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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MIDWEST EYE-BANKS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
4889 VENTURE DR

City or town, state or country, and ZIP + 4
ANN ARBOR, MI 48108

D Employer identification number
38-2117115

E Telephone number

G Gross receipts \$ 10,787,213

F Name and address of Principal Officer

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Web site: WWW.MIDWESTEYEBANKS.ORG

K Type of organization Corporation trust association other

L Year of Formation 1986 **M** State of legal domicile MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROCURE AND SUPPLY HUMAN DONOR EYE MATERIAL & OTHER TISSUE FOR SURGICAL TRANSPLANTATION IN HUMAN RECIPIENTS, EDUCATION & TRAINING, AND RESEARCH		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of employees (Part V, line 2a)	5	81
	6	Total number of volunteers (estimate if necessary)	6	745
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	419,462	308,084
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,380,395	9,673,742
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,433	-209,787
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	354,049	561,474
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,410,339	10,333,513
	14	Benefits paid to or for members (Part IX, column (A), line 4)	179,900	167,134
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,615,055	5,689,262
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>232,264</u>)		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,979,801	4,199,543
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	8,774,756	10,055,939	
19	Revenue less expenses Subtract line 18 from line 12	635,583	277,574	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	12,423,162	11,634,718
	22	Net assets or fund balances Subtract line 21 from line 20	3,777,286	3,275,744
		8,645,876	8,358,974	

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.

Signature of officer: ***** Date: 2010-01-28

KEVIN W ROSS PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ALAN V LAPCZYNSKI Date: 2010-01-28 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: YEO & YEO PC, 455 E EISENHOWER PKWY STE 102, ANN ARBOR, MI 481083321

Preparer's PTIN (See Gen Inst): EIN: Phone no: (734) 769-1331

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission
TO PROCURE AND SUPPLY HUMAN DONOR EYE MATERIAL & OTHER TISSUE FOR SURGICAL TRANSPLANTATION IN HUMAN RECIPIENTS, EDUCATION & TRAINING, AND RESEARCH

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 5,907,490 including grants of \$) (Revenue \$ 9,567,062)
TISSUE RECOVERY, EVALUATION AND DISTRIBUTION PROGRAM - THE PURPOSE OF THIS PROGRAM IS THE RECOVERY, EXAMINATION, EVALUATION AND DISTRIBUTION OF HUMAN EYE TISSUE THAT HAS BEEN DONATED FOR SIGHT-RESTORING CORNEAL TRANSPLANTATION, AND FOR OPHTHALMIC RESEARCH INTO THE CAUSES AND CURES OF BLINDING EYE CONDITIONS EYE TISSUE DONORS ARE THOSE WHO GENEROUSLY GAVE THEIR CONSENT TO DONATE ORGANS AND/OR TISSUES UPON THEIR DEATH, OR WHOSE FAMILY GAVE CONSENT FOR DONATION WHEN THE DONORS DEATH OCCURRED THE BENEFICIARIES OF THIS PROGRAM INCLUDE CORNEA TRANSPLANT RECIPIENTS, WHO SUFFER FROM EYE INJURIES AND DISEASES THAT CAN LEAD TO BLINDNESS UNLESS THEY ARE TREATED THROUGH CORNEAL TRANSPLANTATION, AND THE MILLIONS OF OTHERS WHO CAN BE HELPED THROUGH SCIENTIFIC RESEARCH DURING FISCAL YEAR 2009 (JULY 1, 2008-JUNE 30, 2009), MIDWEST EYE-BANKS RECOVERED EYE TISSUE FROM 3,257 DONORS, EVALUATED AND DISTRIBUTED 4278 DONATED EYE TISSUES FOR TRANSPLANTATION, AND ALSO DISTRIBUTED 1855 FOR RESEARCH



















