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

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 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 DRIVE

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

D Employer identification number
 38-2117115

E Telephone number
 (734) 780-2119

G Gross receipts \$ 12,143,249

F Name and address of principal officer
 KEVIN W ROSS
 4889 VENTURE DRIVE
 ANN ARBOR, MI 48108

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 Website: WWW.MIDWESTEYEBANKS.ORG

K Form of organization Corporation Trust Association Other

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

Part I Summary

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 if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	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	109
6 Total number of volunteers (estimate if necessary)	6	750
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	308,084	403,380
	9 Program service revenue (Part VIII, line 2g)	9,673,742	10,139,579
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-209,787	274,020
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	561,474	777,318
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,333,513	11,594,297
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	167,134	158,959
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,689,262	7,018,253
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>360,792</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,199,543	4,568,173
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,055,939	11,745,385	
19 Revenue less expenses Subtract line 18 from line 12	277,574	-151,088	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	11,634,718	12,013,964
	21 Total liabilities (Part X, line 26)	3,275,744	3,355,334
	22 Net assets or fund balances Subtract line 21 from line 20	8,358,974	8,658,630

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: 2010-11-03

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

Paid Preparer's Use Only

Preparer's signature: MARI MCKENZIE Date: 2010-11-03 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: YEO & YEO PC, PO BOX 3275, SAGINAW, MI 48605

Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no: (989) 793-9830

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

Part III Statement of Program Service Accomplishments

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 501(c)(4) organizations and section 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 \$ 6,962,407 including grants of \$) (Revenue \$)

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

4b (Code) (Expenses \$ 1,790,697 including grants of \$) (Revenue \$)

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 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 \$ 938,598 including grants of \$ 158,959) (Revenue \$)

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 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 \$ 9,691,702

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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	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 similar funds or 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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school 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 United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> <input checked="" type="checkbox"/>	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 U S? <i>If "Yes," complete Schedule F, Part II</i> <input checked="" type="checkbox"/>		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 U S? <i>If "Yes," complete Schedule F, Part III</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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>	34	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>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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 38		
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?	Yes	
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 109		
b	If at least one is reported on line 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 (see instructions)	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
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?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
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 If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
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
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 4889 VENTURE DRIVE ANN ARBOR, MI 48108 (734) 780-2119

1b Total	765,068	142,949
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BCBS BCBS PO BOX 79001 POBOX 79001 DETROIT, MI 48279	INSURANCE	785,502
LABS INC LABS INC 6933-B S REVERE PARKWAY 6933-B S REVERE PARKWAY CENTENNIAL, CO 80112	LAB TESTING	618,970
INTERACTIVE BUSINESS SYSTEMS INC INTERACTIVE BUSINESS SYSTEMS INC 6650 EAGLE WAY 6650 EAGLE WAY CHICAGO, IL 60678	IT SOLUTIONS	494,937
OWENS & MINOR OWENS & MINOR 12199 COLLECTION CENTER DR 12199 COLLECTION CENTER DR CHICAGO, IL 60693	HEALTHCARE PROD	399,417
BAUSCH & LOMB INC BAUSCH & LOMB INC 4395 COLLECTION CENTER DR 4395 COLLECTION CENTER DR CHICAGO, IL 60693	EYE PRODUCTS	299,803

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514							
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a											
	b	Membership dues 1b											
	c	Fundraising events 1c	57,905										
	d	Related organizations 1d											
	e	Government grants (contributions) 1e											
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	345,475										
	g	Noncash contributions included in lines 1a-1f \$ _____											
	h	Total. Add lines 1a-1f ▶	403,380										
Program Service Revenue	2a	TISSUE PROCESS FEES	900,099	10,128,609	10,128,609								
	b	BONE AND SKIN PROCUREMENT FEE	900,099	10,970	10,970								
	c												
	d												
	e												
	f	All other program service revenue											
	g	Total. Add lines 2a-2f ▶	10,139,579										
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	157,377			157,377							
	4	Income from investment of tax-exempt bond proceeds ▶											
	5	Royalties ▶											
	6a	b	c	d	(i) Real	(ii) Personal							
					Gross Rents	Less rental expenses	Rental income or (loss)	Net rental income or (loss) ▶					
	7a	b	c	d	(i) Securities	(ii) Other							
					Gross amount from sales of assets other than inventory	Less cost or other basis and sales expenses	Gain or (loss)	Net gain or (loss) ▶	579,919	463,276	116,643	116,643	
	8a	b	c	a	b	c	a						
Gross income from fundraising events (not including \$ 57,905 of contributions reported on line 1c) See Part IV, line 18								Less direct expenses	Net income or (loss) from fundraising events ▶	83,253	85,676	-2,423	-2,423
9a	b	c	a	b	c	a							
							Gross income from gaming activities See Part IV, line 19	Less direct expenses	Net income or (loss) from gaming activities ▶				
10a	b	c	a	b	c	a							
							Gross sales of inventory, less returns and allowances	Less cost of goods sold	Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue		Business Code											
11a	EMPLOYEE LEASE INCOME	900,099	641,488	641,488									
b	OTHER INCOME	900,099	138,253			138,253							
c													
d	All other revenue												
e	Total. Add lines 11a-11d ▶	779,741											
12	Total revenue. See Instructions ▶	11,594,297	10,778,644			412,273							

