification number

31-1682275

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	4	85,365.	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	11,661,991.	EST FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER			47,091.	
26 Other (.....				
27 Other (.....				
28 Other (.....				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

Yes No

30 a		X
31		X
32 a		X

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

Schedule M (Form 990) 2024

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.

COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.

Employer identification number

31-1682275

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC. IS A NONPROFIT, HUMANITARIAN ORGANIZATION THAT PROVIDES MEDICAL, SURGICAL, AND EDUCATIONAL SERVICES BY VOLUNTEER OPHTHALMIC SURGEONS WITH THE PRIMARY GOAL OF RESTORING SIGHT TO BLIND INDIVIDUALS WORLDWIDE.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

INTERNATIONAL VISION PROGRAM

SEE INTERNATIONAL TRANSFORMS LIVES BY RESTORING SIGHT TO THOSE IN NEED. SEE ENVISIONS A WORLD WHERE EVERYONE HAS ACCESS TO VISION CARE, REGARDLESS OF WHO THEY ARE, WHERE THEY LIVE, OR THEIR ABILITY TO PAY.

OVER THE PAST 50 YEARS, SEE HAS RESTORED SIGHT TO MORE THAN HALF A MILLION PEOPLE AROUND THE WORLD. IN 2024, WE NORMALIZED BACK FROM THE COVID BARRIERS OF INTERNATIONAL TRAVELS BY SUPPORTING 127 SHORT TERM INTERNATIONAL PROGRAMS (STIP), LED BY OUR VOLUNTEER NETWORK OF DOCTORS CONTINUING IN THE MISSION OF RESTORING SIGHT. OUR SEE VOLUNTEER TEAMS, AND INTERNATIONAL PROVIDER PARTNERS, PERFORMED MORE THAN 59,000 MAJOR EYE SURGERIES AND OVER 78,000 EYE EXAMS, IN 34 COUNTRIES.

CARE IS PROVIDED AT NO COST TO THE PATIENT. WITH IMMENSE GRATITUDE FOR OUR VALUED DONORS, CRUCIAL VOLUNTEER MEDICAL TEAMS, AND GLOBAL PARTNERS, SEE CAN CONTINUE TO BE AN ACTIVE ORGANIZATION IN RESTORING SIGHT GLOBALLY AND TRANSFORMING LIVES, ONE SURGERY AT A TIME. WHEN PREVENTABLE BLINDNESS IS LEFT UNTREATED, INDEPENDENCE IS LOST NOT ONLY BY THE AFFLICTED INDIVIDUAL, BUT ALSO BY HIS OR HER FAMILY AND CARETAKERS. A 10 15-MINUTE SURGERY CAN CHANGE MANY LIVES, AND SEE IS COMMITTED TO CONTINUE TO REACH THOSE WHO NEED IT MOST.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.**

Employer identification number
31-1682275

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

SANTA BARBARA VISION CARE PROGRAM

SEE SERVES ITS LOCAL COMMUNITY THROUGH ITS SEE VISION CARE PROGRAM (SVC). IN 2024, FOLLOWING A REBRAND AND A MOVE TO A NEW SITE LOCATION IN GOLETA, CALIFORNIA OVER 7,000 RESIDENTS OF THE CENTRAL COAST RECEIVED FREE EYE CARE FROM THE PROGRAM. SINCE THE INCEPTION OF THE PROGRAM, WE HAVE SERVED MORE THAN 90,000 LOW-INCOME, UNINSURED, OR UNDERINSURED SANTA BARBARA COUNTY AND VENTURA COUNTY RESIDENTS.

IN 2024, THE SVC PROGRAM REINFORCED THE NEWLY REINSTATED PARTNERSHIP WITH LARGEST SCHOOL DISTRICT, TO SERVE THE STATE MANDATED GRADES WITH EYE SCREENINGS. THIS PARTNERSHIP CONTINUED TO PROVE THE GREAT NEED OF THE STUDENTS IN OUR SERVICE AREA. OUR EFFORTS TO GROW THE LOCAL PROGRAM CONTINUED WITH THE ADDITION OF A MOBILE UNIT, BRINGING CARE TO PATIENTS IN NEED IN VENTURA COUNTY WHILE MOVING OUR GOLETA CLINIC TO A SPACE THAT ALLOWS FOR GROWTH.

THE SVC PROGRAM OFFERS SAFETY-NET VISION CARE SERVICES THROUGHOUT SANTA BARBARA AND VENTURA COUNTIES. IN ADDITION TO PROVIDING EYE EXAMS, NO-COST GLASSES, AND EYE DROPS, WE OFFER SPECIALTY CARE SERVICES, THAT CAN INCLUDE SURGERY THROUGH A NETWORK OF LOCAL VOLUNTEER EYE SURGEONS, FOR RESIDENTS THAT HAVE NO OTHER MEANS OF RECEIVING THE NEEDED EYE CARE.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION DIVISION

SEE OFFERS HANDS ON TRAINING ON MANUAL SMALL INCISION CATARACT SURGERY (MSICS); A

LOW-COST, LOW TECH FORM OF CATARACT EXTRACTION THAT SAVES TIME, MONEY, AND ENERGY,

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SURGICAL EYE EXPEDITIONS INTERNATIONAL,
INC.

Employer identification number

31-1682275

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

MOST COMMONLY USED IN THIRD WORLD AND REMOTE AREAS, GLOBALLY. ADDITIONALLY, DUE TO THE NATURE OF CATARACTS IN AREAS WHERE WE WORK (HARD, DENSE, AND MATURE), SURGEONS ARE UNABLE TO USE THE SAME MEASURES TO REMOVE THE CATARACT THAT THEY WOULD IN THE US. IN 2006, WE OFFERED EDUCATIONAL OPPORTUNITIES TO OPHTHALMOLOGISTS AND RESIDENTS IN THEIR FINAL YEARS OF SCHOOL THROUGH OUR TRAINING AND IN 2024, WE CONTINUED FOCUSED EFFORTS OF SUPPORTING THE TRAINING OF INTERNATIONAL RESIDENTS AND COMMUNITY HEALTH CARE WORKERS. WE PRIMARILY FOCUS TRAINING OF THE FOLLOWING, YET HAVE EXPANDED OUR TRAINING REACH TO SUPPORT NON-SURGEONS WITH A WHOLE PERSON MINDSET IN EYE CARE:

- LEVEL 1 MSICS COURSES: LECTURE AND WET LAB FOR THOSE NEW TO THE TECHNIQUE.
- LEVEL 2 MSICS COURSES: SUPERVISED HANDS-ON SURGERY IN THE FIELD.

WE SUPPORTED THE TRAINING OF 240 BOARD-CERTIFIED AND RESIDENT TRAINEES IN 2024, AND TRAINED AN ADDITIONAL 283 TECHNICIANS, NURSES AND ASSISTANTS.

