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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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 Doing Business As	D Employer identification number 38-2117115
	Number and street (or P O box if mail is not delivered to street address) Room/suite 4889 VENTURE DRIVE	E Telephone number (734) 780-2119
City or town, state or country, and ZIP + 4 ANN ARBOR, MI 48108		G Gross receipts \$ 22,524,096
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 PRESERVE AND RESTORE SIGHT, THROUGH TRANSPLANTATION, RESEARCH, EDUCATION, AND PARTNERSHIP		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	117
	6 Total number of volunteers (estimate if necessary)	6	
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	62,828	9,406
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,104,387	16,424,440
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	307,563	316,323
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,228,255	5,641,753
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110,117	205,583
	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)	7,437,524	8,571,756
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 289,008		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,018,208	10,321,676
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,565,849	19,099,015
19 Revenue less expenses Subtract line 18 from line 12	2,137,184	3,292,907	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,241,265	23,466,915
	22 Net assets or fund balances Subtract line 21 from line 20	6,374,289	9,404,926
		10,866,976	14,061,989

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	2012-12-19 Date
	KEVIN W ROSS PRESIDENT & CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ MARI MCKENZIE	Date 2012-12-19	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 YEO & YEO PC PO BOX 3275 SAGINAW, MI 48605			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

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

1 Briefly describe the organization's mission

TO PRESERVE AND RESTORE SIGHT, THROUGH TRANSPLANTATION, RESEARCH, EDUCATION, AND PARTNERSHIP

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,699,350 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 \$ 2,720,792 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 \$ 987,572 including grants of \$ 205,583) (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 \$ 15,407,714

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part 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, Part 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.</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. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) EDWARD HUNTER DIRECTOR	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) MARILYN R LINDENAUER PRESIDENT EM	2 00	X						0	0	0
(7) JULIE LOWERY PHD DIRECTOR	2 00	X						0	0	0
(8) FLORENCE M JOHNSTON PRESIDENT EM	2 00	X						0	0	0
(9) JOHN C JOHNSON BOARD CHAIR	2 00	X						0	0	0
(10) ELSPETH C MOORE VICE-CHAIR	2 00	X						0	0	0
(11) TIMOTHY CONNORS JD SECRETARY	2 00	X						0	0	0
(12) CELESTE THOMAS WILLIAMS MD DIRECTOR	2 00	X						0	0	0
(13) KEVIN ROSS PRESIDENT/CE	40 00			X				186,257	0	29,765
(14) CHARLES PIVONEY COO	40 00			X				156,660	0	27,692
(15) BRADLEY TENNANT SENIOR VP	40 00			X				140,209	0	26,608
(16) JULIE COLLINS CFO	40 00			X				133,513	0	26,150
(17) KRISTEN MCCOY VP CLINICAL	40 00			X				130,482	0	23,002

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) MICHAEL O'KEEFE ED MIDWIRE S	0 00					X		132,389	0	14,967
(19) JANICE ABLESON HR DIRECTOR	40 00					X		122,904	0	10,521
(20) CATHERINE MCCLORY COMPLIANCE &	40 00					X		105,478	0	9,314
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,107,892		168,019

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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>		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>	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>		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