4b (Code) (Expenses \$ 1,707,329 including grants of \$ 167,134) (Revenue \$ 432,052)
PUBLIC AND PROFESSIONAL EDUCATION - MIDWEST EYE-BANKS PUBLIC EDUCATION PROGRAM ENGAGES THE COMMUNITY IN THE EYE-BANKS MISSION TO RESTORE SIGHT THIS COMMUNITY ENGAGEMENT PROMOTES POSITIVE ATTITUDES TOWARD EYE, ORGAN AND TISSUE DONATION, AWARENESS OF THE NEED FOR EYE DONORS, VOLUNTEERISM, AND EDUCATION ABOUT EYE HEALTH AND SAFETY A TEAM OF COMMUNITY ENGAGEMENT STAFF MEMBERS INTERACT WITH CONSTITUENTS THROUGHOUT THE EYE-BANKS SERVICE AREAS, PROMOTING THE LIFE AND SIGHT- SAVING MESSAGE OF EYE, ORGAN AND TISSUE DONATION MIDWEST EYE-BANKS REACHED OVER 800,000 PEOPLE WITH EDUCATIONAL EFFORTS RELATED TO EYE, ORGAN AND TISSUE DONATION, EYE INJURY PREVENTION AND EYE HEALTH DURING FISCAL YEAR 2009 (JULY 1, 2008-JUNE 30, 2009) MANY MORE CONSTITUENTS ARE REACHED THROUGH SEMI-ANNUAL NEWSLETTERS, ENEWSLETTERS, ANNUAL REPORTS AND WEB CONTENT SHARING OUR MESSAGE OF SIGHT RESTORATION THE PROFESSIONAL EDUCATION PROGRAM BUILDS AND MAINTAINS RELATIONSHIPS WITH HEALTHCARE PROFESSIONALS AND OTHERS DIRECTLY INVOLVED IN EYE TISSUE DONATION AND TRANSPLANTATION EFFORTS EFFECTIVE COLLABORATION WITH THESE PROFESSIONALS ENABLES SUITABLE RECOVERY OF TISSUE FOR TRANSPLANTATION AND RESEARCH, TIMELY RETRIEVAL OF DONOR MEDICAL INFORMATION, SUCCESSFUL DISTRIBUTION OF TISSUE FOR TRANSPLANTATION, AND ADVOCACY OF RESEARCH AND DONATION

4c (Code) (Expenses \$ 657,717 including grants of \$) (Revenue \$ 96,189)
EYE AND VISION RESEARCH PROGRAM - MIDWEST EYE-BANKS SEEKS TO RESTORE SIGHT BY ANY MEANS POSSIBLE WHEN BLINDNESS CANNOT BE REVERSED THROUGH CORNEAL TRANSPLANTATION, THE EYE-BANK PURSUES OTHER AVENUES OF SIGHT RESTORATION BY SUPPORTING RESEARCH INTO THE CAUSES AND CURES OF BLINDING EYE CONDITIONS THROUGH THE EYE AND VISION RESEARCH PROGRAM, NEW VISION RESEARCH INITIATIVES SUPPORTED BY MIDWEST EYE-BANKS BRING NEW IDEAS TO LIFE FOR THE TREATMENT AND PREVENTION OF VISION IMPAIRMENT AND BLINDNESS THE FUNDING OBJECTIVE OF THIS PROGRAM IS ENVISIONED PRIMARILY AS SEED MONEY TO DEVELOP IDEAS, COLLECT DATA OR CARRY OUT PRELIMINARY LABORATORY WORK THAT FACILITATES APPLICATION FOR MORE EXTENSIVE SUPPORT BY LARGER PRIVATE OR GOVERNMENTAL AGENCIES AWARDS ARE GENERALLY 15,000 EACH, AND TOTAL AWARD FUNDING IS APPROXIMATELY 150,000 AND 200,000 PER YEAR IN FISCAL YEAR 2009, MIDWEST EYE-BANKS CONTRIBUTED 167,500 TO PROMISING EYE AND VISION RESEARCH PROJECTS WHEN RESEARCH AWARDS ARE GRANTED, AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A WRITTEN PROGRESS REPORT TO MIDWEST EYE-BANKS WITHIN 14 MONTHS THE EYE-BANK, IN TURN, APPRISES ITS STAKEHOLDERS OF RESEARCH PROJECTS AND ACCOMPLISHMENTS RESEARCHERS ARE EXPECTED TO NOTIFY THE EYE-BANK OF ANY ADDITIONAL FUNDING THEY OBTAIN IN THE FUTURE, RESULTING FROM THE WORK MADE POSSIBLE THROUGH THE EYE-BANK GRANT THEY ARE ALSO ASKED TO ACKNOWLEDGE MIDWEST EYE-BANKS SUPPORT IN ANY PUBLICATIONS OR PRESENTATIONS COVERING THE FUNDED PROJECT (S), AND TO PROVIDE COPIES OF PAPERS PUBLISHED AS A RESULT OF EYE-BANK FUNDING

