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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIDWEST EYE-BANKS		D Employer identification number 38-2117115
	Doing Business As		E Telephone number (734) 780-2119
	Number and street (or P O box if mail is not delivered to street address) 4889 VENTURE DRIVE	Room/suite	G Gross receipts \$ 20,042,300
	City or town, state or country, and ZIP + 4 ANN ARBOR, MI 48108		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MIDWESTEYEBANKS.ORG			

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1986 **M** State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROCURE AND SUPPLY HUMAN DONOR EYE MATERIAL & OTHER TISSUE FOR SURGICAL TRANSPLANTATION IN HUMAN RECIPIENTS, EDUCATION & TRAINING, AND RESEARCH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	110
	6 Total number of volunteers (estimate if necessary)	6	499
	7a Total 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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 403,380	Current Year 62,828
	9 Program service revenue (Part VIII, line 2g)	10,139,579	14,104,387
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	274,020	307,563
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	777,318	2,228,255
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,594,297	16,703,033
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	158,959	110,117
	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)	7,018,253	7,437,524
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 319,173		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,568,173	7,018,208
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,745,385	14,565,849	
19 Revenue less expenses Subtract line 18 from line 12	-151,088	2,137,184	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	12,013,965	17,241,265
	21 Total liabilities (Part X, line 26)	3,355,335	6,374,288
22 Net assets or fund balances Subtract line 21 from line 20	8,658,630	10,866,977	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-12-19 Date
	KEVIN W ROSS PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARI MCKENZIE	Preparer's signature MARI MCKENZIE	Date 2011-12-22	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ YEO & YEO PC				Firm's EIN ▶
	Firm's address ▶ PO BOX 3275 SAGINAW, MI 48605				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

Check if Schedule O contains a response to any question in this Part III

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 \$ 8,048,987 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 \$ 2,563,325 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 \$ 845,815 including grants of \$ 110,117) (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 \$ 11,458,127

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
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>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a 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>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	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, Parts I and IV.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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 (see instructions).</i>		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>		No
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>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and various organizational requirements.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

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. Own website, Another's website, Upon request.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JULIE COLLINS, 4889 VENTURE DRIVE, ANN ARBOR, MI 48108, (734) 780-2119

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ADRIENNE LOGEMAN TREASURER	2 00	X					0	0	0	
(2) GARY BABCOCK IMMEDIATE PA	2 00	X					0	0	0	
(3) ESTHER LAMOTHE DIRECTOR	2 00	X					0	0	0	
(4) RASHID L BASHSHUR PHD DIRECTOR	2 00	X					0	0	0	
(5) WILLIAM CONSTAD MD DIRECTOR	2 00	X					0	0	0	
(6) PETER J LATZ DIRECTOR	2 00	X					0	0	0	
(7) JULIE LOWERY PHD DIRECTOR	2 00	X					0	0	0	
(8) JOHN C JOHNSON BOARD CHAIR	2 00	X					0	0	0	
(9) ELSPETH C MOORE VICE-CHAIR	2 00	X					0	0	0	
(10) TIMOTHY CONNORS JD SECRETARY	2 00	X					0	0	0	
(11) CELESTE THOMAS WILLIAMS MD DIRECTOR	2 00	X					0	0	0	
(12) KEVIN ROSS PRES/CEO	50 00			X			176,256	0	28,485	
(13) CHARLES PIVONEY COO	45 00			X			143,999	0	32,205	
(14) BRADLEY TENNANT SR VP	45 00			X			131,972	0	25,847	
(15) KRISTEN MCCOY EMPLOYEE	45 00			X			108,435	0	22,193	
(16) JULIE COLLINS CFO	45 00			X			108,307	0	24,492	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) MICHAEL O'KEEFE EMPLOYEE	45 00					X		125,152	0	19,945
(18) MARGARET CHAPLIN EMPLOYEE	45 00					X		112,106	0	28,775
(19) JANICE ABLESON EMPLOYEE	45 00					X		111,225	0	10,351
(20) FLORENCE M JOHNSTON PRESIDENT EM	2 00						X	0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,017,452		192,293