THROUGHOUT 2024, SEE CONTINUED TO SUPPORT THE VISION 2020 LINKS-USA PROGRAM WHICH MATCHES INTERNATIONAL NEEDS WITH INSTITUTIONAL EXPERTISE TO CREATE STRONGER VISION CARE SYSTEMS. THE RIIO AND WILLS EYE HOSPITAL LINKS PROJECT DISPLAYED GREAT SUCCESS LEADING TO A SECOND 3RD YEAR CYCLE OF SEE SUPPORT IN 2022, AND FINALIZING IN EARLY 2025. SEE ALSO CONTINUED TO WORK WITH THE SECOND LINKS PROGRAM BETWEEN EMORY UNIVERSITY AND ADDIS ABABA UNIVERSITY THROUGH 2024.

SEE'S STRATEGIC VISION OF FOCUSING MOST OF OUR EFFORTS INTERNATIONALLY, WAS

PRACTICED IN GREAT DEPTH AND WITH MORE INTENTION IN 2023 AND ONLY CARRIED FORWARD

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SUCCESSFULLY IN 2024, MORE THAN DOUBLING OUR TRAINING EFFORTS. WE FOUND SUCCESS IN THIS CHANGE TO REACH THE LONGER-TERM GOAL OF SUPPORTING THE BUILD OF SUSTAINABLE EYE CARE MODELS, GLOBALLY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXPENSES	INCLUDING GRANTS	REVENUE
2,068.		
UNITED STATES DOMESTIC PROGRAM		

SEE'S DOMESTIC PROGRAMS PROVIDE ESSENTIAL AND TRANSFORMATIVE EYE CARE TO LOW-INCOME, UNINSURED PATIENTS RIGHT HERE IN THE UNITED STATES. THE PROGRAM OFFERS SAFETY-NET VISION CARE SERVICES THROUGHOUT THE COUNTRY FOR INDIVIDUALS WHO WOULD NOT OTHERWISE BE ABLE TO RECEIVE THE CARE THEY NEED. SEE HAS BEEN ABLE TO ASSIST THOUSANDS OF PATIENTS OF ALL AGES TO RECEIVE FREE COMPREHENSIVE EYE EXAMS, GLASSES, MEDICATIONS, AND EYE SURGERIES SINCE LAUNCHING SUPPORT OF DOMESTIC PROGRAMS. IN 2024, SEE SUPPORTED OVER 500 PEOPLE THROUGH OUR PARTNERSHIP WITH FEDERALLY QUALIFIED HEALTH CENTERS, WITH EYE CARE SUPPLIES. SEE ALSO CONTINUES TO SUPPORT EYE CARE NEEDS, LIKE OUR LOCAL PROGRAM THROUGH OUR PARTNERSHIP IN BROWNVILLE, TEXAS WITH FEDERALLY QUALIFIED HEALTH CENTER, BROWNSVILLE HEALTH CENTER WHERE 12 SURGERIES TO NON-INSURED OR UNDER-INSURED RESIDENTS WAS PERFORMED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DETAILED REVIEW OF THE FORM 990 WILL FIRST BE DONE BY EXECUTIVE STAFF. THE FORM 990 WILL NEXT BE REVIEWED BY TREASURER ON THE BOARD OF DIRECTORS. THE TREASURER IS A CPA WHO HAS EXPERIENCE IN FORM 990 PREPARATION AND HAS NON-PROFIT AUDIT EXPERIENCE. THE CURRENT TREASURER HAS BEEN ON THE BOARD SEVERAL YEARS. FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE WHICH INCLUDES OTHER BOARD MEMBERS AND EXECUTIVE STAFF. FINALLY THE BOARD OF DIRECTORS WILL RECEIVE A

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

COPY OF THE FORM 990 BEFORE IT IS FILED FOR THEIR REVIEW. THE FORM 990 WILL BE SENT VIA E-MAIL AS AN ATTACHMENT IN .PDF FORMAT TO BOARD MEMBERS. BOARD MEMBERS WILL BE ASKED TO REPLY IF THEY HAVE ANY COMMENTS OR QUESTIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

CURRENTLY THE PRESIDENT/CEO IS THE TOP MANAGEMENT OFFICIAL. THE COMPENSATION OF THE PRESIDENT/CEO WAS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE INCLUDING THE CHAIR OF THE BOARD OF DIRECTORS. DATA THAT PROVIDED COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS UTILIZED. CONTEMPORANEOUS NOTES WERE KEPT IN THIS PROCESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE STORED AS READ-ONLY DOCUMENTS IN ORGANIZATIONS' COMPUTER SYSTEM, TO BE ACCESSED BY VARIOUS PERSONNEL UPON NEED TO PROVIDE TO PUBLIC. DOCUMENTS ARE UPDATED REGULARLY. THERE IS A WRITTEN STATEMENT IN ANNUAL REPORT AND ON WEBSITE THAT DOCUMENTS WILL BE PROVIDED UPON REQUEST.

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2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
FURNITURE AND FIXTURES										
70	PIER 1 METRO JAVA LOW SHELF	1/15/17		962			962	S/L	7	0
71	SHELVING FOR RA OFFICE - QTY 3	5/26/17		1,929			1,929	S/L	7	0
72	URBAN WOOD - L SHAPE DESK (Q	5/02/18		15,735			15,735	S/L	5	0
73	WOODCRAFT WEST WAREHOUSE	5/08/18		8,783			8,783	S/L	5	0
74	COSTCO SAMSUNG TV 65' CONFE	5/10/18		1,171			1,171	S/L	5	0
75	COSTCO SAMSUNG TV 65' CONFE	5/10/18		1,171			1,171	S/L	5	0
76	TRI COUNTY OFFICE - WAREHOUS	5/22/18		5,315			5,315	S/L	5	0
77	TRI COUNTY OFFICE - WAREHOUS	5/22/18		3,320			3,320	S/L	5	0
78	STAPLES HON 310 SERIES DRAW	7/03/18		1,077			1,077	S/L	5	0
79	URBAN WOOD - CONFERENCE TAB	8/07/18		4,684			4,684	S/L	5	0
80	URBAN WOOD - CONFERENCE TAB	8/07/18		8,244			8,244	S/L	5	0
81	COSTCO SAMSUNG TV + PROTEC	9/11/18		3,778			3,778	S/L	5	0
TOTAL FURNITURE AND FIXTURE				56,169		0	56,169			0
MACHINERY AND EQUIPMENT										
1	BAR CODE SCANNER FOR WAREH	2/08/22		1,709			1,092	S/L	3	558
2	AKATIA WAREHOUSE SOFTWARE	8/25/23		9,700				S/L	3	4,376
3	LATITUDE 34 DELL LAPTOP	6/17/21	12/31/24	2,071			2,071	S/L	3	0
4	APPLE LAPTOP	7/09/21		3,310			3,309	S/L	3	1
5	LATITUDE 34 DELL LAPTOP	9/03/21		1,654			1,654	S/L	3	0
6	LATITUDE 34 DELL LAPTOP	10/04/21		2,124			2,124	S/L	3	0
7	LATITUDE 34 DELL LAPTOP	10/04/21		2,124			2,124	S/L	3	0
8	LATITUDE 34 DELL LAPTOP	11/17/21		2,746			2,746	S/L	3	0
9	LATITUDE 34 DELL LAPTOP	11/17/21		2,715			2,715	S/L	3	0
10	LATITUDE 34 DELL LAPTOP	11/17/21		2,715			2,715	S/L	3	0
11	DELL OPTIPLEX 390	4/04/12	12/31/24	1,454			1,454	S/L	3	0
12	DELL OPTIPLEX 390	4/04/12	12/31/24	1,454			1,454	S/L	3	0
13	DELL OPTIPLEX 390	4/04/12	12/31/24	1,454			1,454	S/L	3	0
14	DELL OPTIPLEX 390	4/04/12	12/31/24	1,454			1,454	S/L	3	0
15	DELL OPTIPLEX 390	4/04/12	12/31/24	1,454			1,454	S/L	3	0
16	DELL OPTIPLEX MINI TOWER	10/08/12	12/31/24	1,191			1,191	S/L	3	0
17	DELL OPTIPLEX MINI TOWER	10/08/12	12/31/24	1,191			1,191	S/L	3	0
18	APPLE IPAD	5/31/15		1,083			1,083	S/L	3	0
19	DELL OPTIPLEX 3020 MINI TOWER	7/31/15	12/31/24	985			985	S/L	3	0
20	DELL OPTIPLEX 3020 MINI TOWER	7/31/15	12/31/24	985			985	S/L	3	0

