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Form 990-EZ

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

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

Open to Public Inspection

Α	For t	ne 2009 ca	lendar	year, or tax year beginning	, 20	009, and er	nding			,
В	Check	if applicable		С				D Emp	loyer ı	dentification number
	Addres	s change	Please use IRS	Blind Mission Proje	ect of			04	-36	98378
	Name	change	label or print or	Central Illinois				E Tele		
	Initial r	eturn	type.	646 W. Pershing Ro	ad			12	17)	875-0300
	Termin	ation	See Specific	Decatur, IL 62526				(2	1/)	675-0300
	Amend	ed return	Instruc- tions.	,				F Gro	up Ex	xemption
\perp	Applica	ition pending	110113.					Nur	nber	_
	_	Section :	501(c)(3) ust atta	organizations and 4947(a)(1) ch a completed Schedule A (i	nonexempt charitable tru Form 990 or 990-EZ).	sts	G Accounting Other (spec		X	Cash Accrual
ı	Webs	site: ► <u>N</u>	I/A	teel' "			H Check ► L required to 990-EZ, or	attach	Sche	ganızatıon ıs not dule B (Form 990,
<u>J</u>		kempt status								
к —		00 A Form	1 990-EZ	anization is not a section 509(or Form 990 return is not requir	ed, but if the organization ch	ooses to fil	e a return, be sur	re norn e to file	nally a cor	not more than mplete return
L —	ınste	ad of Forn	1 990-E						▶\$	76,419.
P	art I	Rev	enue, l	Expenses, and Changes	in Net Assets or Fur	id Balan	ces (See the	ınstru	<u>ctıo</u> r	
	1			ts, grants, and similar amoun					1	73,698.
	2	Program	service	revenue including governmen	t fees and contracts			Γ	2	
	3	Members	hip due:	s and assessments					3	
	4	Investme	nt incon	ne				Γ	4	1,916.
	5a	Gross an	ount fro	om sale of assets other than in	nventory	5a		Γ		,
				er basis and sales expenses	•	5 b				
R	C	Gain or (los	s) from sa	ale of assets other than inventory (Sub	tract In 5b from In 5a)				5c	
REVENU	6	•	•	tivities (complete applicable parts of S	-	gaming, che	eck here			
E	a			not including \$	of contributions	5. 5.		_	·	
Ü	"	reported	•	• -	01 continuations	6a			·	
-		•		nses other than fundraising e	vnancas	6b			***	
			•	from special events and activities (Sul	•	[00]		 -	6c	
				ventory, less returns and allow	•	7a	c	305.	3	
				-	varices	7 b		300.		
		Less cos	•		Substant line 7h fanns line 7		1,0	00.	7c	-995.
	L _	•	•	oss) from sales of inventory (S	Subtract line 76 from line 7	a)		. ⊦		- 990.
	8	Other reven	•					_' . 	8	
	9	Total rev	enue A	dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8			•	9	74,619.
	10	Grants a	nd simila	ar amounts paid (attach sched	ule)	See S	tatement 1		10	62,946.
F	11	Benefits	paid to	or for members				L	11	
X P	12	Salaries,	other co	ompensation, and employee b	enefits.				12	
Ē	13	Profession	nal fees	and other payments to indep	endent contractors				13	
E N S E	14	Occupan	cy, rent,	utilities, and maintenance					14	
E S	15	Printing,	publicat	ions, postage, and shipping					15	
Ĭ	16	Otherrexper	sestitlesc	See Statement	2) [16	9,942.
!	***	Jotal ex	enses.	Add lings 10 through 16				▶	17	72,888.
	18	Excess o	r (defici	t) for the Par (Subtract line 1	7 from line 9)				18	1,731.
,		אייי אטו	1 4 6	d belances at beginning of ye	•	11) (must s	araa with and at	f 1100r	7	
N	まだ	net asse	orted o	n prior vear a return)	ar (nom line 27, column (/	A)) (IIIust a	igree with end-or	-year	19	172,091.
Ë	E 20	Othersch	ลเกยองแน	n prior years return) rnet assels or fund balances	(attach explanation)			<u> </u>	20	
}	21	Net Q C	DEV	d balances at end of year Co	mbine lines 18 through 20			<u> </u>	21	173,822.
F	214 II.			heets. If Total assets on line		1 000 or m	ore file Form 000			
Ę	<u> </u>	Jaia	3	(See the instructions for f		,,ooo or mic	(A) Beginning			(B) End of year
5	3 C~	h cours	c and	vestments	ait 11)			, 891.	22	173,622.
5	e vas			ivesuiiciits			1/1,	, U J L .	23	113,024.
2222	3 Lar	nd and bui		o - Cae Ctatamant	2 \			200.	24	200.
3	er U(r È T-:		(uescrit	pe ► <u>See Statement 3</u>)		170	.091.		173,822.
(2		al assets	(d	uula a 🔈	`		1/2,			1/3,022.
2		al liabiliti)		170	0.	26	173,822.
	7 Net	asset5 0	i iuna 9	alances (line 27 of column (B)	musi agree with line 21)		1/2,	<u>,091.</u>	4/	113,022.