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 **8**

	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 Yes	
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 or individual 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	857,966
LABS INC LABS INC 6933-B S REVERE PARKWAY 6933-B S REVERE PARKWAY CENTENNIAL, CO 80112	LAB TESTING	600,650
BAUSCH & LOMB INC BAUSCH & LOMB INC 4395 COLLECTION CENTER DR 4395 COLLECTION CENTER DR CHICAGO, IL 60693	EYE PRODUCTS	446,890
OWENS & MINOR OWENS & MINOR 12199 COLLECTION CENTER DR 12199 COLLECTION CENTER DR CHICAGO, IL 60693	HEALTHCARE PROD	404,158
AIRNET EXPRESS AIRNET EXPRESS POBOX 644452 POBOX 644452 PITTSBURGH, PA 15264	SHIPPING	218,710

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 **9**

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					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	62,828				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼		62,828			
Program Service Revenue	2a TISSUE PROCESS FEES	621990	14,089,802	14,089,802		
	b BONE AND SKIN PROCUREMENT FEE	621990	14,585	14,585		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▼		14,104,387			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		176,876		176,876	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▼					
	7a Gross amount from sales of assets other than inventory	(i) Securities	3,469,954			
		(ii) Other				
		b Less cost or other basis and sales expenses	3,339,267			
		c Gain or (loss)	130,687			
d Net gain or (loss) ▼		130,687		130,687		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▼					
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
Miscellaneous Revenue	11a INTERCOMPANY CHARGES	900099	2,227,724	2,227,724		
	b OTHER INCOME	900099	531		531	
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▼		2,228,255			
12 Total revenue. See Instructions ▼		16,703,033	16,332,111		308,094	

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	110,117	110,117		
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	560,535	410,039	128,551	21,945
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	5,101,855	3,732,082	1,170,034	199,739
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	259,665	189,949	59,550	10,166
9	Other employee benefits	1,063,160	777,717	243,820	41,623
10	Payroll taxes	452,309	330,871	103,730	17,708
a	Fees for services (non-employees)				
	Management				
b	Legal	26,640	4,704	19,405	2,531
c	Accounting	26,500	4,679	19,303	2,518
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	52,078		52,078	
g	Other	86,337	15,242	62,892	8,203
12	Advertising and promotion				
13	Office expenses	229,422	48,704	180,386	332
14	Information technology				
15	Royalties				
16	Occupancy	736,607	457,772	278,835	
17	Travel	238,817	206,833	29,938	2,046
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,288	76,298	7,380	1,610
20	Interest	80,333		80,333	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	256,271	64,068	192,203	
23	Insurance	87,207	56,685	30,522	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LAB AND TECHNICAL FEES	3,443,687	3,443,687		
b	OTHER CLINICAL EXPENSES	1,303,475	1,303,475		
c	MEMBERSHIP DUES	96,836	96,304	410	122
d	IS LICENSES & REGISTRATIO	84,824		84,824	
e	MISCELLANEOUS	66,010	21,684	44,326	
f	All other expenses	117,876	107,217	29	10,630
25	Total functional expenses. Add lines 1 through 24f	14,565,849	11,458,127	2,788,549	319,173
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	428,570	1	890,250
	2 Savings and temporary cash investments	145,532	2	154,636
	3 Pledges and grants receivable, net	26,157	3	49,821
	4 Accounts receivable, net	1,899,944	4	2,469,871
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	115,966	9	105,781
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	5,061,928		
	b Less accumulated depreciation	2,665,399	3,942,323	10c 2,396,529
	11 Investments—publicly traded securities	5,324,251	11	6,137,002
	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	131,222	15	5,037,375
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,013,965	16	17,241,265	
Liabilities	17 Accounts payable and accrued expenses	706,470	17	1,101,736
	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	1,770,000	23	1,520,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	878,865	25	3,752,552
	26 Total liabilities. Add lines 17 through 25	3,355,335	26	6,374,288
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	8,471,626	27	10,643,279
	28 Temporarily restricted net assets	26,157	28	58,251
	29 Permanently restricted net assets	160,847	29	165,447
	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	8,658,630	33	10,866,977	
34 Total liabilities and net assets/fund balances	12,013,965	34	17,241,265	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,703,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,565,849
3	Revenue less expenses Subtract line 2 from line 1	3	2,137,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,658,630
5	Other changes in net assets or fund balances (explain in Schedule O)	5	71,163
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,866,977

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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 described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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?