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21	DELL LATITUDE 14 5000 SERIES	10/16/15	12/31/24	1,390			1,390	S/L	3	0
22	APPLE IPAD	1/14/16		1,062			1,062	S/L	3	0
23	DELL LATITUDE LAPTOPS X 2	3/23/16		6,423			6,423	S/L	3	0
24	APPLE COMPUTER, IPADS & VARI	3/23/16		5,420			5,420	S/L	3	0
25	SONICWALL TZ300 ROUTER & RE	7/11/16		3,106			3,106	S/L	3	0
26	SERVERS & RELATED (50% + RE	8/17/16		26,139			26,139	S/L	3	0
27	APPLE COMPUTER	9/04/16	12/31/24	2,195			2,195	S/L	3	0
28	DELL LAPTOP E5470	12/14/16	12/31/24	1,802			1,802	S/L	3	0
29	OFFICE COMPUTER MONITORS - Q	1/06/17	12/31/24	3,882			3,882	S/L	3	0
30	DELL DESKTOP OPTIPLEX 3040 +	3/10/17	12/31/24	5,689			5,689	S/L	3	0
31	4 DELL 24' MONITOR P2417H	3/10/17	12/31/24	1,185			1,185	S/L	3	0
32	DELL DESKTOP OPTIPLEX 3040 +	3/10/17	12/31/24	5,689			5,689	S/L	3	0
33	DELL DESKTOP OPTIPLEX 3040 +	3/10/17		5,689			5,689	S/L	3	0
34	DELL DESKTOP OPTIPLEX 3040 +	3/10/17	12/31/24	5,689			5,689	S/L	3	0
35	DELL DESKTOP OPTIPLEX 3040 +	3/10/17	12/31/24	5,689			5,689	S/L	3	0
36	DELL DESKTOP OPTIPLEX 3040 +	3/10/17	12/31/24	5,689			5,689	S/L	3	0
37	IMAC 27' / 3.2QC / 8GB / 1TB + K	3/11/17	12/31/24	2,142			2,142	S/L	3	0
38	APPLE IPAD PRO 12.9 WIFI 256GB	3/11/17		1,098			1,098	S/L	3	0
39	DELL LAPTOP (SEE-LT07)	3/15/17	12/31/24	3,630			3,630	S/L	3	0
40	DELL DESKTOP OPTIPLEX 3050 IN	10/23/17	12/31/24	1,232			1,232	S/L	3	0
41	DELL LAPTOPS 5490 INTEL CORE	2/14/18	12/31/24	2,546			2,546	S/L	3	0
42	DELL LAPTOPS 5490 INTEL CORE	2/14/18	12/31/24	2,546			2,546	S/L	3	0
43	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18	12/31/24	1,673			1,673	S/L	3	0
44	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18	12/31/24	1,673			1,673	S/L	3	0
45	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18	12/31/24	1,673			1,673	S/L	3	0
46	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18	12/31/24	1,673			1,673	S/L	3	0
47	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18	12/31/24	1,673			1,673	S/L	3	0
48	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18	12/31/24	1,673			1,673	S/L	3	0
49	DELL DESKTOP OPTIPLEX 3050 IN	5/22/18		1,673			1,673	S/L	3	0
50	APPLE IPAD PRO 12.9 WF CL 512 G	6/04/18		1,581			1,581	S/L	3	0
51	DELL LAPTOPS 5490 INTEL CORE	9/07/18	12/31/24	2,292			2,292	S/L	3	0
52	APPLE LAPTOP MBP 15.4 SG / 2.2	11/05/18	12/31/24	2,585			2,585	S/L	3	0
53	APPLE IMAC 27"/3.5QC/8GB/1TB	11/08/18		2,183			2,183	S/L	3	0
54	MACBOOK PRO 15.4 SG/2.6GHZ/1	11/08/18		3,182			3,182	S/L	3	0
55	MACBOOK PRO 15.4 SG/2.6GHZ/1	11/08/18		3,182			3,182	S/L	3	0
56	APPLE IPAD PRO 12.9 WF CL 512 G	11/09/18		1,764			1,764	S/L	3	0
57	APPLE MBA 13.3SG/1.6GHZ/8GB/	11/15/18		1,660			1,660	S/L	3	0
58	APPLE MBA 13.3SG/1.6GHZ/8GB/	11/15/18	12/31/24	1,660			1,660	S/L	3	0
59	APPLE LG ULTRAFINE 5K 27 DISP	11/15/18	12/31/24	1,279			1,279	S/L	3	0