	990-EZ(2009) Blind Mission E				<u>-369</u>	98378 Page 2
	Statement of Program Se		(See the instruction	ns.)	_	Expenses
Desc desc	s the organization's primary exempt purpose? Se ribe what was achieved in carrying out to ribe the services provided, the number of ram title	e Statement 4 he organization's exempt purp if persons benefited, or other	poses In a clear and co relevant information for	ncise manner, each	orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28	See Statement 5					
	(Grants \$) If t	his amount includes foreign gi	rants, check here.	▶	28 a	62,946.
29	Eyeglasses were purchase project for Decatur, Ill			- -		
	(Grants \$) If t	his amount includes foreign gi	rants, check here	<u> </u>	29 a	5,742.
30						
	(Grants \$) If t	his amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedul	e)				
		his amount includes foreign gi	rants, check here	▶ [_]	31 a	60.600
	Total program service expenses (add		mlaviana I I I I	<u> </u>	32	68,688.
gar	List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and ation	and other allowances
	shant Sinha	President	1		0.	0.
	55 Lewallen Place	2.00				
	catur, IL 62521 Chael Sinha	Vice President	0.		0.	0.
	55 Lewallen Place	1.00			Ο.	0.
	catur, IL 62521	_				
	veig Johannsdotti	Secretary	0.		0.	0.
296	55 Lewallen Pl. catur, IL 62521	1.00				
	esite Cochran	Treasurer	0.		0.	0.
	08 South 12th Street Louis, MO 63104	1.00				
		-				
		_				
	-					
		_				
		_			·-	
		-				
		1				
		1				

