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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending

PUBLIC INSPECTION COPY

B Check if applicable: Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [X] Application pending [ ]

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

C Name of organization: FLORIDAS BLOOD CENTERS INC.

Number and street (or P.O. box if mail is not delivered to street address): 8669 COMMODITY CIRCLE | Room/suite:

City or town, state or country, and ZIP + 4: ORLANDO, FL 32819

D Employer identification number: 59-0668473

E Telephone number: (407)226-3800

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

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

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.FLORIDASBLOODCENTERS.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 100,206,547.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	10,000.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ 10,000. noncash $)			1e	10,000.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	95,151,177.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	233,081.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other	8a	4,812,289.		
	b	Less: cost or other basis and sales expenses — (A) Securities: ; (B) Other	8b	4,822,279.		
	c	Gain or (loss) (attach schedule) — (A) Securities: ; (B) Other	8c	-9,990.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	-9,990.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	95,384,268.
Expenses	13	Program services (from line 44, column (B))			13	87,059,750.
	14	Management and general (from line 44, column (C))			14	5,460,895.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	92,520,645.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	2,863,623.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	12,832,192.
	20	Other changes in net assets or fund balances (attach explanation) STMT 6			20	1,195,333.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	16,891,148.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization: FLORIDA'S BLOOD CENTERS INC.	Employer identification number: 59-0668473
	Number, street, and room or suite no. If a P.O. box, see instructions.: 8669 COMMODITY CIRCLE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.: ORLANDO, FL 32819	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ STEPHEN JENSEN, CFO

  Telephone No. ▶ 407 248-5498 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the whole group, check this box . . . ▶ [ ] . If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/17/2008 .

5 For calendar year 2007 , or other tax year beginning ______ and ending ______ .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ N/A
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ N/A
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶CPA Date ▶ 8/11/08

Form 8868 (Rev. 4-2008)

KPMG LLP
300 NORTH GREENE STREET, SUITE 400
GREENSBORO, NC 27401

Internal Revenue Service Received
AUG 1 4 2008
W&I (FA) - Group 60
Area 8 Territory 8
Greensboro, NC

TIN 13-55652??

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ NONE noncash $ NONE) If this amount includes foreign grants, check here ▶ ☐	22a	NONE	NONE		
22b Other grants and allocations (attach schedule) (cash $ NONE noncash $ NONE) If this amount includes foreign grants, check here ▶ ☐	22b	NONE	NONE		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,900,288.	1,723,561.	176,727.	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	194,802.	176,685.	18,117.	
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	32,654,455.	29,793,554.	2,860,901.	
27 Pension plan contributions not included on lines 25a, b, and c	27	2,145,041.	1,940,357.	204,684.	
28 Employee benefits not included on lines 25a - 27	28	4,261,077.	4,072,486.	188,591.	
29 Payroll taxes	29	2,521,767.	2,355,652.	166,115.	
30 Professional fundraising fees	30				
31 Accounting fees	31	165,161.		165,161.	
32 Legal fees	32	167,387.		167,387.	
33 Supplies	33	872,197.	747,795.	124,402.	
34 Telephone	34	714,222.	642,800.	71,422.	
35 Postage and shipping	35	725,694.	699,818.	25,876.	
36 Occupancy	36	848,378.	848,378.		
37 Equipment rental and maintenance	37	2,791,329.	2,641,563.	149,766.	
38 Printing and publications	38				
39 Travel	39	809,490.	789,327.	20,163.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	28,568.	28,568.		
42 Depreciation, depletion, etc. (attach schedule)	42	2,667,630.	2,629,222.	38,408.	
43 Other expenses not covered above (itemize):					
a STMT 7	43a	39,053,159.	37,969,984.	1,083,175.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	92,520,645.	87,059,750.	5,460,895.	

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______ ; **(ii)** the amount allocated to Program services $ ______ ;

(iii) the amount allocated to Management and general $ ______ ; and **(iv)** the amount allocated to Fundraising $ ______

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE ATTACHED STATEMENT 8 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 8 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	87,059,750.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	87,059,750.