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

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

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	542,781	419,462	308,084	403,380	62,828	1,736,535
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	542,781	419,462	308,084	403,380	62,828	1,736,535
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						1,736,535

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	542,781	419,462	308,084	403,380	62,828	1,736,535
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	224,606	256,433	199,022	157,377	176,876	1,014,314
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	14,571	39,706	5,633	138,253	531	198,694
11 Total support (Add lines 7 through 10)						2,949,543
12 Gross receipts from related activities, etc (See instructions)					12	53,280,618

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 2010 (line 6 column (f) divided by line 11 column (f))	14	58.870 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	49.740 %

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

	Amount
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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	160,847	135,474	131,288		
b Contributions	4,600	25,373	4,186		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	165,447	160,847	135,474		

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings		1,685,483	242,041	1,443,442
c Leasehold improvements		368,727	127,939	240,788
d Equipment		2,519,751	2,100,458	419,293
e Other		317,967	194,961	123,006
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,396,529

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	16,703,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,565,849
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,137,184
4	Net unrealized gains (losses) on investments	4	568,892
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-497,729
9	Total adjustments (net) Add lines 4 - 8	9	71,163
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,208,347

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	17,219,847
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	568,892
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	568,892
3	Subtract line 2e from line 1	3	16,650,955
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	52,078
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	52,078
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	16,703,033

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

1	Total expenses and losses per audited financial statements	1	15,011,500
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	497,729
e	Add lines 2a through 2d	2e	497,729
3	Subtract line 2e from line 1	3	14,513,771
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	52,078
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	52,078
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	14,565,849

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	ENDOWMENT FUNDS CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED 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	TRANSFER OF ASSETS TO RELATED ENTITY -497,729
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	TRANSFER OF ASSETS TO RELATED ENTITY 497,729

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Schedule I (Form 990)

OMB No 1545-0047

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

2010

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?
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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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.

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) RESEARCH GRANTS	6	110,117			

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

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b 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.</p>	Yes									
<p>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?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>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.</p>		No								
<p>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.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
(1) KEVIN ROSS	(i) (ii)	176,256				28,485	204,741	
(2) CHARLES PIVONEY	(i) (ii)	143,999				32,205	176,204	
(3) BRADLEY TENNANT	(i) (ii)	131,972				25,847	157,819	
(4) FLORENCE M JOHNSTON	(i) (ii)							
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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

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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A PERFORMANCE REVIEW IS CONDUCTED BY THE BOARD HR COMMITTEE WITH CEO, MERIT INCREASE IS RECOMMENDED BY THE HR COMMITTEE AND APPROVED BY THE BOARD THE CEO IS NTO 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

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
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

2010

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) LIONS EYE BANK OF NEW JERSEY INC 77 BRANT AVE CLARK, NJ 07066 20-3345087	EYE BANK	NJ	3	5	MIDWEST EY MIDWEST EYE-BANKS		No
(2) MICHIGAN EYE BANK 4889 VENTURE DRIVE ANN ARBOR, MI 48108 27-3107692	EYE BANK	MI	3	7	MIDWEST EY MIDWEST EYE-BANKS		No
(3) ILLINOIS EYE BANK 547 WEST JACKSON BLVD STE 600 CHICAGO, IL 60661 27-3107617	EYE BANK	IL	3	7	MIDWEST EY MIDWEST EYE-BANKS		No
(4) MIDWIRE SYSTEMS 4889 VENTURE DRIVE ANN ARBOR, MI 48108 38-3557111	EYE BANK	MI	3	7	MIDWEST EY MIDWEST EYE-BANKS		No