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60	APPLE IPHONE XS MAX 64GB + A	12/17/18		1,350			1,350	S/L	3	0
61	SONY ALPHA A6300 CAMERA X2	1/29/19		2,394			2,394	S/L	3	0
62	APPLE MAC BOOK PRO 15.4 SG	6/25/19		3,430			3,430	S/L	3	0
63	APPLE MONITOR	7/22/19	12/31/24	1,288			1,288	S/L	3	0
64	DELL LAPTOP 5490 XCTO	8/15/19	12/31/24	2,337			2,337	S/L	3	0
65	APPLE LAPTOP	10/01/19	12/31/24	3,469			3,469	S/L	3	0
66	APPLE MONITOR	10/02/19	12/31/24	1,439			1,439	S/L	3	0
67	APPLE STORE	3/07/20	12/31/24	1,588			1,588	S/L	3	0
68	2 STAFF CHROMEBOOKS	4/02/20	12/31/24	1,317			1,317	S/L	3	0
69	4 DELL LAPTOPS - SCOTT, LIA, E	7/21/20	12/31/24	5,401			5,401	S/L	3	0
83	CATARHEX 3 PACKAGE	2/06/23		31,909			5,318	S/L	5	6,816
84	INSTRUMENT SET FOR SURGICAL	3/02/23		5,712			952	S/L	5	1,145
85	(2) INAMI MICROSCOPES, PAID FO	3/15/23		22,424			3,737	S/L	5	4,336
86	LUMENIS SPECTRA LASER / SMA	1/10/20		6,000			3,600	S/L	5	2,374
87	A-SCAN CONNECT 24-4400 ACCUT	1/23/20		4,639			2,784	S/L	5	1,802
88	A-SCAN CONNECT 24-4400 ACCUT	1/23/20		4,639			2,784	S/L	5	1,802
89	CAL COAST OPHTHALMIC INSTRU	5/01/20		36,553			21,932	S/L	5	12,218
90	OZIL TORSIONAL PHACO HANDPIE	5/27/20		4,995			2,997	S/L	5	1,598
91	OZIL TORSIONAL PHACO HANDPIE	5/27/20		4,995			2,997	S/L	5	1,598
92	CLINIC EQUIPMENT	8/17/20		21,231			8,489	S/L	5	10,090
93	OCT UNIT AND PRINTER	8/19/20		17,600			7,040	S/L	5	8,342
94	6 MICROSCOPES	8/20/20		11,208			6,725	S/L	5	3,064
95	WAREHOUSE EQUIPMENT	8/20/20		3,620			2,172	S/L	5	990
96	SPOT VISION SCREENER VS100 S	10/28/21		7,608			3,044	S/L	5	1,792
97	CATARHEX 3 PHACOEMULSIFICAT	11/24/21		35,383			14,154	S/L	5	7,813
98	CATARHEX 3 PHACOEMULSIFICAT	11/24/21		35,383			14,154	S/L	5	7,813
99	PRESCOTT'S INC. SURGICAL MICR	1/15/19		27,405			27,405	S/L	5	0
100	ZEISS MICROSCOPE OPMI CS-XY	1/23/19		12,000			12,000	S/L	5	0
101	INSPECTION TRINOCULAR ZOOM S	2/01/19		1,095			1,095	S/L	5	0
102	OMNIPLUS / FEATHER LIGHT W. H	4/17/19		10,873			10,873	S/L	5	0
103	OERTLI INSTRUMENTS INC. - CAT	9/19/19		34,725			34,725	S/L	5	0
104	OERTLI INSTRUMENTS INC. - PHA	10/16/19		7,695			7,695	S/L	5	0
105	YAG / ELLEX LASEREX SUPER Q,	5/01/97		25,150			25,150	S/L	5	0
106	NIDEK HAND HELD KERATOMETE	10/01/01		5,000			5,000	S/L	5	0
107	BIPOLAR WETFIELD CAUTERY - S	8/15/03		800			800	S/L	5	0
108	YAG / ELLEX LASEREX SUPER Q,	12/31/04		14,200			14,200	S/L	5	0
109	NIDEK HAND HELD KERATOMETE	2/14/06		3,611			3,611	S/L	5	0
110	PELTON CRANE OMNI CLAVE OCM	3/14/07		942			942	S/L	5	0
111	TONOPEN XL TORC 08-000	4/06/07		2,796			2,796	S/L	5	0

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112	TONOPEN XL TORC 08-000	4/06/07		2,796			2,796	S/L	5	0
113	REFRIGERATOR - KENMORE (WAR	5/24/07		656			656	S/L	5	0
114	ENDURE FIBEROPTIC - WELSH SU	1/25/08		6,742			6,742	S/L	5	0
115	WATER DISTILLER MODEL 3000 S	6/15/08		250			250	S/L	5	0
116	LAUREATE ALCON PHACO (FROM	6/24/09		59,900			59,900	S/L	5	0
117	PELTON CRANE AUTOCLAVE	7/01/09		1,500			1,500	S/L	5	0
118	PELTON CRANE AUTOCLAVE	7/01/09		1,500			1,500	S/L	5	0
119	PELTON CRANE AUTOCLAVE	7/01/09		1,500			1,500	S/L	5	0
120	MICROSCOPE STAND - MANFROT	7/01/09		500			500	S/L	5	0
121	INFINITI ULTRASONIC HANDPIECE	7/23/09		4,995			4,995	S/L	5	0
122	INFINITI ULTRASONIC HANDPIECE	7/23/09		4,995			4,995	S/L	5	0
123	INFINITI NEOSONIX HANDPIECE (F	7/23/09		6,000			6,000	S/L	5	0
124	INFINITI NEOSONIX HANDPIECE (F	7/23/09		6,000			6,000	S/L	5	0
125	PELTON CRANE AUTOCLAVE	1/20/10		1,500			1,500	S/L	5	0
126	PELTON CRANE AUTOCLAVE	12/15/10		1,500			1,500	S/L	5	0
127	ELLEX SUPER Q LASER YAG MOD	9/27/11		10,000			10,000	S/L	5	0
128	ELLEX SOLITAIRE DIODE LASER,	8/17/12		23,500			23,500	S/L	5	0
129	IRIDEX OCULIGHT GLX LASER CON	11/15/12		7,632			7,632	S/L	5	0
130	LASER INDIRECT OPHTHALMOSC	11/15/12		6,663			6,663	S/L	5	0
131	PELICAN 1630 CASE (FOR SHIPPIN	4/29/13		496			496	S/L	5	0
132	INFINITI OZIL PHACO MACHINE (F	6/13/13		115,950			115,950	S/L	5	0
133	SOVEREIGN COMPACT UNIVERSAL	9/05/13		126,291			126,291	S/L	5	0
134	ZEISS OPMI 6SFC/FEATHERLITE	12/31/14		12,000			12,000	S/L	5	0
135	ZEISS OPMI 6SFC SCOPE (PRESCO	1/16/15		7,582			7,582	S/L	5	0
136	ZEISS OPMI 6SFC SCOPE (PRESCO	1/16/15		7,581			7,581	S/L	5	0
137	NIDEK, VERSACAM FUNDUS CAME	4/03/15		9,870			9,870	S/L	5	0
138	HAAGSTREIT OPERATING MICROS	5/27/15		12,640			12,640	S/L	5	0
139	MICRO MEDICAL PALMSCAN KERA	7/17/15		3,010			3,010	S/L	5	0
140	PRESCOTT'S - ZEISS OPMI-1 MIC	12/29/15		6,372			6,372	S/L	5	0
141	PRESCOTT'S - ZEISS OPMI-1 MIC	12/29/15		6,372			6,372	S/L	5	0
142	IRIDEX CORPORATION - LASER R	2/03/16		4,778			4,778	S/L	5	0
143	IKISS - TONO PEN REPAIR	2/18/16		1,584			1,584	S/L	5	0
144	PRESCOTT'S - MARK II LIGHT SO	2/24/16		734			734	S/L	5	0
145	PRESCOTT'S - MARK II LIGHT SO	2/24/16		734			734	S/L	5	0
146	PRESCOTT'S - MARK II LIGHT SO	2/24/16		734			734	S/L	5	0
147	PRESCOTT'S - ZEISS OMPI-1	4/22/16		6,372			6,372	S/L	5	0
148	PRESCOTT'S - ZEISS OMPI-1	4/22/16		6,372			6,372	S/L	5	0
149	PRESCOTT'S INC - GOPRO 4K CAM	5/12/16		3,780			3,780	S/L	5	0
150	NEESON GREEN LASER AND SAF	5/18/16		16,500			16,500	S/L	5	0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
151	STEVEN CANTRELL - REPAIR PAR	6/09/16		7,500			7,500	S/L	5	0
152	MARCO OPHTHALMIC - HANDHELD	7/12/16		16,336			16,336	S/L	5	0
153	LASER LOCATORS NIDEK YC YAG	12/15/16		10,500			10,500	S/L	5	0
154	REICHEERT TONO & HAAG STREI	12/31/16		7,600			7,600	S/L	5	0
155	PRESCOTT'S - MARK II LIGHT SO	2/02/17		733			733	S/L	5	0
156	PRESCOTT'S - MARK II LIGHT SO	2/02/17		733			733	S/L	5	0
157	OERTLI INSTRUMENTS - CATARH	2/17/17		33,455			33,455	S/L	5	0
158	CAMBRIAN MEDICAL - VARIOUS M	2/27/17		6,759			6,759	S/L	5	0
159	SLITLAMP W/TABLE & TONOMET	4/01/17		5,700			5,700	S/L	5	0
160	IRIDEX IQ 810 SLX LASER	4/20/17		25,520			25,520	S/L	5	0
161	MEDICAL EQUIP PARTNERS - AM	5/24/17		1,140			1,140	S/L	5	0
162	MEDICAL EQUIP PARTNERS - AM	5/24/17		1,140			1,140	S/L	5	0
163	MEDICAL EQUIP PARTNERS - ZEI	6/05/17		6,465			6,465	S/L	5	0
164	MEDICAL EQUIP PARTNERS - ZEI	6/05/17		6,465			6,465	S/L	5	0
165	MEDICAL EQUIP PARTNERS - ZEI	6/05/17		6,465			6,465	S/L	5	0
166	OERTLI INSTRUMENTS - CATARH	6/09/17		35,589			35,589	S/L	5	0
167	OERTLI INSTRUMENTS - FAROS	6/09/17		41,450			41,450	S/L	5	0
168	MEDICAL EQUIP PARTNERS - ZEI	7/10/17		6,465			6,465	S/L	5	0
169	PRESCOTT'S INC - LEICA STEREO	7/18/17		1,611			1,611	S/L	5	0
170	MARCO OPHTHALMIC - NIDEK HA	10/07/17		16,681			16,681	S/L	5	0
171	PRESCOTT'S INC - ZEISS OBSER	10/20/17		2,485			2,485	S/L	5	0
172	CAL COAST USED SLIT LAMP HAA	1/08/18		9,159			9,159	S/L	5	0
173	ENVISION AFRICA - MERIDIAN AR	1/09/18		15,800			15,800	S/L	5	0
174	MEDICAL EQUIP PARTNERS - AM	4/02/18		1,150			1,150	S/L	5	0
175	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
176	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
177	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
178	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
179	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
180	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
181	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
182	PRESCOTT'S - OMNI PLUS TEACH	4/23/18		13,897			13,897	S/L	5	0
183	MARCO OPH - HANDHELD REFRAC	4/26/18		16,537			16,537	S/L	5	0
184	OERTLI INSTRUMENTS - FAROS	5/09/18		41,347			41,347	S/L	5	0
185	ACCUTOME A-SCAN PLUS 24-4000	11/16/18		3,987			3,987	S/L	5	0
186	ACCUTOME A-SCAN PLUS 24-4000	11/16/18		3,987			3,987	S/L	5	0
187	ACCUTOME A-SCAN PLUS 24-4000	11/16/18		3,987			3,987	S/L	5	0
188	PHORPTER & REFRACTOR	11/27/18		4,495			4,495	S/L	5	0
189	MOHAWK WELCH ALLYN VS100 SP	12/12/18		6,341			6,341	S/L	5	0