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 8,272,536 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> 		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> 		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> 	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3) and 501(c)(4) 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>		No
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	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> 		No
37	Did the organization conduct more than 5 percent 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> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 35		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 81		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	Yes	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O		No
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed MI, IL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JULIE COLLINS
 640 AVIS DRIVE
 ANN ARBOR, MI 48108
 (734) 887-2305

Additional Data

Software ID:
Software Version:
EIN: 38-2117115
Name: MIDWEST EYE-BANKS

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT STRUGIS , DIRECTOR		X					0	0	0	
PETER LATZ , CHAIRMAN		X					0	0	0	
GARY BABCOCK , VICE CHAIR		X					0	0	0	
BILL BARR PHD , TREASURER		X					0	0	0	
RASHID L BASHSHUR PHD , DIRECTOR		X					0	0	0	
WILLIAM CONSTAD MD , DIRECTOR		X					0	0	0	
JOHN KRIENKE PHD , DIRECTOR		X					0	0	0	
MARILYN R LINDENAUER , DIRECTOR		X					0	0	0	
SHAHZAD MIAN MD , DIRECTOR		X					0	0	0	
ALAN SUGAR , DIRECTOR		X					0	0	0	
A CHARLES WEIR , DIRECTOR		X					0	0	0	
LAWRENCE J KLAUS , SECRETARY		X					0	0	0	
JOHN C JOHNSON , DIRECTOR		X					0	0	0	
ELSPETH C MOORE , DIRECTOR		X					0	0	0	
MAUREEN ANN TUFFY-HAGA , DIRECTOR		X					0	0	0	
BUSHARAT AHMAD , DIRECTOR		X					0	0	0	
CELESTE THOMAS WILLIAMS , DIRECTOR		X					0	0	0	
KEVIN ROSS , PRES/CEO	50			X			160,586	0	29,334	
CHARLES PIVONEY , COO	45			X			128,258	0	27,734	
BRAD TENNANT , SR VP	45			X			123,548	0	27,455	
FLORENCE JOHNSTON ,	45					X	7,491	0	0	

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues						
		1b						
	c	Fundraising events 39,154						
		1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 268,930 1f						
g	Noncash contributions included in lines 1a-1f \$ 2,629							
h	Total (Add lines 1a-1f)	308,084						
Program Service Revenue	2a	TISSUE PROCESS FEES	9,663,252	9,663,252				
	b	BONE AND SKIN PROCUREMENT FEE	10,490	10,490				
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f \$ 9,673,742						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	199,022			199,022		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses 408,809				
			c	Gain or (loss) -408,809				
d	Net gain or (loss)	-408,809	-408,809					
8a	Gross income from fundraising events (not including \$ 64,320 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a							
		b	Less direct expenses b	39,154	44,891			
		c	Net income or (loss) from fundraising events	19,429	19,429			
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a							
		b	Less direct expenses b					
		c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances a							
		b	Less cost of goods sold b					
		c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code						
11a	EMPLOYEE LEASE INCOME		536,412	536,412				
b	MISCELLANEOUS INCOME		5,633		5,633			
c								
d	All other revenue							
e	Total. Add lines 11a-11d \$ 542,045							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,333,513	9,820,774		204,655		