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?		(k) Percentage ownership
							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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q	Yes	
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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 38-2117115
Name: MIDWEST EYE-BANKS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) LIONS EYE BANK OF NEW JERSEY	Q	118,704	
(2) LIONS EYE BANK OF NEW JERSEY	M	50,088	
(3) LIONS EYE BANK OF NEW JERSEY	B	320,947	
(4) LIONS EYE BANK OF NEW JERSEY	P	37,400	
(5) LIONS EYE BANK OF NEW JERSEY	N	330,611	
(6) MICHIGAN EYE BANK	Q	97,692	
(7) MICHIGAN EYE BANK	B	452,925	
(8) MICHIGAN EYE BANK	P	37,400	
(9) MICHIGAN EYE BANK	N	407,228	
(10) ILLINOIS EYE BANK	Q	281,333	
(11) ILLINOIS EYE BANK	M	371,035	
(12) ILLINOIS EYE BANK	B	715,861	
(13) ILLINOIS EYE BANK	P	37,400	
(14) ILLINOIS EYE BANK	N	466,027	
(15) MIDWIRE SYSTEMS	L	420,960	
(16) MIDWIRE SYSTEMS	M	36,216	
(17) MIDWIRE SYSTEMS	P	37,400	
(18) MIDWIRE SYSTEMS	N	632,926	
(19) LIONS EYE BANK OF NEW JERSEY	Q	118,704	
(20) LIONS EYE BANK OF NEW JERSEY	M	50,088	
(21) LIONS EYE BANK OF NEW JERSEY	B	320,947	
(22) LIONS EYE BANK OF NEW JERSEY	P	37,400	
(23) LIONS EYE BANK OF NEW JERSEY	N	330,611	
(24) MICHIGAN EYE BANK	Q	97,692	
(25) MICHIGAN EYE BANK	B	452,925	
(26) MICHIGAN EYE BANK	P	37,400	
(27) MICHIGAN EYE BANK	N	407,228	
(28) ILLINOIS EYE BANK	Q	281,333	
(29) ILLINOIS EYE BANK	M	371,035	
(30) ILLINOIS EYE BANK	B	715,861	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(31)	ILLINOIS EYE BANK	P	37,400	
(32)	ILLINOIS EYE BANK	N	466,027	
(33)	MIDWIRE SYSTEMS	L	420,960	
(34)	MIDWIRE SYSTEMS	M	36,216	
(35)	MIDWIRE SYSTEMS	P	37,400	
(36)	MIDWIRE SYSTEMS	N	632,926	
(37)	LIONS EYE BANK OF NEW JERSEY	Q	118,704	
(38)	LIONS EYE BANK OF NEW JERSEY	M	50,088	
(39)	LIONS EYE BANK OF NEW JERSEY	B	320,947	
(40)	LIONS EYE BANK OF NEW JERSEY	P	37,400	
(41)	LIONS EYE BANK OF NEW JERSEY	N	330,611	
(42)	MICHIGAN EYE BANK	Q	97,692	
(43)	MICHIGAN EYE BANK	B	452,925	
(44)	MICHIGAN EYE BANK	P	37,400	
(45)	MICHIGAN EYE BANK	N	407,228	
(46)	ILLINOIS EYE BANK	Q	281,333	
(47)	ILLINOIS EYE BANK	M	371,035	
(48)	ILLINOIS EYE BANK	B	715,861	
(49)	ILLINOIS EYE BANK	P	37,400	
(50)	ILLINOIS EYE BANK	N	466,027	
(51)	MIDWIRE SYSTEMS	L	420,960	
(52)	MIDWIRE SYSTEMS	M	36,216	
(53)	MIDWIRE SYSTEMS	P	37,400	
(54)	MIDWIRE SYSTEMS	N	632,926	