Form **8868**
(Rev. April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
	Number, street, and room or suite no. If a P.O. box, see instructions. 8669 COMMODITY CIRCLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32819	

~~Internal Revenue Service~~
Received
APR 2 3 2008
W&I (FA) - Group 60
Area 2 Territory 5
Greensboro, NC

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ JENNIFER TAGGART, CFO

Telephone No. ▶ 407 226-3800 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2008 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2007 or
▶ [ ] tax year beginning ______, ____, and ending ______, ____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ N/A
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ N/A
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2007)

KPMG LLP 13-5565207
Greensboro, North Carolina 27401

JSA
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Part IV **Balance Sheets** *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45	Cash - non-interest-bearing		389,556.	45	1,662,672.
46	Savings and temporary cash investments			46	
47a	Accounts receivable	47a 13,399,873.			
b	Less: allowance for doubtful accounts	47b 185,439.	11,814,934.	47c	13,214,434.
48a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a NONE			
b	Less: allowance for doubtful accounts	51b	NONE	51c	NONE
52	Inventories for sale or use		2,224,700.	52	2,784,562.
53	Prepaid expenses and deferred charges		768,096.	53	1,118,067.
54a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
55a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56	
57a	Land, buildings, and equipment: basis	57a 16,586,767.			
b	Less: accumulated depreciation (attach schedule)	57b 9,250,179.	5,674,175.	57c	7,336,588.
58	Other assets, including program-related investments (describe ▶ STMT 10)		1,647,487.	58	1,137,510.
59	**Total assets** (must equal line 74). Add lines 45 through 58		22,518,948.	59	27,253,833.
Liabilities					
60	Accounts payable and accrued expenses		9,297,577.	60	10,182,485.
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule) STMT 11		389,179.	64b	180,200.
65	Other liabilities (describe ▶)			65	
66	**Total liabilities.** Add lines 60 through 65		9,686,756.	66	10,362,685.
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		12,832,192.	67	16,891,148.
68	Temporarily restricted		NONE	68	NONE
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		12,832,192.	73	16,891,148.
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		22,518,948.	74	27,253,833.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 45			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 20	NONE	189,268.	2,296.	3,238.

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 21 and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	95,384,268.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	95,384,268.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	95,384,268.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	92,520,645.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	92,520,645.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	92,520,645.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		1,764,761.	134,296.	1,231.

JSA
7E1040 1.000
12480Z 1985 V07-8.7 1640342

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b: N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

90a List the states with which a copy of this return is filed ▶ FLORIDA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 978

91a The books are in care of ▶ STEPHEN JENSEN, CFO Telephone no. ▶ 407-226-3800

Located at ▶ 8669 COMMODITY CIRCLE ORLANDO, FL ZIP + 4 ▶ 32819

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If "Yes," enter the name of the foreign country ▶			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROCESSING FEES					92,090,981.
b SERVICES					3,060,196.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	233,081.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-9,990.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				223,091.	95,151,177.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					95,374,268.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 22

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes [X] No
Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	N/A	

Please Sign Here

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

Signature of officer: [signature] Date: 1/4/10

Type or print name and title: Stephen Jensen

Paid Preparer's Use Only

Preparer's signature	[signature]	Date 1/4/10	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X) P00008888
Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401	EIN ▶ 13-5565207 Phone no. ▶ 336-275-3394		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: FLORIDAS BLOOD CENTERS INC.

Employer identification number: 59-0668473

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 23				
Total number of other employees paid over $50,000 . . ▶	131			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 24		
Total number of others receiving over $50,000 for professional services . . . . ▶ 2		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 25		
Total number of other contractors receiving over $50,000 for other services . . . . ▶ 8		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

JSA
7E1210 1.000

12480Z 1985 V07-8.7 1640342

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? STMT. 26	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? STMT. 27	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number or donor advised funds owned at the end of the tax year ▶			NONE
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			NONE
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [X] 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III - Functionally Integrated [ ] Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15,000.	10,000.	72,875.	56,152.	154,027.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	83,714,253.	69,277,456.	54,062,383.	49,456,334.	256510426.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	152,232.	131,874.	64,339.	60,498.	408,943.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 28 NONE	NONE	67,447.	NONE	67,447.
23 Total of lines 15 through 22	83,881,485.	69,419,330.	54,267,044.	49,572,984.	257140843.
24 Line 23 minus line 17	167,232.	141,874.	204,661.	116,650.	630,417.
25 Enter 1% of line 23	838,815.	694,193.	542,670.	495,730.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines: 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) NONE (2005) NONE (2004) NONE (2003) NONE

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) NONE (2005) NONE (2004) NONE (2003) NONE

c Add: Amounts from column (e) for lines: 15 154,027. 16 NONE 17 256,510,426. 20 NONE 21 NONE ▶ 27c 256,664,453.

d Add: Line 27a total NONE and line 27b total NONE ▶ 27d NONE

e Public support (line 27c total minus line 27d total) ▶ 27e 256,664,453.