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	167,134	167,134		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	509,545		509,545	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,710,872	3,288,668		125,436
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	283,862	221,412	53,934	8,516
9 Other employee benefits	848,455	661,795	161,206	25,454
10 Payroll taxes	336,528	265,857	63,940	6,731
11 Fees for services (non-employees)				
a Management				
b Legal	20,871	11,270	7,305	2,296
c Accounting	46,250	24,975	16,188	5,087
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	212,093	117,400	72,454	22,239
12 Advertising and promotion				
13 Office expenses	1,601,227	1,513,999	67,408	19,820
14 Information technology				
15 Royalties				
16 Occupancy	327,117	287,353	39,764	
17 Travel	310,710	211,474	99,029	207
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	53,228	44,863	8,365	
20 Interest	102,588	79,506	23,082	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	490,068	392,054	98,014	
23 Insurance	88,806	71,045	17,761	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a LAB AND TECHNICAL FEES	464,375	464,375		
b FIELD TECHNICIANS	237,657	237,657		
c PUBLIC EDUCATION	62,335	62,207		128
d IMPORTED TISSUE	54,746	54,746		
e MEMBERSHIP DUES	47,013	43,840	3,173	
f All other expenses	80,459	50,906	13,203	16,350
25 Total functional expenses. Add lines 1 through 24f	10,055,939	8,272,536	1,551,139	232,264
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	980,459	1	875,725
	2 Savings and temporary cash investments	5,881,189	2	5,165,561
	3 Pledges and grants receivable, net	109,046	3	47,910
	4 Accounts receivable, net	1,508,107	4	1,517,024
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	164,565	9	141,909
	10a Land, buildings, and equipment cost basis			
		10a 6,509,019		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 2,675,277	3,664,387	10c 3,833,742
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	115,409	15	52,847	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,423,162	16	11,634,718	
Liabilities	17 Accounts payable and accrued expenses	1,332,386	17	857,296
	18 Grants payable	197,400	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,247,500	23	2,012,500
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>		25	405,948
	26 Total liabilities. Add lines 17 through 25	3,777,286	26	3,275,744
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,285,542	27	8,055,590
	28 Temporarily restricted net assets	229,046	28	167,910
	29 Permanently restricted net assets	131,288	29	135,474
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,645,876	33	8,358,974	
34 Total liabilities and net assets/fund balances	12,423,162	34	11,634,718	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes" to lines 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?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
MIDWEST EYE-BANKS

Employer identification number

38-2117115

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	314,685	597,601	542,781	385,463	436,238	2,276,768
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 line 1-3	314,685	597,601	542,781	385,463	436,238	2,276,768
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						7,179
6 Public Support subtract line 5 from line 4						2,269,589

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	314,685	129,779	542,781	385,463	436,238	2,276,768
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	268,775	129,779	224,606	256,433	199,022	1,078,615
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 IV)	619	130,505	260,598	351,918	542,045	1,285,685
11 Total Support (Add lines 7 through 10)						4,641,068
12 Gross receipts from related activities, etc (See instructions)					12	27,952,165
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	48.902 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	58.434 %
16a 33 1/3% Test - 2008. 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 checked="" type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the 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 - 2008. 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 IV 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 - 2007. 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 IV 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 the 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization MIDWEST EYE-BANKS

Employer identification number 38-2117115

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

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

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

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

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

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

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	131,288				
b Contributions	4,186				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	135,474				

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Term endowment

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings		1,697,708	2,675,277	-977,569
c Leasehold improvements		1,037,773		1,037,773
d Equipment		3,232,601		3,232,601
e Other		370,937		370,937
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,833,742

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,333,513
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,055,939
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	277,574
4	Net unrealized gains (losses) on investments	4	-564,476
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-564,476
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-286,902

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,813,928
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-564,476
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	44,891
e	Add lines 2a through 2d	2e	-519,585
3	Subtract line 2e from line 1	3	10,333,513
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	10,333,513

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,100,830
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	44,891
e	Add lines 2a through 2d	2e	44,891
3	Subtract line 2e from line 1	3	10,055,939
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	10,055,939

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	GIFT OF HOPE EYE AND VISION RESEARCH ENDOWMENT FUND - THE PURPOSE OF THIS ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO MIDWEST EYE-BANKS' GIFT OF HOPE EYE AND VISION RESEARCH PROGRAM WHICH SUPPORTS PROMISING EYE AND VISION RESEARCH PROJECTS INTO THE CAUSES AND CURES OF A WIDE RANGE OF BLINDING EYE CONDITIONS FOR THOSE WHOSE BLINDNESS CANNOT BE REVERSED BY A CORNEAL TRANSPLANT, OUR EYE AND VISION RESEARCH PROGRAM BECOMES THE GIFT OF HOPE AS THEY AWAIT AN IMPROVED METHOD OF TREATMENT OR POSSIBLY A CURE GIFT OF SIGHT CHARITABLE ENDOWMENT FUND - THE PURPOSE OF THIS ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO MIDWEST EYE-BANKS' GIFT OF SIGHT PROGRAM WHICH WAIVES OR REDUCES TISSUE PROCESSING FEES WHEN THERE IS A CHARITABLE NEED TO DO SO, PROVIDING HUMANITARIAN AID TO PEOPLE WHO WOULD OTHERWISE BE UNABLE TO AFFORD THE COSTS ASSOCIATED WITH CORNEAL TRANSPLANTATION SURGERY BEVERLY A BLETNER COMMUNITY EDUCATION ENDOWMENT FUND - THE PURPOSE OF THIS ENDOWMENT FUND IS TO PROVIDE FOR ANNUAL DISTRIBUTIONS TO MIDWEST EYE-BANKS' COMMUNITY EDUCATION PROGRAM WHICH PROVIDES PUBLIC AND PROFESSIONAL EDUCATION TO INCREASE AWARENESS OF THE CONTINUING NEED FOR EYE, ORGAN AND TISSUE DONATION OUR EDUCATION PROGRAMS ENGAGE AND EDUCATE THE PUBLIC ABOUT PROPER EYE CARE, EYE DISEASES AND EYE, TISSUE AND ORGAN DONATION MIDWEST EYE-BANKS' DEDICATION TO COMMUNITY OUTREACH IN SUPPORT OF DONOR REGISTRIES IN OUR SERVICE AREAS HELPS TO GUARANTEE THAT NO ONE WILL BE DENIED THE GIFTS OF SIGHT AND LIFE IN THE YEARS TO COME
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 44,891 - 44,891
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 44,891
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	44,891