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193	ADJUST	12/31/22		5			6	S/L	5	0
194	AKATIA WAREHOUSE SOFTWARE	3/31/24		1,000				S/L	3	251
195	DELL LATITUDE 5455 LAPTOP	12/31/24		1,305				S/L	3	0
196	DELL XPS 13 LAPTOP	12/31/24		1,305				S/L	3	0
197	DELL MICRO OPTIPLEX 7020 DES	12/31/24		870				S/L	3	0
198	DELL MICRO OPTIPLEX 7020 DES	12/31/24		870				S/L	3	0
199	DELL MICRO OPTIPLEX 7020 DES	12/31/24		870				S/L	3	0
TOTAL MACHINERY AND EQUIPME				1,563,652		0	1,396,095			78,779
TOTAL DEPRECIATION				1,619,821		0	1,452,264			78,779
GRAND TOTAL DEPRECIATION				1,619,821		0	1,452,264			78,779
DEPRECIATION ASSETS SOLD				99,381		0	99,381			0
DEPR REMAINING ASSETS				1,520,440		0	1,352,883			78,779

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FORM 990/990-PF

FURNITURE AND FIXTURES

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
70	PIER 1 METRO JAVA LOW SHELF Q	1/15/17		962							962	962	S/L	7		0
71	SHELVING FOR RA OFFICE - QTY 3	5/26/17		1,929							1,929	1,929	S/L	7		0
72	URBAN WOOD - L SHAPE DESK (Q	5/02/18		15,735							15,735	15,735	S/L	5		0
73	WOODCRAFT WEST WAREHOUSE S	5/08/18		8,783							8,783	8,783	S/L	5		0
74	COSTCO SAMSUNG TV 65" CONFER	5/10/18		1,171							1,171	1,171	S/L	5		0
75	COSTCO SAMSUNG TV 65" CONFER	5/10/18		1,171							1,171	1,171	S/L	5		0
76	TRI COUNTY OFFICE - WAREHOUS	5/22/18		5,315							5,315	5,315	S/L	5		0
77	TRI COUNTY OFFICE - WAREHOUS	5/22/18		3,320							3,320	3,320	S/L	5		0
78	STAPLES HON 310 SERIES DRAWE	7/03/18		1,077							1,077	1,077	S/L	5		0
79	URBAN WOOD - CONFERENCE TAB	8/07/18		4,684							4,684	4,684	S/L	5		0
80	URBAN WOOD - CONFERENCE TAB	8/07/18		8,244							8,244	8,244	S/L	5		0
81	COSTCO SAMSUNG TV + PROTECT	9/11/18		3,778							3,778	3,778	S/L	5		0

TOTAL FURNITURE AND FIXTURE

56,169 0 0 0 0 0 56,169 56,169 0

MACHINERY AND EQUIPMENT

1	BAR CODE SCANNER FOR WAREHO	2/08/22		1,709							1,709	1,092	S/L	3		558
2	AKATIA WAREHOUSE SOFTWARE	8/25/23		9,700							9,700		S/L	3		4,376
3	LATITUDE 34 DELL LAPTOP	6/17/21	12/31/24	2,071							2,071	2,071	S/L	3		0
4	APPLE LAPTOP	7/09/21		3,310							3,310	3,309	S/L	3		1
5	LATITUDE 34 DELL LAPTOP	9/03/21		1,654							1,654	1,654	S/L	3		0
6	LATITUDE 34 DELL LAPTOP	10/04/21		2,124							2,124	2,124	S/L	3		0
7	LATITUDE 34 DELL LAPTOP	10/04/21		2,124							2,124	2,124	S/L	3		0
8	LATITUDE 34 DELL LAPTOP	11/17/21		2,746							2,746	2,746	S/L	3		0