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 257,140,843.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 99.8147 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0.1590 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a [ ] if the organization belongs to an affiliated group. Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h**.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [ ] Yes [X] No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

FLORIDAS BLOOD CENTERS INC.

Employer identification number

59-0668473

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)*

General Rule -

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ▶ $ ________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization FLORIDAS BLOOD CENTERS INC.

Employer identification number 59-0668473

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FLORIDA'S BLOOD CENTERS, INC.

2007 AMENDED FORM 990

EIN 59-0668473

EXPLANATION FOR AMENDMENT OF 2007 FORM 990

FLORIDA'S BLOOD CENTERS, INC. IS AMENDING ITS 2007 FORM 990 TO PROVIDE MORE DETAIL REGARDING OTHER PROFESSIONAL FEES. SPECIFICALLY, 2007 FORM 990 PART II, LINE 32, LEGAL FEES AS ORIGINALLY FILED REFLECTED LEGAL FEES COMBINED WITH OTHER PROFESSIONAL FEES. THE AMENDED RETURN REFLECTS ONLY LEGAL FEES ON LINE 32. OTHER PROFESSIONAL FEES PERTAINING PRIMARILY TO DOCUMENT SCANNING AND DIGITALIZATION ARE NOW REFLECTED AS SUCH IN PART II, LINE 43, OTHER EXPENSES. ADDITIONALLY, EMERITUS BOARD MEMBERS HAVE BEEN DELETED FROM THE AMENDED RETURN SINCE THEY ARE NONVOTING HONORARY BOARD MEMBERS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DEPRECIATION
FORM 990, PART II, LINE 42

	2007	2006
FURNITURE & EQUIPMENT	$6,713,425	$ 7,767,205
AUTOMOBILES & TRUCKS	4,827,947	5,544,080
COMPUTER EQUIPMENT & SOFTWARE	2,480,172	2,700,878
LEASEHOLD IMPROVEMENTS	1,845,469	844,993
PROPERTY UNDER CAPITAL LEASES	719,754	719,754
	16,586,767	17,576,910
LESS: ACCUMULATED DEPRECIATION	9,250,179	11,902,735
	7,336,588	5,674,175

DEPRECIATION IS CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIFE OF THE ASSET. THE DEPRECIATION EXPENSE FOR THE 12/31/2007 TAX YEAR IS $2,667,630.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

RELATED PARTY TRANSACTIONS
SCHEDULE A, PART III, LINE 2D

DURING THE ROUTINE COURSE OF BUSINESS, HOLLAND AND KNIGHT LLP PROVIDED LEGAL SERVICES TO FLORIDA'S BLOOD CENTERS ("FBC") IN THE AMOUNT OF $166,679. LEIGHTON YATES, A BOARD MEMBER OF FBC IS ALSO A PARTNER WITH HOLLAND AND KNIGHT, LLP. SERVICES WERE PROVIDED BY HOLLAND AND KNIGHT LLP ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, SUNTRUST PROVIDED BANKING SERVICES TO FBC. BOND INTEREST AND ISSUANCE COSTS, AND BANK SERVICE CHARGES TOTALING $210 WERE PAID BY FBC TO SUNTRUST, WITH INTEREST CHARGES BEING MOST OF THE SIGNIFICANT PORTION OF THIS PAYMENT. DAVID BOONE, AN OFFICER OF SUNTRUST, IS ALSO A MEMBER OF THE FBC BOARD OF DIRECTORS. BANKING SERVICES WERE PROVIDED ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, SPRINT PROVIDED SERVICES TO FBC, FOR WHICH FBC PAID $61,305. STEVEN PERSONETTE AND DEAN KURTZ ARE EMPLOYED BY SPRINT AND ARE MEMBERS OF THE FBC BOARD OF DIRECTORS. SERVICES WERE PROVIDED BY SPRINT ON AN ARM'S LENGTH BASIS WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, WFTV, INC. PROVIDED ADVERTISING SERVICES TO FBC, FOR WHICH FBC PAID $25,050. WILLIAM S. HOFFMAN IS EMPLOYED BY WFTV, INC. AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. SERVICES WERE PROVIDED BY WFTV, INC. ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, THE ORLANDO SENTINEL PROVIDED ADVERTISING SERVICES TO FBC, FOR WHICH FBC PAID $34,678. WILLIAM E. STEIGER IS EMPLOYED BY THE ORLANDO SENTINEL AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. SERVICES WERE PROVIDED BY THE ORLANDO SENTINEL ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, PATTERSON OFFICE SUPPLY PROVIDED OFFICE SUPPLIES TO FBC, FOR WHICH FBC PAID $3,558. BRIAN PATTERSON IS AN OWNER OF PATTERSON OFFICE SUPPLY AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. GOODS PROVIDED BY PATTERSON OFFICE SUPPLY WERE PROVIDED ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, DARDEN RESTAURANTS PROVIDED DONOR