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Department of the Treasury Internal Revenue Service

Name of the organization MIDWEST EYE-BANKS

Employer identification number 38-2117115

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

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

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

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Rows include CENTRAL AMERIC/CARIBBEAN, EAST ASIA/PACIFIC, EUROPE, MIDDLE EAST/NORTH AFRICA, NORTH AMERICA, SOUTH AMERICA, SUB-SAHARAN AFRICA, and Totals.

Software ID:
Software Version:
EIN: 38-2117115
Name: MIDWEST EYE-BANKS

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization MIDWEST EYE-BANKS

Employer identification number 38-2117115

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

- 2a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name 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.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GALA (event type)	GOLF OUTING (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	78,124	23,950		102,074
	2 Less Charitable contributions	33,529	4,925		38,454
	3 Gross revenue (line 1 minus line 2)	44,595	19,025		63,620
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	31,059	13,137		44,196
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				44,196
9 Net income summary Combine lines 3 and 8 in column (d) ▶				19,424	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Provide 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?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

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?

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MIDWEST EYE-BANKS

Employer identification number

38-2117115

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Software ID:
Software Version:
EIN: 38-2117115
Name: MIDWEST EYE-BANKS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT STIPEND	1	2,500			
STUDENT STIPEND		2,500			
STUDENT STIPEND		2,500			
STUDENT STIPEND		2,500			
STUDENT STIPEND		2,500			
STUDENT STIPEND		2,500			
STUDENT STIPEND		2,500			
GRANT		15,000			
GRANT		15,000			
GRANT		15,000			
GRANT		15,000			
GRANT		15,000			
GRANT		15,000			
GRANT		15,000			
GRANT		14,634			
GRANT		15,000			
GRANT		15,000			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDWEST EYE-BANKS

Employer identification number
38-2117115

Part I Questions Regarding Compensation

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

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

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

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

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

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

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

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEVIN ROSS	(i)	160,586				29,334	189,920	
	(ii)							
CHARLES PIVONEY	(i)	128,258				27,734	155,992	
	(ii)							
BRAD TENNANT	(i)	123,548				27,455	151,003	
	(ii)							
FLORENCE JOHNSTON	(i)	7,491					7,491	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDWEST EYE-BANKS

Employer identification number

38-2117115

Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A THE EDC OF PITTSFIELD TOWNSHIP	38-2490613		01-29-2007	2,550,000	REFINANCING				

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
MIDWEST EYE-BANKS

Employer identification number
38-2117115

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	TRANSPLANT RECIPIENTS, WHO SUFFER FROM EYE INJURIES AND DISEASES THAT CAN LEAD TO BLINDNESS UNLESS THEY ARE TREATED THROUGH CORNEAL TRANSPLANTATION, AND THE MILLIONS OF OTHERS WHO CAN BE HELPED THROUGH SCIENTIFIC RESEARCH DURING FISCAL YEAR 2009 (JULY 1, 2008-JUNE 30, 2009), MIDWEST EYE-BANKS RECOVERED EYE TISSUE FROM 3,257 DONORS, EVALUATED AND DISTRIBUTED 4278 DONATED EYE TISSUES FOR TRANSPLANTATION, AND ALSO DISTRIBUTED 1855 FOR RESEARCH