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9	LATITUDE 34 DELL LAPTOP	11/17/21		2,715							2,715	2,715	S/L	3		0
10	LATITUDE 34 DELL LAPTOP	11/17/21		2,715							2,715	2,715	S/L	3		0
11	DELL OPTIPEX 390	4/04/12	12/31/24	1,454							1,454	1,454	S/L	3		0
12	DELL OPTIPEX 390	4/04/12	12/31/24	1,454							1,454	1,454	S/L	3		0
13	DELL OPTIPEX 390	4/04/12	12/31/24	1,454							1,454	1,454	S/L	3		0
14	DELL OPTIPEX 390	4/04/12	12/31/24	1,454							1,454	1,454	S/L	3		0
15	DELL OPTIPEX 390	4/04/12	12/31/24	1,454							1,454	1,454	S/L	3		0
16	DELL OPTIPEX MINI TOWER	10/08/12	12/31/24	1,191							1,191	1,191	S/L	3		0
17	DELL OPTIPEX MINI TOWER	10/08/12	12/31/24	1,191							1,191	1,191	S/L	3		0
18	APPLE IPAD	5/31/15		1,083							1,083	1,083	S/L	3		0
19	DELL OPTIPEX 3020 MINI TOWER	7/31/15	12/31/24	985							985	985	S/L	3		0
20	DELL OPTIPEX 3020 MINI TOWER	7/31/15	12/31/24	985							985	985	S/L	3		0
21	DELL LATITUDE 14 5000 SERIES	10/16/15	12/31/24	1,390							1,390	1,390	S/L	3		0
22	APPLE IPAD	1/14/16		1,062							1,062	1,062	S/L	3		0
23	DELL LATITUDE LAPTOPS X 2	3/23/16		6,423							6,423	6,423	S/L	3		0
24	APPLE COMPUTER, IPADS & VARIO	3/23/16		5,420							5,420	5,420	S/L	3		0
25	SONICWALL TZ300 ROUTER & REL	7/11/16		3,106							3,106	3,106	S/L	3		0
26	SERVERS & RELATED (50% + RE	8/17/16		26,139							26,139	26,139	S/L	3		0
27	APPLE COMPUTER	9/04/16	12/31/24	2,195							2,195	2,195	S/L	3		0
28	DELL LAPTOP E5470	12/14/16	12/31/24	1,802							1,802	1,802	S/L	3		0
29	OFFICE COMPUTER MONITORS - Q	1/06/17	12/31/24	3,882							3,882	3,882	S/L	3		0
30	DELL DESKTOP OPTIPEX 3040 +	3/10/17	12/31/24	5,689							5,689	5,689	S/L	3		0
31	4 DELL 24" MONITOR P2417H	3/10/17	12/31/24	1,185							1,185	1,185	S/L	3		0
32	DELL DESKTOP OPTIPEX 3040 +	3/10/17	12/31/24	5,689							5,689	5,689	S/L	3		0
33	DELL DESKTOP OPTIPEX 3040 +	3/10/17		5,689							5,689	5,689	S/L	3		0
34	DELL DESKTOP OPTIPEX 3040 +	3/10/17	12/31/24	5,689							5,689	5,689	S/L	3		0
35	DELL DESKTOP OPTIPEX 3040 +	3/10/17	12/31/24	5,689							5,689	5,689	S/L	3		0

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36	DELL DESKTOP OPTIPEX 3040 +	3/10/17	12/31/24	5,689							5,689	5,689	S/L	3		0
37	IMAC 27" / 3.2QC / 8GB / 1TB + K	3/11/17	12/31/24	2,142							2,142	2,142	S/L	3		0
38	APPLE IPAD PRO 12.9 WIFI 256GB	3/11/17		1,098							1,098	1,098	S/L	3		0
39	DELL LAPTOP (SEE-LT07)	3/15/17	12/31/24	3,630							3,630	3,630	S/L	3		0
40	DELL DESKTOP OPTIPEX 3050 IN	10/23/17	12/31/24	1,232							1,232	1,232	S/L	3		0
41	DELL LAPTOPS 5490 INTEL CORE I	2/14/18	12/31/24	2,546							2,546	2,546	S/L	3		0
42	DELL LAPTOPS 5490 INTEL CORE I	2/14/18	12/31/24	2,546							2,546	2,546	S/L	3		0
43	DELL DESKTOP OPTIPEX 3050 IN	5/22/18	12/31/24	1,673							1,673	1,673	S/L	3		0
44	DELL DESKTOP OPTIPEX 3050 IN	5/22/18	12/31/24	1,673							1,673	1,673	S/L	3		0
45	DELL DESKTOP OPTIPEX 3050 IN	5/22/18	12/31/24	1,673							1,673	1,673	S/L	3		0
46	DELL DESKTOP OPTIPEX 3050 IN	5/22/18	12/31/24	1,673							1,673	1,673	S/L	3		0
47	DELL DESKTOP OPTIPEX 3050 IN	5/22/18	12/31/24	1,673							1,673	1,673	S/L	3		0
48	DELL DESKTOP OPTIPEX 3050 IN	5/22/18	12/31/24	1,673							1,673	1,673	S/L	3		0
49	DELL DESKTOP OPTIPEX 3050 IN	5/22/18		1,673							1,673	1,673	S/L	3		0
50	APPLE IPAD PRO 12.9 WF CL 512 G	6/04/18		1,581							1,581	1,581	S/L	3		0
51	DELL LAPTOPS 5490 INTEL CORE I	9/07/18	12/31/24	2,292							2,292	2,292	S/L	3		0
52	APPLE LAPTOP MBP 15.4 SG / 2.2G	11/05/18	12/31/24	2,585							2,585	2,585	S/L	3		0
53	APPLE IMAC 27" /3.5QC /8GB /1TB	11/08/18		2,183							2,183	2,183	S/L	3		0
54	MACBOOK PRO 15.4 SG /2.6GHZ /16	11/08/18		3,182							3,182	3,182	S/L	3		0
55	MACBOOK PRO 15.4 SG /2.6GHZ /16	11/08/18		3,182							3,182	3,182	S/L	3		0
56	APPLE IPAD PRO 12.9 WF CL 512 G	11/09/18		1,764							1,764	1,764	S/L	3		0
57	APPLE MBA 13.3SG /1.6GHZ /8GB /2	11/15/18		1,660							1,660	1,660	S/L	3		0
58	APPLE MBA 13.3SG /1.6GHZ /8GB /2	11/15/18	12/31/24	1,660							1,660	1,660	S/L	3		0
59	APPLE LG ULTRAFINE 5K 27 DISPL	11/15/18	12/31/24	1,279							1,279	1,279	S/L	3		0
60	APPLE IPHONE XS MAX 64GB + AP	12/17/18		1,350							1,350	1,350	S/L	3		0
61	SONY ALPHA A6300 CAMERA X2	1/29/19		2,394							2,394	2,394	S/L	3		0
62	APPLE MAC BOOK PRO 15.4 SG	6/25/19		3,430							3,430	3,430	S/L	3		0