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

INCENTIVES TO FBC, FOR WHICH FBC PAID $1,640,091. C. BRADFORD RICHMOND IS THE CFO OF DARDEN AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. INCENTIVES PROVIDED BY DARDEN WERE PROVIDED ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, ACE HARDWARE PROVIDED REPAIRS AND MAINTENANCE SERVICES TO FBC, FOR WHICH FBC PAID $1,502. ROBERT N. PARSELL IS EMPLOYED BY ACE HARDWARE AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. SERVICES WERE PROVIDED BY ACE HARDWARE ON AN ARM'S LENGTH BASIS WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, FBC DONATED FUNDS $15,000 TO VALENCIA COMMUNITY COLLEGE. VALENCIA COMMUNITY COLLEGE ALSO PROVIDED CONTINUING EDUCATION FOR FBC, FOR WHICH FBC PAID $43,200. SANFORD C. SHUGART IS EMPLOYED BY VALENCIA COMMUNITY COLLEGE AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. THE DONATION WAS MADE ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WAS APPROVED BY THE BOARD OF DIRECTORS. FURTHERMORE, THE SERVICES WERE PROVIDED BY VALENCIA COMMUNITY COLLEGE ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, SEAWORLD ORLANDO PROVIDED A PROMOTION TO FBC, FOR WHICH FBC PAID $4,702. CHARLES D. TOMPKINS IS EMPLOYED BY ACE SEAWORLD AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. THE PROMOTION WAS PROVIDED BY SEAWORLD ORLANDO ON AN ARM'S LENGTH BASIS AND WAS APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, FBC DONATED FUNDS OF $15,500 TO PALM BEACH COMMUNITY COLLEGE. DENNIS P. GALLON IS EMPLOYED BY PALM BEACH COMMUNITY COLLEGE AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. THE DONATION WAS MADE ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WAS APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, EL NUEVO DIA ORLANDO, INC. PROVIDED ADVERTISING SERVICES TO FBC, FOR WHICH FBC PAID $23,251. JAIME SEGURA IS EMPLOYED BY EL NUEVO DIA ORLANDO, INC. AND IS A MEMBER OF THE FBC BOARD OF DIRECTORS. SERVICES WERE PROVIDED BY EL NUEVO DIA ORLANDO, INC. ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

DURING THE ROUTINE COURSE OF BUSINESS, DAYTONA BEACH COMMUNITY COLLEGE PROVIDED CONTINUING EDUCATION FOR FBC, FOR WHICH FBC PAID $4,294. D. KENT SHARPLES IS EMPLOYED BY DAYTONA BEACH COMMUNITY COLLEGE AND IS A MEMBER

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

OF THE FBC BOARD OF DIRECTORS. THE SERVICES WERE PROVIDED BY DAYTONA BEACH COMMUNITY COLLEGE ON AN ARM'S LENGTH BASIS AT OR BELOW FAIR MARKET VALUE AND WERE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GAIN OR (LOSS) ON SALE OF OTHER ASSETS
PART I, LINE 8A-8D

	OTHER
8A GROSS AMOUNT OF SALES OF ASSETS OTHER THAN INVENTORY	$4,812,289
8B LESS: COST OR OTHER BASIS	4,822,279
8C GAIN OR (LOSS)	(9,990)