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	ORGAN AND TISSUE DONATION, EYE INJURY PREVENTION AND EYE HEALTH DURING FISCAL YEAR 2009 (JULY 1, 2008-JUNE 30, 2009) MANY MORE CONSTITUENTS ARE REACHED THROUGH SEMI-ANNUAL NEWSLETTERS, ENEWSLETTERS, ANNUAL REPORTS AND WEB CONTENT SHARING OUR MESSAGE OF SIGHT RESTORATION THE PROFESSIONAL EDUCATION PROGRAM BUILDS AND MAINTAINS RELATIONSHIPS WITH HEALTHCARE PROFESSIONALS AND OTHERS DIRECTLY INVOLVED IN EYE TISSUE DONATION AND TRANSPLANTATION EFFORTS EFFECTIVE COLLABORATION WITH THESE PROFESSIONALS ENABLES SUITABLE RECOVERY OF TISSUE FOR TRANSPLANTATION AND RESEARCH, TIMELY RETRIEVAL OF DONOR MEDICAL INFORMATION, SUCCESSFUL DISTRIBUTION OF TISSUE FOR TRANSPLANTATION, AND ADVOCACY OF RESEARCH AND DONATION

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	ENVISIONED PRIMARILY AS SEED MONEY TO DEVELOP IDEAS, COLLECT DATA OR CARRY OUT PRELIMINARY LABORATORY WORK THAT FACILITATES APPLICATION FOR MORE EXTENSIVE SUPPORT BY LARGER PRIVATE OR GOVERNMENTAL AGENCIES AWARDS ARE GENERALLY 15,000 EACH, AND TOTAL AWARD FUNDING IS APPROXIMATELY 150,000 AND 200,000 PER YEAR IN FISCAL YEAR 2009, MIDWEST EYE-BANKS CONTRIBUTED 167,500 TO PROMISING EYE AND VISION RESEARCH PROJECTS WHEN RESEARCH AWARDS ARE GRANTED, AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A WRITTEN PROGRESS REPORT TO MIDWEST EYE-BANKS WITHIN 14 MONTHS THE EYE-BANK, IN TURN, APPRISES ITS STAKEHOLDERS OF RESEARCH PROJECTS AND ACCOMPLISHMENTS RESEARCHERS ARE EXPECTED TO NOTIFY THE EYE-BANK OF ANY ADDITIONAL FUNDING THEY OBTAIN IN THE FUTURE, RESULTING FROM THE WORK MADE POSSIBLE THROUGH THE EYE-BANK GRANT THEY ARE ALSO ASKED TO ACKNOWLEDGE MIDWEST EYE-BANKS SUPPORT IN ANY PUBLICATIONS OR PRESENTATIONS COVERING THE FUNDED PROJECT(S), AND TO PROVIDE COPIES OF PAPERS PUBLISHED AS A RESULT OF EYE-BANK FUNDING

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	A COPY OF THE 990 IS REVIEWED BY THE CEO AND FINANCE DIRECTOR PRIOR TO FILING COPY OF COMPLETED 990 IS PROVIDED VIA E-MAIL TO ALL BOARD MEMBERS AND SR STAFF FOR COMMENTS AND QUESTIONS PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY IS REVIEWED DURING NEW EMPLOYEE ORIENTATION AND ANNUALLY WITH THE ENTIRE STAFF AND BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY SR STAFF UPON DISCOVERY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A PERFORMANCE REVIEW IS CONDUCTED BY THE BOARD HR COMMITTEE WITH CEO, MERIT INCREASE IS RECOMMENDED BY THE HR COMMITTEE AND APPROVED BY THE BOARD THE CEO IS NOT PART OF COMPENSATION DISCUSSION AND CEO DOES NOT PARTICIPATE IN THE SELECTION OF BOARD MEMBERS THE CEO SALARY IS COMPARED TO SALARIES OF OTHER CEO'S AT PEER ORGANIZATIONS, OTHER EYE BANKS, OPOS, OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE THE SOURCE OF SALARY INFORMATION IS PRIMARILY THE 990'S ISSUED BY PEER ORGANIZATIONS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDWEST EYE-BANKS

Employer identification number
38-2117115

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
LIONS EYE BANK OF NEW JERSEY INC 841 MOUNTAIN AVE SPRINGFIELD, NJ07081 20-3345087	EYE BANK	NJ	3	7	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) LIONS EYE BANK OF NEW JERSEY	P	536,412
(2)		
(3)		
(4)		
(5)		
(6)		