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63	APPLE MONITOR	7/22/19	12/31/24	1,288							1,288		S/L	3		0
64	DELL LAPTOP 5490 XCTO	8/15/19	12/31/24	2,337							2,337		S/L	3		0
65	APPLE LAPTOP	10/01/19	12/31/24	3,469							3,469		S/L	3		0
66	APPLE MONITOR	10/02/19	12/31/24	1,439							1,439		S/L	3		0
67	APPLE STORE	3/07/20	12/31/24	1,588							1,588		S/L	3		0
68	2 STAFF CHROMEBOOKS	4/02/20	12/31/24	1,317							1,317		S/L	3		0
69	4 DELL LAPTOPS - SCOTT, LIA, E	7/21/20	12/31/24	5,401							5,401		S/L	3		0
83	CATARHEX 3 PACKAGE	2/06/23		31,909							31,909		S/L	5		6,816
84	INSTRUMENT SET FOR SURGICAL	3/02/23		5,712							5,712		S/L	5		1,145
85	(2) INAMI MICROSCOPES, PAID FO	3/15/23		22,424							22,424		S/L	5		4,336
86	LUMENIS SPECTRA LASER / SMA	1/10/20		6,000							6,000		S/L	5		2,374
87	A-SCAN CONNECT 24-4400 ACCUT	1/23/20		4,639							4,639		S/L	5		1,802
88	A-SCAN CONNECT 24-4400 ACCUT	1/23/20		4,639							4,639		S/L	5		1,802
89	CAL COAST OPHTHALMIC INSTRU	5/01/20		36,553							36,553		S/L	5		12,218
90	OZIL TORSIONAL PHACO HANDPIEC	5/27/20		4,995							4,995		S/L	5		1,598
91	OZIL TORSIONAL PHACO HANDPIEC	5/27/20		4,995							4,995		S/L	5		1,598
92	CLINIC EQUIPMENT	8/17/20		21,231							21,231		S/L	5		10,090
93	OCT UNIT AND PRINTER	8/19/20		17,600							17,600		S/L	5		8,342
94	6 MICROSCOPES	8/20/20		11,208							11,208		S/L	5		3,064
95	WAREHOUSE EQUIPMENT	8/20/20		3,620							3,620		S/L	5		990
96	SPOT VISION SCREENER VS100 SE	10/28/21		7,608							7,608		S/L	5		1,792
97	CATARHEX 3 PHACOEMULSIFICATI	11/24/21		35,383							35,383		S/L	5		7,813
98	CATARHEX 3 PHACOEMULSIFICATI	11/24/21		35,383							35,383		S/L	5		7,813
99	PRESCOTT'S INC. SURGICAL MICR	1/15/19		27,405							27,405		S/L	5		0
100	ZEISS MICROSCOPE OPMI CS-XY S	1/23/19		12,000							12,000		S/L	5		0
101	INSPECTION TRINOCULAR ZOOM S	2/01/19		1,095							1,095		S/L	5		0
102	OMNIPLUS / FEATHER LIGHT W. H	4/17/19		10,873							10,873		S/L	5		0

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103	OERTLI INSTRUMENTS INC. - CAT	9/19/19		34,725							34,725	34,725	S/L	5		0
104	OERTLI INSTRUMENTS INC. - PHA	10/16/19		7,695							7,695	7,695	S/L	5		0
105	YAG / ELLEX LASEREX SUPER Q,	5/01/97		25,150							25,150	25,150	S/L	5		0
106	NIDEK HAND HELD KERATOMETE	10/01/01		5,000							5,000	5,000	S/L	5		0
107	BIPOLAR WETFIELD CAUTERY - ST	8/15/03		800							800	800	S/L	5		0
108	YAG / ELLEX LASEREX SUPER Q,	12/31/04		14,200							14,200	14,200	S/L	5		0
109	NIDEK HAND HELD KERATOMETE	2/14/06		3,611							3,611	3,611	S/L	5		0
110	PELTON CRANE OMNI CLAVE OCM	3/14/07		942							942	942	S/L	5		0
111	TONOPEN XL TORC 08-000	4/06/07		2,796							2,796	2,796	S/L	5		0
112	TONOPEN XL TORC 08-000	4/06/07		2,796							2,796	2,796	S/L	5		0
113	REFRIGERATOR - KENMORE (WAR	5/24/07		656							656	656	S/L	5		0
114	ENDURE FIBEROPTIC - WELSH SU	1/25/08		6,742							6,742	6,742	S/L	5		0
115	WATER DISTILLER MODEL 3000 S	6/15/08		250							250	250	S/L	5		0
116	LAUREATE ALCON PHACO (FROM	6/24/09		59,900							59,900	59,900	S/L	5		0
117	PELTON CRANE AUTOCLAVE	7/01/09		1,500							1,500	1,500	S/L	5		0
118	PELTON CRANE AUTOCLAVE	7/01/09		1,500							1,500	1,500	S/L	5		0
119	PELTON CRANE AUTOCLAVE	7/01/09		1,500							1,500	1,500	S/L	5		0
120	MICROSCOPE STAND - MANFROTT	7/01/09		500							500	500	S/L	5		0
121	INFINITI ULTRASONIC HANDPIECE	7/23/09		4,995							4,995	4,995	S/L	5		0
122	INFINITI ULTRASONIC HANDPIECE	7/23/09		4,995							4,995	4,995	S/L	5		0
123	INFINITI NEOSONIX HANDPIECE (F	7/23/09		6,000							6,000	6,000	S/L	5		0
124	INFINITI NEOSONIX HANDPIECE (F	7/23/09		6,000							6,000	6,000	S/L	5		0
125	PELTON CRANE AUTOCLAVE	1/20/10		1,500							1,500	1,500	S/L	5		0
126	PELTON CRANE AUTOCLAVE	12/15/10		1,500							1,500	1,500	S/L	5		0
127	ELLEX SUPER Q LASER YAG MODE	9/27/11		10,000							10,000	10,000	S/L	5		0
128	ELLEX SOLITAIRE DIODE LASER,	8/17/12		23,500							23,500	23,500	S/L	5		0
129	IRIDEX OCULIGHT GLX LASER CON	11/15/12		7,632							7,632	7,632	S/L	5		0