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	9,406					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f	9,406					
Program Service Revenue	2a	TISSUE PROCESSING FEES	621990	16,424,440	16,424,440			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		16,424,440				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		198,497		198,497	
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	250,000				
			(ii) Other					
			b	Less cost or other basis and sales expenses	132,174			
			c	Gain or (loss)	117,826			
d		Net gain or (loss)		117,826		117,826		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses				
			c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a					
			b	Less direct expenses				
	c		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	INTERCOMPANY CHARGES	900099	5,246,732	5,246,732				
b	TRANSFER FROM AFFILIATION	900099	389,662	389,662				
c	OTHER INCOME		5,359		5,359			
d	All other revenue							
e	Total. Add lines 11a-11d		5,641,753					
12	Total revenue. See Instructions		22,391,922	22,060,834		321,682		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	205,583	205,583		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	616,639	192,616	419,258	4,765
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	5,778,442	4,466,427	1,111,312	200,703
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	297,722	216,901	71,255	9,566
9	Other employee benefits	1,304,796	950,590	312,284	41,922
10	Payroll taxes	574,157	418,294	137,416	18,447
11	Fees for services (non-employees)				
a	Management				
b	Legal	26,244	1,796	23,885	563
c	Accounting	33,001	2,259	30,034	708
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	54,367		54,367	
g	Other	116,285	7,958	105,833	2,494
12	Advertising and promotion				
13	Office expenses	239,800	40,960	198,396	444
14	Information technology				
15	Royalties				
16	Occupancy	1,167,396	764,073	403,323	
17	Travel	298,084	269,251	27,099	1,734
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,065	34,150	3,654	1,261
20	Interest	52,319		52,319	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	282,506	70,627	211,879	
23	Insurance	101,378	65,896	35,482	
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	3,633,075	3,633,075		
b	TISSUE TRANSFER CHARGE	2,380,400	2,380,400		
c	OTHER CLINICAL EXPENSES	1,407,461	1,407,461		
d	MISCELLANEOUS	129,433	44,382	83,960	1,091
e					
f	All other expenses	360,862	235,015	120,537	5,310
25	Total functional expenses. Add lines 1 through 24f	19,099,015	15,407,714	3,402,293	289,008
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	890,250	1	1,356,275
	2 Savings and temporary cash investments	154,636	2	331,734
	3 Pledges and grants receivable, net	49,821	3	36,740
	4 Accounts receivable, net	2,469,871	4	3,492,077
	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	105,781	9	129,608
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,272,723		
	b Less accumulated depreciation	2,947,906	10c	2,324,817
	11 Investments—publicly traded securities	6,137,002	11	6,875,157
	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	5,037,375	15	8,920,507
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,241,265	16	23,466,915	
Liabilities	17 Accounts payable and accrued expenses	1,101,737	17	1,196,768
	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	1,520,000	23	1,313,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,752,552	25	6,895,158
	26 Total liabilities. Add lines 17 through 25	6,374,289	26	9,404,926
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	10,643,278	27	13,849,282
	28 Temporarily restricted net assets	58,251	28	43,870
	29 Permanently restricted net assets	165,447	29	168,837
	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	10,866,976	33	14,061,989	
34 Total liabilities and net assets/fund balances	17,241,265	34	23,466,915	

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	22,391,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,099,015
3	Revenue less expenses Subtract line 2 from line 1	3	3,292,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,866,976
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-97,894
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	14,061,989

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

2011

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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	419,462	308,084	403,380	62,828	9,406	1,203,160
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	419,462	308,084	403,380	62,828	9,406	1,203,160
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						1,203,160

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	419,462	308,084	403,380	62,828	9,406	1,203,160
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	256,433	199,022	157,377	176,876	198,497	988,205
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	39,706	5,633	138,253	531	5,359	189,482
11 Total support (Add lines 7 through 10)						2,380,847
12 Gross receipts from related activities, etc. (See instructions)					12	22,060,834

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 2011 (line 6 column (f) divided by line 11 column (f))	14	50.530%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	58.870%

16a 33 1/3% support test—2011. 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—2010.** 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—2011.** 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—2010.** 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-2117115

Name: MIDWEST EYE-BANKS

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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

	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	165,447	160,847	135,474		
b Contributions	3,390	4,600	25,373		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	168,837	165,447	160,847		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings		1,685,483	284,178	1,401,305
c Leasehold improvements		368,727	198,763	169,964
d Equipment		2,707,567	2,244,200	463,367
e Other		340,946	220,765	120,181
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,324,817

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	22,391,922
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,099,015
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,292,907
4	Net unrealized gains (losses) on investments	4	-97,894
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	-97,894
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,195,013

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	22,239,661
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-97,894
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	-97,894
3	Subtract line 2e from line 1	3	22,337,555
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	54,367
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	54,367
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	22,391,922

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

1	Total expenses and losses per audited financial statements	1	19,044,648
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	19,044,648
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	54,367
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	54,367
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	19,099,015

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

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

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	12	205,583			

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

2011

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		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If 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