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
CANCELLATION OF RELATED PARTY OBLIGATION	1,195,333.
TOTAL	1,195,333.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
MEDICAL SERVICE	22,349,147.	22,349,147.	
DUES & SUBSCRIPTIONS	129,214.	121,834.	7,380.
DONOR INCENTIVES	3,472,331.	3,472,331.	
DONOR AWARDS	63,052.	63,052.	
DONOR REFRESHMENTS	409,960.	409,960.	
CLEANING SERVICES & SUPPLIES	831,573.	789,994.	41,579.
WASTE DISPOSAL	301,569.	271,412.	30,157.
VEHICLE REPAIRS	598,961.	598,961.	
FUEL	818,968.	818,968.	
UTILITIES	889,975.	879,521.	10,454.
EMPLOYEE RELATIONS	169,601.	152,641.	16,960.
OUTSIDE COMMISSIONS	8,727.	8,727.	
ADVERTISING	1,359,769.	1,283,615.	76,154.
MISCELLANEOUS	278,413.	205,631.	72,782.
CONSULTING	687,773.	625,682.	62,091.
OTHER PROFESSIONAL SERVICES	306,287.		306,287.
PENALTIES & ASSESSMENTS	13,962.	13,962.	
LICENSES & REGISTRATION FEES	141,209.	141,209.	
BANK FEES	210.	210.	
A/R TRADE DISCOUNT	10,197.	10,197.	
DISCOUNTS ALLOWED	1,750.	1,750.	
INTERCOMPANY CHARGES	3,930,958.	3,539,922.	391,036.
SOFTWARE MAINTENANCE	405,181.	364,663.	40,518.
UNEMPLOYMENT COMPENSATION	119,960.	107,964.	11,996.
EQUIPMENT PURCHASES	483,310.	474,450.	8,860.
CONTINUING EDUCATION	31,415.	24,494.	6,921.
DONATIONS EXPENSE	5,850.	5,850.	
CORPORATE DONATIONS	272,003.	272,003.	
BAD DEBTS	54,000.	54,000.	
OUTSIDE TESTING	907,834.	907,834.	
TOTALS	39,053,159.	37,969,984.	1,083,175.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

FLORIDA'S BLOOD CENTERS, INC. ("FBC"), WAS ESTABLISHED ON APRIL 2, 1942, SHORTLY AFTER THE START OF WORLD WAR II AS A CHARITABLE ORGANIZATION AS DESCRIBED IN INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).

DURING ITS 65-YEAR HISTORY, FBC HAS CONSISTENTLY PROVIDED THE COMMUNITIES IT SERVES WITH A SAFE AND ADEQUATE BLOOD SUPPLY. TODAY, FBC PROVIDES BLOOD AND BLOOD PRODUCTS TO MORE THAN 70 HOSPITALS AND HEALTHCARE FACILITIES THROUGHOUT FLORIDA. THIS NOT-FOR-PROFIT ORGANIZATION COLLECTS AND PROCESSES APPROXIMATELY 327,000 UNITS OF BLOOD DONATED EACH YEAR BY VOLUNTEERS.

WITH APPROXIMATELY 1,000 EMPLOYEES IN 21 COUNTIES, OVER 100 VOLUNTEERS, 42 LOCATIONS, OVER 40 MOBILE UNITS, AND FIVE PORTABLE COLLECTION EQUIPMENT SETS, FBC IS THE LARGEST BLOOD BANK IN FLORIDA AND THE FOURTH LARGEST INDEPENDENT BLOOD BANK IN THE NATION.

FBC'S LOYAL AND GENEROUS DONOR BASE HELPS ENSURE IT MAINTAINS AN ADEQUATE SUPPLY OF BLOOD AT ALL TIMES. NONETHELESS, ONLY FIVE PERCENT OF THE POPULATION DONATES BLOOD FOR A STAGGERING 60 PERCENT WHO WILL NEED IT DURING THEIR LIFETIMES. APPROXIMATELY 1,500 DONORS PER DAY ARE NEEDED TO FULFILL THE NEEDS OF PATIENTS FBC SERVES.

TO DONATE BLOOD, YOU MUST BE IN GOOD HEALTH, 16 YEARS OF AGE OR OLDER AND WEIGH A MINIMUM OF 102 POUNDS. BLOOD DONATION IS SAFE AND PAINLESS, AND HEALTHY PEOPLE CAN DONATE EVERY EIGHT WEEKS (56 DAYS). FBC ENCOURAGES DONORS TO GIVE EVERY EIGHT WEEKS TO HELP MAINTAIN A CONSISTENT BLOOD SUPPLY.