Par	t V	Other Information (Note the statement requirements in the instrs for	<u>Part</u>	: V.)	See Sta	teme	nt	6
							Yes	No
33		ne organization engage in any activity not previously reported to the IRS? If 'Yes,' attach activity	a de	etailed de	escription of	33	_	Х
34	Were	any changes made to the organizing or governing documents? If 'Yes,' attach a conform	ned c	copy of th	ne changes	34		X
35	If the o	rganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), be a statement explaining why the organization did not report the income on Form 990-T.	out not	reported o	n Form 990-T,	•		
a		ne organization have unrelated business gross income of \$1,000 or more or was it subjecting, and proxy tax requirements?	ct to	section 6	6033(e) notice,	35 a		Х
t	If 'Ye	s,' has it filed a tax return on Form 990-T for this year?				35 b		
	year?	ne organization undergo a liquidation, dissolution, termination, or significant disposition of If 'Yes,' complete applicable parts of Schedule N			-	36		X
		amount of political expenditures, direct or indirect, as described in the instructions le organization file Form 1120-POL for this year?	37 a		0.	37b	*	<u>,</u>
38 a	Did thany s	ne organization borrow from, or make any loans to, any officer, director, trustee, or key out with loans made in a prior year and still outstanding at the end of the period covered by	emplo this i	oyee or v return?	vere	38 a	¥.	X
	amou	s,' complete Schedule L, Part II and enter the total int involved	38 b		N/A			*
		on 501(c)(7) organizations Enter:	20 =		NT / 7	300	* * *	
		cron fees and capital contributions included on line 9 streeplys, included on line 9, for public use of club facilities.	39a 39b	_	N/A N/A	* *		
		on 501(c)(3) organizations. Enter amount of tax imposed on the organization during the		under		***		•
		on 4911 ► 0., section 4912 ► 0., section 4955			0.		**	
	transa prior Yes,	on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 490 action during the year or is it aware that it engaged in an excess benefit transaction with year, and that the transaction has not been reported on any of the organization's prior F complete Schedule L, Part I	n a di	isqualifie	d person in a	40 b	**	<u>X</u>
	mana	on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization igers or disqualified persons during the year under sections 4912, 4955, and 4958.	►.		0.	é s	*	mija V
	by the	on 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed e organization	>		0.	3	*	چُۆ ^د
•	All or shelte	ganizations. At any time during the tax year, was the organization a party to a prohibite or transaction? If 'Yes,' complete Form 8886-T	d tax			40 e		X
41	List the	e states with which a copy of this return is filed L						
	books Located At an finance	ganization's are in care of Dr. Sushant Sinha d at 646 West Pershing Road Decatur IL y time during the calendar year, did the organization have an interest in or a signature or cial account in a foreign country (such as a bank account, securities account, or other fines, enter the name of the foreign country	– or oth nanci	. — - ZIP +	no ► 217-8 + 4 ► 62526 rity over a nt)?	75-0 	300 Yes	No X
•	: At an	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fin by time during the calendar year, did the organization maintain an office outside of the Us, enter the name of the foreign country.	IS?				**	X
43		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chariter the amount of tax-exempt interest received or accrued during the tax year	neck l	here	► 43		<u> </u>	N/A N/A
44	D <u>id</u> tl	ne o <u>rganiz</u> ation maintain any donor advised funds? If 'Yes,' Form 990 must be complete	d ins	tead			Yes	No
		rm 990-EZ	on E1	2/h)/12\	? If 'Voc '	44	 	X
45 	Is an	y related organization a controlled entity of the organization within the meaning of sections 990 must be completed instead of Form 990-EZ	וכ ווע	∠(U)(13) ———	rii tes,	45	<u> </u>	X

Form **990-EZ** (2009)

orm 000 E	7 (2000)	Blind	Miccian	Project	Λf
orm 990 F	/ (/009)	BUING	MISSION	Project	OI

04-3698378

Page 4

►X Yes No

Form **990-EZ** (2009)

PaitVI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the tables	ctıon 4947(a)(1) no	nexempt charital	ot charitable trusts only ble trusts must answer	y. All se questio	ction ns	1
46 Did th	ne organization engage in direct or indire	ct political campaign ac C. Part I	ctivities on behalf of	or in opposition to candidate	es 46	Yes	No X
	he organization engage in lobbying activi				47		Х
	e organization a school as described in se			chedule F	48		X
	he organization make any transfers to an	. , , , , , ,			49a		X
	es,' was the related organization a section	•	Telated organization	•	49 b		
	_	_			<u> </u>		l
50 Complemple	olete this table for the organization's five oyees) who each received more than \$10	00,000 of compensation	from the organization	on If there is none, enter 'No	one '		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	pense int and lowance	s
None							
f Total	number of other employees paid over \$	100.000					
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated is none, enter 'None'	ndependent contract	ors who each received more	than \$10	000,000	of
	(a) Name and address of each independent cont	ractor paid more than \$100,000	1	(b) Type of service	(c) Com	pensatio	n
None							
d Total	number of other independent contractor	s each receiving over \$	100,000	<u> </u>			
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer of	nined this return, including acco (other than officer) is based on	ompanying schedules and si all information of which pre	tatements, and to the best of my know parer has any knowledge	ledge and b	elief, it i	s
Sign Here	Sushau— Signature of officer	S'ulma W			<u>0</u>		
	Sushant Sinha			President			
	Type or print name and title						
Paid Pre-	Preparer's signature	istraw	Date //-/_	S-/O Check if self-employed X N/	parer's Ident e instructions A	ifying Nu	ımber
parer's	Firm's name (or Sikich LLP yours if self-	<u> </u>			T / 3		
Use Ombo	employed), - 132 South Water	•	J		I/A	600	
Only	ZIP + 4 Decatur, IL 625	23		Phone no ► (217) 423-	6000	נ