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

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

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

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

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

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

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

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

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?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	177,318	8,939		29,765	216,022		
(2) CHARLES PIVONEY	(i) (ii)	149,138	7,522		27,692	184,352		
(3) BRADLEY TENNANT	(i) (ii)	133,450	6,759		26,608	166,817		
(4) JULIE COLLINS	(i) (ii)	126,763	6,750		26,150	159,663		
(5) KRISTEN MCCOY	(i) (ii)	124,082	6,400		23,002	153,484		

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)

Supplemental Information to Form 990 or 990-EZ

2011

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 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization
MIDWEST EYE-BANKS

Employer identification number

38-2117115

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT 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 ACCOMPLISHMENT 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 ACCOMPLISHMENT 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
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	990 IS REVIEWED BY THE CEO AND CFO 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
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	MICHAEL O'KEEFE HAS 0 AVERAGE HOURS WITH MIDWEST EYE-BANKS THIS INDIVIDUAL'S HOURS ARE ALL ATTRIBUTED TO MIDWIRE SYSTEMS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**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	7	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
(5) CLEVELAND EYE BANK 11100 EUCLID AVE WRN615 CLEVELAND, OH 44106 45-5111431	EYE BANK	OH	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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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		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	(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****Schedule R (Form 990) 2011**

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	M	50,088	COST
(2) LIONS EYE BANK OF NEW JERSEY	B	413,659	COST
(3) LIONS EYE BANK OF NEW JERSEY	P	43,752	COST
(4) LIONS EYE BANK OF NEW JERSEY	N	335,506	COST
(5) MICHIGAN EYE BANK	B	437,546	COST
(6) MICHIGAN EYE BANK	P	43,752	COST
(7) MICHIGAN EYE BANK	N	399,883	COST
(8) ILLINOIS EYE BANK	M	524,421	COST
(9) ILLINOIS EYE BANK	B	882,471	COST
(10) ILLINOIS EYE BANK	P	43,752	COST
(11) ILLINOIS EYE BANK	N	492,598	COST
(12) MIDWIRE SYSTEMS	L	218,815	COST
(13) MIDWIRE SYSTEMS	M	81,897	COST
(14) MIDWIRE SYSTEMS	P	43,752	COST
(15) MIDWIRE SYSTEMS	N	1,056,602	COST
(16) LIONS EYE BANK OF NEW JERSEY	M	50,088	COST
(17) LIONS EYE BANK OF NEW JERSEY	B	413,659	COST
(18) LIONS EYE BANK OF NEW JERSEY	P	43,752	COST
(19) LIONS EYE BANK OF NEW JERSEY	N	335,506	COST
(20) MICHIGAN EYE BANK	B	437,546	COST

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
(21) MICHIGAN EYE BANK	P	43,752	COST
(22) MICHIGAN EYE BANK	N	399,883	COST
(23) ILLINOIS EYE BANK	M	524,421	COST
(24) ILLINOIS EYE BANK	B	882,471	COST
(25) ILLINOIS EYE BANK	P	43,752	COST
(26) ILLINOIS EYE BANK	N	492,598	COST
(27) MIDWIRE SYSTEMS	L	218,815	COST
(28) MIDWIRE SYSTEMS	M	81,897	COST
(29) MIDWIRE SYSTEMS	P	43,752	COST
(30) MIDWIRE SYSTEMS	N	1,056,602	COST
(31) LIONS EYE BANK OF NEW JERSEY	M	50,088	COST
(32) LIONS EYE BANK OF NEW JERSEY	B	413,659	COST
(33) LIONS EYE BANK OF NEW JERSEY	P	43,752	COST
(34) LIONS EYE BANK OF NEW JERSEY	N	335,506	COST
(35) MICHIGAN EYE BANK	B	437,546	COST
(36) MICHIGAN EYE BANK	P	43,752	COST
(37) MICHIGAN EYE BANK	N	399,883	COST
(38) ILLINOIS EYE BANK	M	524,421	COST
(39) ILLINOIS EYE BANK	B	882,471	COST
(40) ILLINOIS EYE BANK	P	43,752	COST

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
(41) ILLINOIS EYE BANK	N	492,598	COST
(42) MIDWIRE SYSTEMS	L	218,815	COST
(43) MIDWIRE SYSTEMS	M	81,897	COST
(44) MIDWIRE SYSTEMS	P	43,752	COST
(45) MIDWIRE SYSTEMS	N	1,056,602	COST