EVERY UNIT OF BLOOD UNDERGOES RIGOROUS PROCESSING, TESTING AND LABELING TO ENSURE SAFETY. BLOOD IS USUALLY TRANSFUSED TO A PATIENT IN NEED WITHIN 48 HOURS AFTER IT IS DRAWN. THREE DIFFERENT BLOOD PRODUCTS ARE DERIVED FROM A SINGLE DONATION - RED BLOOD CELLS, PLATELETS AND PLASMA, WHICH MAY BE USED TO TREAT PATIENTS WITH TRAUMA, CANCER AND OTHER CONDITIONS. IN ADDITION TO SUPPLYING BLOOD AND BLOOD PRODUCTS, FBC OFFERS BONE-MARROW DONOR REGISTRATION.

FBC, A FOUNDING MEMBER OF BOTH THE AMERICAN ASSOCIATION OF

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

BLOOD BANKS AND THE FLORIDA ASSOCIATION OF BLOOD BANKS, HAS BEEN A PIONEER AND LEADER WITHIN THE INDUSTRY. IT WAS ONE OF THE FIRST BLOOD CENTERS IN THE COUNTRY TO IMPLEMENT NEW CAPABILITIES AND SERVICES SUCH AS FROZEN BLOOD STORAGE, A NATIONAL CLEARINGHOUSE SYSTEM FOR EXCHANGING BLOOD, COMMUNITY BRANCHES AND BLOODMOBILE COLLECTION.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
OTHER RECEIVABLES	413,777.
OTHER ASSETS	75,757.
GOODWILL	237,212.
INTANGIBLE ASSETS	410,764.
TOTALS	1,137,510.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: CAPITAL LEASE PAYABLE

BEGINNING BALANCE DUE	389,179.
ENDING BALANCE DUE	180,200.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	389,179.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	180,200.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANNE K CHINODA 8669 COMMODITY CIRCLE ORLANDO, FL 32819	PRESIDENT & CEO 54.00	569,808.	25,867.	1,231.
NEIL R NEWBERG MD 8669 COMMODITY CIRCLE ORLANDO, FL 32819	MEDICAL DIRECTOR & GENERAL 40.00	23,020.	561.	NONE
MICHAEL L PRATT 8669 COMMODITY CIRCLE ORLANDO, FL 32819	OFFICER 44.00	391,827.	25,407.	NONE
JENNIFER TAGGART 8669 COMMODITY CIRCLE ORLANDO, FL 32819	OFFICER 44.00	288,375.	27,584.	NONE
LYNNE SMALL 8669 COMMODITY CIRCLE ORLANDO, FL 32819	OFFICER 44.00	265,000.	27,245.	NONE
LEIGHTON D YATES 8669 COMMODITY CIRCLE ORLANDO, FL 32819	BOARD CHAIRMAN 3.00	NONE	NONE	NONE
C BRADFORD RICHMOND	BOARD VICE CHAIRMAN 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
8669 COMMODITY CIRCLE ORLANDO, FL 32819				
DAVID E BOONE 8669 COMMODITY CIRCLE ORLANDO, FL 32819	BOARD TREASURER 1.00	NONE	NONE	NONE
RICHARD E COSTALES 8669 COMMODITY CIRCLE ORLANDO, FL 32819	BOARD MEMBER AT LARGE 1.00	NONE	NONE	NONE
THOMAS D PELLARIN 8669 COMMODITY CIRCLE ORLANDO, FL 32819	BOARD MEMBER AT LARGE 1.00	NONE	NONE	NONE
SHARON E ARNOLD 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
WILLIAM H BIEBERBACH 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
LARRY A CALDERON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAROL E CAMPBELL 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
REV ALBERTO CUTIE 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
LAWRENCE F DAVENPORT 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
TERRENCE D DELEHANTY 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
DAVID S FEDER 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
JOHN A GALAT 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DENNIS P GALLON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
JANE V GARRARD 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
C DEAN KURTZ 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
RICHARD J MALADECKI 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
RONALD E METZ 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
TERRILL L MORRIS 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
BERNHARD A NEUMANN	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
8669 COMMODITY CIRCLE ORLANDO, FL 32819				
ROBERT N PARSELL 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
BRIAN M PATTERSON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
STEVEN PERSONETTE 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
DOROTHY RICHARDSON MD 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
JAIME SEGURA 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
SANFORD C SHUGART 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM E STEIGER 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER	NONE	NONE	NONE
EMERSON R THOMPSON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
CHARLES D TOMPKINS 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
GEORGE D TOMYN 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
DIANE H TREES 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
CRAIG E WELLER 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN H DYER 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
ROBERT HATTOX 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
JOHN P JOHNSON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
DAVID J MAXON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
E ANN MCGEE 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
KELLEY P MOSSBURG 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
J STANLEY PAYNE 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
D KENT SHARPLES 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KATHLEEN WALTZ 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
D KEITH WINSTEN 8669 COMMODITY CIRCLE ORLANDO, FL 32819	GENERAL BOARD MEMBER 0.50	NONE	NONE	NONE
DR RICHARD GAMMON 8669 COMMODITY CIRCLE ORLANDO, FL 32819	OFFICER 44.00	226,731.	27,632.	NONE
	GRAND TOTALS	1,764,761.	134,296.	1,231.