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	158,959	158,959		
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	544,027	418,900	103,365	21,762
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	4,652,467	3,596,134	875,259	181,074
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	287,651	222,341	54,115	11,195
9	Other employee benefits	1,116,076	862,673	209,965	43,438
10	Payroll taxes	418,032	323,118	78,644	16,270
11	Fees for services (non-employees)				
a	Management				
b	Legal	31,713	25,758	1,603	4,352
c	Accounting	32,050	26,032	1,620	4,398
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	48,634		48,634	
g	Other	312,857	254,109	15,813	42,935
12	Advertising and promotion				
13	Office expenses	1,004,610	952,059	37,725	14,826
14	Information technology				
15	Royalties				
16	Occupancy	436,451	352,537	69,174	14,740
17	Travel	272,412	243,883	26,724	1,805
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,595	38,267	773	555
20	Interest	91,612	73,378	18,234	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	557,323	445,858	111,465	
23	Insurance	84,161	67,329	16,832	
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	1,149,962	1,149,962		
b	FIELD TECHNICIANS	189,502	189,502		
c	MEMBERSHIP DUES	94,352	88,078	5,953	321
d	IMPORTED TISSUE	84,309	84,309		
e	TAXES	50,683	40,546	10,137	
f	All other expenses	87,947	77,970	6,856	3,121
25	Total functional expenses. Add lines 1 through 24f	11,745,385	9,691,702	1,692,891	360,792
26	Joint costs. Check here <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	875,725	1	428,569
	2 Savings and temporary cash investments	417,299	2	145,532
	3 Pledges and grants receivable, net	47,910	3	26,157
	4 Accounts receivable, net	1,517,024	4	1,899,944
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,040	9	115,966
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	7,175,394		
	b Less accumulated depreciation	3,233,071	10c	3,942,323
	11 Investments—publicly traded securities	4,748,262	11	5,324,251
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	108,716	15	131,222
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,634,718	16	12,013,964	
Liabilities	17 Accounts payable and accrued expenses	562,515	17	706,469
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,012,500	23	1,770,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	700,729	25	878,865
	26 Total liabilities. Add lines 17 through 25	3,275,744	26	3,355,334
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	8,055,590	27	8,471,626
	28 Temporarily restricted net assets	167,910	28	26,157
	29 Permanently restricted net assets	135,474	29	160,847
	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	8,358,974	33	8,658,630	
34 Total liabilities and net assets/fund balances	11,634,718	34	12,013,964	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDWEST EYE-BANKS

Employer identification number

38-2117115

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **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).**
- 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).**
- 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?
 (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 supported organization(s)

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	597,601	542,781	385,463	436,238	403,380	2,365,463
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	597,601	542,781	385,463	436,238	403,380	2,365,463
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						2,365,463

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	597,601	224,606	385,463	436,238	403,380	2,365,463
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,779	224,606	256,433	199,022	157,377	967,217
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	130,505	260,598	351,918	542,045	138,253	1,423,319
11 Total support (Add lines 7 through 10)						4,755,999
12 Gross receipts from related activities, etc (See instructions)					12	33,440,360

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**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	49.740 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	48.900 %

16a 33 1/3% support test—2009. 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

b 33 1/3% support test—2008. 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

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

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's 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 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 the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

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

Table with 3 columns: Question, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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	11,594,297
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,745,385
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-151,088
4	Net unrealized gains (losses) on investments	4	450,744
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	450,744
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	299,656

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	12,082,083
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	450,744
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	85,676
e	Add lines 2a through 2d	2e	536,420
3	Subtract line 2e from line 1	3	11,545,663
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	48,634
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	48,634
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	11,594,297

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

1	Total expenses and losses per audited financial statements	1	11,782,427
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	85,676
e	Add lines 2a through 2d	2e	85,676
3	Subtract line 2e from line 1	3	11,696,751
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	48,634
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	48,634
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	11,745,385

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	TO SUPPORT GIFT OF HOPE EYE AND VISION RESEARCH PROGRAM, EDUCATIONAL PURPOSES AND TO WAIVE OR REDUCE TISSUE PROCESSING FEES FOR PATIENTS WHO ARE UNABLE TO PAY
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 85,676 DIRECT EXPENSES RELATED TO SPECIAL EVENTS -85,676
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 85,676
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 85,676

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

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? 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, (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Rows include CENTRAL AMERIC/CARIBBEAN, EAST ASIA/PACIFIC, EUROPE, MIDDLE EAST/NORTH AFRICA, NORTH AMERICA, SOUTH AMERICA, SUB-SAHARAN AFRICA, and Totals.