May the IRS discuss this return with the preparer shown above? See instructions

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Blind Mission Project of

Employer identification number

		Centi	ral Illinois	000 01					04-36	598378	3		
Parl	tl	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ii	nstruct	ions		
The c	orga	nization is not a priv	vate foundation becau	ise it is (For lines 1 throi	ugh 11,	check o	nly one	box)					
1	Ц	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)					
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)								
3	Ц	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(ł)(1)(A)(iii).					
4		A medical research	ı organızatıon operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	()(iii) Er	nter the hos	spital's	
_	$\overline{}$	name, city, and sta											
5		170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university		·	-	•	rnmenta	unit de	scribed in s	section	
7	X	An organization that		governmental unit descril substantial part of its su art II)					t or from	n the ger	neral public	: descri	bed
8	\sqcup	A community trust	described in section 1	170(b)(1)(A)(vi). (Complet	te Part I	I)							
9		from activities related investment income	d to its exempt function	more than 33-1/3 % of its s is – subject to certain exce iss taxable income (less omplete Part III.)	eptions, a	and (2) r	o more t	han 33-	1/3 % of	its suppo	ort from gros	SS	fter
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).				
11		more publicly supp	orted organizations d	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or car section	rry out th 509(a)(3	he purpose 3). Check t	s of on ne box	e or that
		a Type !	b Type II	c 🗌 Type III	I – Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other that	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in sec	disqual ction 509	ified perso 9(a)(1) or s	ns othe ection	er
f		If the organization check this box	received a written det	ermination from the IRS	that is a	а Туре І	Type II	or Typ	e III sup	porting	organızatıo	n,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fro	om any	of the f	ollowing	persons	۶۶		
												Yes	No
		(i) a person who	directly or indirectly overning body of the si	controls, either alone or tupported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
		, ,	ber of a person desc								11 g (ii)		
				described in (i) or (ii) al	bove?						11 g (iii)		
h		•		the supported organization									
	(1)) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	the organ	(I) of	organizat (i) organi	s the ion in col zed in the	(vii) Amour	it of Supp	oort
					Yes	No	Yes	No	Yes	No			
Γotal				*****									

Schedule A (Form 990 or 990-EZ) 2009

Page 2 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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 31,499 11,277 44,919 9,873 73,698 171,266. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to 0. the public without charge 31,499 11,277. 44,919 9,873 73,698 171,266. Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental v. 7 unit or publicly supported 30 organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 15,824. Public support. Subtract line 5 from line 4 155,442. Section B. Total Support Calendar year (or fiscal year beginning in) ► (e) 2009 (b) 2006 (c) 2007 (d) 2008 (a) 2005 (f) Total 31,499 11,277 44,919 9,873 73,698 171,266. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 5,937. 1,429 567 2,025 1,916 similar sources. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 íšz. through 10 177,203. 12 0. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 87.7% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 77.3% 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. 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 17a 10%-facts-and-circumstances test — 2009 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 b 10%-facts-and-circumstances test - 2008. 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 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