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NICHOLAS C PESTILLO 8669 COMMODITY CIRCLE ORLANDO, FL 32819	NONE	189,268.	2,296.	3,238.
GRAND TOTALS	NONE	189,268.	2,296.	3,238.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: INDEPENDENT BLOOD & TISSUE SERVICES OF FLORIDA, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL FLORIDA TISSUE BANK, INC.

EXEMPT: X NONEXEMPT:

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A-93D	INCOME FROM PROVISION OF THE FOLLOWING SERVICES: 1) MAKING BLOOD AVAILABLE 2) MAKING BONE MATERIAL AVAILABLE, AND 3) PERFORMING DIAGNOSTIC TESTING ON BLOOD AND BLOOD DERIVATIVES.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
SCOTT D PAUL 8669 COMMODITY CIRCLE ORLANDO, FL 32819	DIRECTOR OF IT 40.00	132,492.	13,346.	NONE
PATRICIA P LOWRY 8669 COMMODITY CIRCLE ORLANDO, FL 32819	DIR OF BUS DEVELOP 40.00	129,673.	11,495.	NONE
ANGELA J RANKIN 8669 COMMODITY CIRCLE ORLANDO, FL 32819	REGIONAL ADMIN DIR 40.00	125,352.	12,577.	NONE
TIMOTHY A TOOTHMAN 8669 COMMODITY CIRCLE ORLANDO, FL 32819	REGIONAL ADMIN DIR 40.00	123,769.	12,513.	NONE
SHRIMATI D INDAR 8669 COMMODITY CIRCLE ORLANDO, FL 32819	CONTROLLER 40.00	123,653.	12,577.	NONE
	TOTAL COMPENSATION	634,939.	62,508.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
KPMG LLP 111 NORTH ORANGE AVENUE, SUITE 1600 ORLANDO, FL 32801	ACCOUNTING	165,161.
TATUM CFO PARTNERS LLP PO BOX 403291 ATLANTA, GA 30384	CFO CONSULTING	170,450.
HOLLAND AND KNIGHT LLP 2115 HARDEN BLVD LAKELAND, FL 33803	LEGAL FIRM	166,679.
CONSENSUS PUBLIC RELATIONS 605 EAST ROBINSON STREET SUITE 750 ORLANDO, FL 32801	PUBLIC RELATIONS	134,585.
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	SOFTWARE CONSULTING	101,443.
TOTAL COMPENSATION		738,318.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
FISERV HEALTH PLAN ADMINISTRATOR PO BOX 88822 MILWAUKEE, WI 53288	MEDICAL CLAIMS	720,832.
DOCUSCAN GROUP INC 1115 RONALD REAGAN BLVD SUITE 135 LONGWOOD, FL 32750	SCANNING SERVICES	300,000.
CLEANNET USA 2400 MAITLAND CENTER PKWY SUITE 114 MAITLAND, FL 32751	OFFICE CLEANING	273,826.
CLEANNET INC 9861 BROKEN LAND PKWY SUITE 208 COLUMBIA, MD 21046	OFFICE CLEANING	272,180.
GAMBRO BCT DEPARTMENT 7087 CAROL STREAM, IL 60122	EQUIP MAINTENANCE	167,583.
TOTAL COMPENSATION		1,734,421.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C
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SEE GENERAL EXPLANATION ATTACHMENT

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER REVENUE	NONE	NONE	67,447.	NONE	67,447
TOTALS	NONE	NONE	67,447.	NONE	67,447.