Part III 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	125,316	15,842		141,158
	2 Less Charitable contributions	53,031	4,874		57,905
	3 Gross income (line 1 minus line 2)	72,285	10,968		83,253
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	44,178			44,178
	8 Entertainment	5,840			5,840
	9 Other direct expenses	21,074	14,584		35,658
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				85,676
11 Net income summary Combine lines 3, column d, and line 10. ▶				-2,423	

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, column d, and line 7 ▶					

	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	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
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 ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		17a	
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 ▶ \$ _____			

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

**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 General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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2 Enter total number of section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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 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

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

b If any of the boxes in line 1a are 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

1b Yes

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?

2 Yes

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a No

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

4b No

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

4c No

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

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

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?

5a No

b Any related organization?

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

5b No

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?

6a No

b Any related organization?

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

6b No

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

7 No

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

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

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) Retirement and other 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 reportable compensation				
KEVIN ROSS	(i) (ii)	173,764				30,057	203,821	
CHARLES PIVONEY	(i) (ii)	136,467				30,638	167,105	
BRAD TENNANT	(i) (ii)	129,858				28,165	158,023	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

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	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
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	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
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 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
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	990 IS REVIEWED BY THE CEO AND FINANCE DIRECTOR PRIOR TO FILING COMPLETED 990 IS PROVIDED VIA E-MAIL TO ALL BOARD MEMBERS FOR COMMENTS AND QUESTIONS PRIOR TO FILING
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
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
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	PERFORMANCE REVIEW FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED BY THE EMPLOYEES' IMMEDIATE MANAGER, MERIT INCREASES ARE RECOMMENDED BY THE MANAGER AND APPROVED BY THE CEO SALARIES OF OFFICERS AND KEY EMPLOYEES ARE COMPARED TO SALARIES OF OTHER SIMILAR POSITIONS AT PEER ORGANIZATIONS, OTHER EYE BANKS, OPOS, OTHER NONPROFIT ORGANIZATIONS OF SIMILAR SIZE A REPORT IS PROVIDED TO THE HR COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW THE SOURCE OF SALARY INFORMATION IS PRIMARILY THE 990'S ISSUED BY PEER ORGANIZATIONS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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LIONS EYE BANK OF NEW JERSEY INC
841 MOUNTAIN AVE
SPRINGFIELD, NJ 07081
20-3345087

EYE BANK NJ 3 7 N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

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	(b) Transaction type(a-r)	(c) Amount involved
(1)	LIONS EYE BANK OF NEW JERSEY	P	641,468
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT STRUGIS DIRECTOR	2 00	X						0	0	0
PETER LATZ DIRECTOR	2 00	X						0	0	0
GARY BABCOCK CHAIRMAN	2 00	X						0	0	0
BUSHARAT AHMAD MD DIRECTOR	2 00	X						0	0	0
RASHID L BASHSHUR PHD DIRECTOR	2 00	X						0	0	0
WILLIAM CONSTAD MD DIRECTOR	2 00	X						0	0	0
JOHN KRIENKE PHD DIRECTOR	2 00	X						0	0	0
MARILYN R LINDENAUER DIRECTOR	2 00	X						0	0	0
SHAHZAD MIAN MD DIRECTOR	2 00	X						0	0	0
ALAN SUGAR DIRECTOR	2 00	X						0	0	0
A CHARLES WEIR DIRECTOR	2 00	X						0	0	0
LAWRENCE J KLAUS SECRETARY	2 00	X						0	0	0
JOHN C JOHNSON VICE CHAIR	2 00	X						0	0	0
ELSPETH C MOORE TREASURER	2 00	X						0	0	0
MAUREEN ANN TUFFY-HAGA DIRECTOR	2 00	X						0	0	0
TIMOTHY CONNORS JD DIRECTOR	2 00	X						0	0	0
CELESTE THOMAS WILLIAMS MD DIRECTOR	2 00	X						0	0	0
KEVIN ROSS PRES/CEO	50 00			X				173,764	0	30,057
CHARLES PIVONEY COO	45 00			X				136,467	0	30,638
BRAD TENNANT SR VP	45 00			X				129,858	0	28,165
MARGARET CHAPLIN EMPLOYEE	45 00					X		108,528	0	27,184
MICHAEL O'KEEFE EMPLOYEE	45 00					X		108,427	0	16,278
JANICE ABLESON EMPLOYEE	45 00					X		108,024	0	10,627

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
LAB AND TECHNICAL FEES	1,149,962	1,149,962		
FIELD TECHNICIANS	189,502	189,502		
MEMBERSHIP DUES	94,352	88,078	5,953	321
IMPORTED TISSUE	84,309	84,309		
TAXES	50,683	40,546	10,137	