BAA

Schedule A (Form 990 or 990-EZ) 2009 Blind Mission Project of Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	cked the box on iii	ne 9 of Part 1)					
Sect	ion A. Public Support			-	 			
Calen	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 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 amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line		14882283 PA		The same of the same			
_	7c from line 6)	化等地小线		158.4	PAR COLDINAR	CHILL BOX	3	
<u> </u>	·	Although and the American within	** 1 As 248 LA2" of 18 v@32 v. 9.	. It is the vesselles and serve.	1 * * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* "%"	
	tion B. Total Support	4.3.0005	4-> 0000	4-2-0007	(4) 0000	(=) 0000	(D Tabal	
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
Cale		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
Cale 9 10 a	ndar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
Caler 9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
Caler 9 10 a b	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				(d) 2008			
Caler 9 10 a b	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in.				(d) 2008	(e) 2009		
Calei 9 10 a b c 11 12 13	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990.	is for the organiz						
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Calei 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	us for the organization here blic Support P 009 (line 8, column	ation's first, secondercentage	ر المراجعة	or fifth tax year as	s a section 50	11(c)(3) ►	
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	is for the organization has blic Support P 009 (line 8, column 2008 Schedule A,	ation's first, secondercentage n (f) divided by line Part III, line 15	nd, third, fourth,	or fifth tax year as	s a section 50	11(c)(3) ► [
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Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion. C. Computation of Pupulic support percentage from the street in the computation of Investment income percentage for the support percentage from the street income.	is for the organized stop here blic Support P 009 (line 8, column 2008 Schedule A, restment Incorr	ation's first, second Percentage n (f) divided by lin Part III, line 15 me Percentage column (f) divided	nd, third, fourth, ne 13, column (f)	or fifth tax year as	s a section 50	11(c)(3)	6
Calei 9 10 a b c 11 12 13 14 Sec 17 18	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support tests — 2009. If the support tests — 2009.	Is for the organization of	ation's first, second of the s	nd, third, fourth, ne 13, column (f) e ed by line 13, column (f) 17 line 14, and line 15	or fifth tax year as	s a section 50	15 % 16 % 17 % 18 %	6
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Schedule A	(Form S	190 or 9	90-EZ)	2009	BIII	na mi	SSIO	n Pro	ject (OI				04-36	983/8		Page 4
Part IV	Suppl Part II	ement , line 1	al Inf e 17a o	ormat 17b;	i on. C and F	Comple Part III	te this , line	s part 12. Pr	to prov ovide a	ride t any o	he exp ther ac	lanatior Iditional	ns requ I inform	ired by nation.	Part I See in	l, line 1 structio	0; ns.
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Client 01820	Blind Mission Project of Central Illinois	04-3698378
11/15/10		09 55AN
Computation of Cost of Goods S	old (Form 990-EZ)	
1. Inventory at start of y	ear	0.
2. Purchases 3. Cost of labor		1,800.
4. Additional 263A costs		0.
5. Other costs		0.
6. Total (Add lines 1 thro		1,800.
7. Inventory at end of yea 8. Cost of goods sold (Sub	r .	$\frac{0.}{1,800.}$

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2009	Federal Statements		Page 1 04-3698378	
Client 01820	Blind Mission Project of Central Illinois			
11/15/10			09 55AM	
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid				
Donee's Name: Cash Amount Given:	Bihar Eye Bank Trust Ranchi, Jharkhand, India,	\$	6,200.	
Donee's Name: Description of Property: Date of Gift: Book Value: Method Used to Determine BV: Fair Market Value: Method Used to Determine FMV:	Bihar Eye Bank Trust Ranchi, Jharkhand, India, Photo Machine Equipment 8/31/2009 6,305. Purchase Price Purchase Price		6,305.	
Donee's Name: Description of Property: Date of Gift: Book Value: Method Used to Determine BV: Fair Market Value: Method Used to Determine FMV:	Bihar Eye Bank Trust Ranchi, Jharkhand, I, Medical Supplies 2/17/2009 50,441. Purchase Price Purchase Price		50,441.	
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Glasses for children program Travel		\$ Total <u>\$</u>	5,742. 4,200. 9,942.	
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets				
Machinery and Equipment	Total	\$ 200.\$	Ending 200. 200.	

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Providing eye care to underprivileged persons throughout the world.

2009

Federal Statements

Page 2

Client 01820

Blind Mission Project of Central Illinois

04-3698378

11/15/10

09 55AM

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Blind Mission Project sponsored individuals to travel to the Bihar Eye Clinic in India to help provide free medical treatment to numerous individuals. Cash, equipment and medical supply donations of \$62,946 were provided to the Bihar Eye Clinic during 2009.

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No No