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130	LASER INDIRECT OPHTHALMOSCO	11/15/12		6,663							6,663		S/L	5		0
131	PELICAN 1630 CASE (FOR SHIPPIN	4/29/13		496							496		S/L	5		0
132	INFINITI OZIL PHACO MACHINE (FR	6/13/13		115,950							115,950		S/L	5		0
133	SOVEREIGN COMPACT UNIVERSAL	9/05/13		126,291							126,291		S/L	5		0
134	ZEISS OPMI 6SFC/FEATHERLITE	12/31/14		12,000							12,000		S/L	5		0
135	ZEISS OPMI 6SFC SCOPE (PRESCO	1/16/15		7,582							7,582		S/L	5		0
136	ZEISS OPMI 6SFC SCOPE (PRESCO	1/16/15		7,581							7,581		S/L	5		0
137	NIDEK, VERSACAM FUNDUS CAME	4/03/15		9,870							9,870		S/L	5		0
138	HAAGSTREIT OPERATING MICROS	5/27/15		12,640							12,640		S/L	5		0
139	MICRO MEDICAL PALMSCAN KERA	7/17/15		3,010							3,010		S/L	5		0
140	PRESOTT'S - ZEISS OPMI-1 MICR	12/29/15		6,372							6,372		S/L	5		0
141	PRESOTT'S - ZEISS OPMI-1 MICR	12/29/15		6,372							6,372		S/L	5		0
142	IRIDEX CORPORATION - LASER RE	2/03/16		4,778							4,778		S/L	5		0
143	IKISS - TONO PEN REPAIR	2/18/16		1,584							1,584		S/L	5		0
144	PRESOTT'S - MARK II LIGHT SOU	2/24/16		734							734		S/L	5		0
145	PRESOTT'S - MARK II LIGHT SOU	2/24/16		734							734		S/L	5		0
146	PRESOTT'S - MARK II LIGHT SOU	2/24/16		734							734		S/L	5		0
147	PRESOTT'S - ZEISS OMPI-1	4/22/16		6,372							6,372		S/L	5		0
148	PRESOTT'S - ZEISS OMPI-1	4/22/16		6,372							6,372		S/L	5		0
149	PRESOTT'S INC. - GOPRO 4K CAM	5/12/16		3,780							3,780		S/L	5		0
150	NEESON GREEN LASER AND SAFE	5/18/16		16,500							16,500		S/L	5		0
151	STEVEN CANTRELL - REPAIR PAR	6/09/16		7,500							7,500		S/L	5		0
152	MARCO OPHTHALMIC - HANDHELD	7/12/16		16,336							16,336		S/L	5		0
153	LASER LOCATORS NIDEK YC YAG L	12/15/16		10,500							10,500		S/L	5		0
154	REICHEERT TONO & HAAG STREIT	12/31/16		7,600							7,600		S/L	5		0
155	PRESOTT'S - MARK II LIGHT SOU	2/02/17		733							733		S/L	5		0
156	PRESOTT'S - MARK II LIGHT SOU	2/02/17		733							733		S/L	5		0

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157	OERTLI INSTRUMENTS - CATARH	2/17/17		33,455							33,455	33,455	S/L	5		0
158	CAMBRIAN MEDICAL - VARIOUS M	2/27/17		6,759							6,759	6,759	S/L	5		0
159	SLITLAMP W/TABLE & TONOMET	4/01/17		5,700							5,700	5,700	S/L	5		0
160	IRIDEX IQ 810 SLX LASER	4/20/17		25,520							25,520	25,520	S/L	5		0
161	MEDICAL EQUIP PARTNERS - AMO	5/24/17		1,140							1,140	1,140	S/L	5		0
162	MEDICAL EQUIP PARTNERS - AMO	5/24/17		1,140							1,140	1,140	S/L	5		0
163	MEDICAL EQUIP PARTNERS - ZEIS	6/05/17		6,465							6,465	6,465	S/L	5		0
164	MEDICAL EQUIP PARTNERS - ZEIS	6/05/17		6,465							6,465	6,465	S/L	5		0
165	MEDICAL EQUIP PARTNERS - ZEIS	6/05/17		6,465							6,465	6,465	S/L	5		0
166	OERTLI INSTRUMENTS - CATARH	6/09/17		35,589							35,589	35,589	S/L	5		0
167	OERTLI INSTRUMENTS - FAROS A	6/09/17		41,450							41,450	41,450	S/L	5		0
168	MEDICAL EQUIP PARTNERS - ZEIS	7/10/17		6,465							6,465	6,465	S/L	5		0
169	PRESOTT'S INC - LEICA STEREO	7/18/17		1,611							1,611	1,611	S/L	5		0
170	MARCO OPHTHALMIC - NIDEK HAN	10/07/17		16,681							16,681	16,681	S/L	5		0
171	PRESOTT'S INC - ZEISS OBSERV	10/20/17		2,485							2,485	2,485	S/L	5		0
172	CAL COAST USED SLIT LAMP HAA	1/08/18		9,159							9,159	9,159	S/L	5		0
173	ENVISION AFRICA - MERIDIAN ARG	1/09/18		15,800							15,800	15,800	S/L	5		0
174	MEDICAL EQUIP PARTNERS - AMO	4/02/18		1,150							1,150	1,150	S/L	5		0
175	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
176	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
177	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
178	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
179	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
180	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
181	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
182	PRESOTT'S - OMNI PLUS TEACHI	4/23/18		13,897							13,897	13,897	S/L	5		0
183	MARCO OPH - HANDHELD REFRAC	4/26/18		16,537							16,537	16,537	S/L	5		0

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184	OERTLI INSTRUMENTS - FAROS A	5/09/18		41,347							41,347	41,347	S/L	5		0		
185	ACCUTOME A-SCAN PLUS 24-4000	11/16/18		3,987							3,987	3,987	S/L	5		0		
186	ACCUTOME A-SCAN PLUS 24-4000	11/16/18		3,987							3,987	3,987	S/L	5		0		
187	ACCUTOME A-SCAN PLUS 24-4000	11/16/18		3,987							3,987	3,987	S/L	5		0		
188	PHORPTER & REFRACTOR	11/27/18		4,495							4,495	4,495	S/L	5		0		
189	MOHAWK WELCH ALLYN VS100 SP	12/12/18		6,341							6,341	6,341	S/L	5		0		
193	ADJUST	12/31/22		5							5	6	S/L	5		0		
194	AKATIA WAREHOUSE SOFTWARE -	3/31/24		1,000							1,000		S/L	3		251		
195	DELL LATITUDE 5455 LAPTOP	12/31/24		1,305							1,305		S/L	3		0		
196	DELL XPS 13 LAPTOP	12/31/24		1,305							1,305		S/L	3		0		
197	DELL MICRO OPTIPLEX 7020 DESK	12/31/24		870							870		S/L	3		0		
198	DELL MICRO OPTIPLEX 7020 DESK	12/31/24		870							870		S/L	3		0		
199	DELL MICRO OPTIPLEX 7020 DESK	12/31/24		870							870		S/L	3		0		
TOTAL MACHINERY AND EQUIPME											1,563,652	0	0	0	0	1,563,652	1,396,095	78,779
TOTAL DEPRECIATION											1,619,821	0	0	0	0	1,619,821	1,452,264	78,779
GRAND TOTAL DEPRECIATION											1,619,821	0	0	0	0	1,619,821	1,452,264	78,779
DEPRECIATION ASSETS SOLD											99,381	0	0	0	0	99,381	99,381	0
DEPR REMAINING ASSETS											1,520,440	0	0	0	0	1,520,440	1,352,883	78,779