

Public Inspection Copy

Form **990**

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)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLORIDA' S BLOOD CENTERS INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8669 COMMODITY CIRCLE City or town, state or country, and ZIP + 4 ORLANDO, FL 32819	D Employer identification number 59-0668473
	F Name and address of principal officer: ANNE K. CHINODA, CEO 8669 COMMODITY CRICLE ORLANDO, FL 32819		E Telephone number (407) 226-3800
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 108,790,784.	
J Website: ▶ WWW.FLORIDASBLOODCENTERS.ORG		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)	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1942 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A SAFE AND ADEQUATE BLOOD SUPPLY TO ITS HOSPITALS, TO SUPPORT WORLD-CLASS COLLABORATIVE MEDICAL RESEARCH INTO HUMAN DISEASE AND TO IMPROVE THE QUALITY OF LIFE FOR ITS COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	42
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5	Total number of employees (Part V, line 2a)	5	1,279
	6	Total number of volunteers (estimate if necessary)	6	213,000
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue			Prior Year	Current Year
	8	Contribution and grants (Part VIII, line 1h)	10,000.	10,000.
	9	Program service revenue (Part VIII, line 2g)	95,151,177.	108,670,471.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,091.	88,755.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	NONE
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,384,268.	108,769,226.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	260,395.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,155,663.	50,235,120.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶	NONE	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	51,364,982.	60,341,388.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	92,520,645.	110,836,903.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,863,623.	-2,067,677.
			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	27,253,833.	35,164,885.
	21	Total liabilities (Part X, line 26)	10,362,685.	12,551,177.
22	Net assets or fund balances. Subtract line 21 from line 20	16,891,148.	22,613,708.	

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 _____ Date _____	
	Type or print _____	

Filed Electronically

See 8879-EO Attached for Signatures

Paid Preparer's Use Only	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401	Preparer's identifying number (see instructions) P00008888 EIN ▶ 13-5565207 Phone no. ▶ 336-275-3394
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May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning 2008, and ending 2008

Do not send to the IRS. Keep for your records. See instructions.

2008

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

FLORIDA'S BLOOD CENTERS INC.

59-0668473

Name and title of officer

STEPHEN JENSEN, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (a, b). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 108769226.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize KPMG LLP to enter my PIN [] as my signature

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

[Handwritten signature: Stephen Jensen]

Date

11/13/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 6 0 3 8 2 7 1 9 2 3

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

[Handwritten signature]

Date

11/13/09

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2008	
FED	
Locator:	00654L
Taxpayer Name:	FLORIDA'S BLOOD CENTERS INC.
Return Type:	990
Submitted Date:	11/16/2009 14:25:34
Acknowledgement Date:	11/16/2009 15:00:35
Status:	Rejected
Submission ID:	56038220093205000002
Submitted Date:	11/16/2009 16:07:31
Acknowledgement Date:	11/16/2009 16:30:39
Status:	Accepted
Submission ID:	56038220093205000005

- 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. Only file the original (no copies needed).

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):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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.

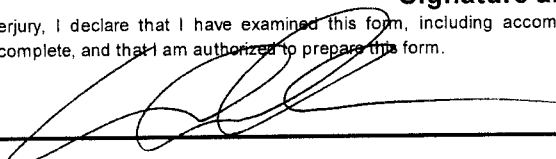
- The books are in the care of **STEPHEN JENSEN, CFO**
Telephone No. **407-248-5498** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. 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.

- I request an additional 3-month extension of time until **11/16/2009**.
- For calendar year **2008**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 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 **8/11/09**

Form 8868 (Rev. 4-2009)

**KPMG LLP 13-5505207
Greensboro, North Carolina 27401**

**INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
GREENSBORO, NC 25109**

AUG 13 2009

**RECEIVED
25109**

KPMG LLP

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- 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).

A corporation 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 a corporation 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 Form 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	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	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than Internal Revenue Service Received) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **STEPHEN JENSEN, CFO**

MAY 14 2009

Telephone No. ► **407-248-5498**

**W&I (FA) - Group 60
Area 2 Territory 8
Greensboro, NC**

- 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 corporation required to file Form 990-T) extension of time until **08/15**, **2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2008** 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.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 104,634,618. including grants of \$ 260,395.) (Revenue \$ 108,670,471.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 104,634,618. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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 United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
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 United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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 question 25</i>		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		<input checked="" type="checkbox"/>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about Form 990 filing states, public inspection of Forms 1023/1024/990-T, governing documents availability, and officer contact information.

Part VIII Statement of Revenue

59-0668473

				(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	10,000.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			10,000.				
Program Service Revenue			Business Code					
	2a BLOOD PROCESSING & TESTING REV		900099	108,670,471.	108,670,471.			
	b (SEE SCH. O)							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			108,670,471.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	STMT. 3		57,573.			57,573.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE				
	5 Royalties ▶				NONE			
		(i) Real	(ii) Personal					
	6a Gross Rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss) ▶				NONE			
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory			52,740.				
	b Less: cost or other basis and sales expenses			21,558.				
	c Gain or (loss)			31,182.				
	d Net gain or (loss) ▶			31,182.			31,182.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events ▶				NONE			
	9a Gross income from gaming activities. See Part IV, line 19.	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities ▶				NONE			
	10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory. ▶				NONE				
Miscellaneous Revenue			Business Code					
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶				NONE				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				108,769,226.	108,670,471.		88,755.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	260,395.	260,395.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,983,082.	1,546,804.	436,278.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	38,065,394.	34,736,167.	3,329,227.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	2,763,481.	2,510,979.	252,502.	
9 Other employee benefits	4,555,376.	4,327,607.	227,769.	
10 Payroll taxes	2,867,787.	2,649,579.	218,208.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	267,422.		267,422.	
c Accounting	180,277.		180,277.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	2,599,252.	2,508,276.	90,976.	
12 Advertising and promotion	1,740,764.	1,727,758.	13,006.	
13 Office expenses	2,426,595.	2,220,301.	206,294.	
14 Information technology	454,632.	409,169.	45,463.	
15 Royalties	NONE			
16 Occupancy	7,185,261.	6,757,926.	427,335.	
17 Travel	1,047,137.	1,000,571.	46,566.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	7,836.	7,836.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	2,941,461.	2,890,328.	51,133.	
23 Insurance	1,880,009.	1,794,053.	85,956.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL SUPPLIES (SEE SCH. O	26,884,476.	26,884,476.		
b DONOR RECOGNITION	3,450,325.	3,450,325.		
c OUTSIDE TESTING	2,385,992.	2,385,992.		
d BUILDING/EQUIP. REPAIR & MAI	2,225,103.	2,002,593.	222,510.	
e UTILITIES	975,089.	960,608.	14,481.	
f All other expenses	3,689,757.	3,602,875.	86,882.	NONE
25 Total functional expenses. Add lines 1 through 24f	110,836,903.	104,634,618.	6,202,285.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,662,672.	1	1,963,196.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,214,434.	4	14,793,050.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 sales or use	2,784,562.	8	2,919,741.
	9 Prepaid expenses and deferred charges	1,118,067.	9	1,239,197.
	10a Land, buildings, and equipment: cost basis	10a 24,473,065.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 11,015,317.	7,336,588.	10c 13,457,748.
	11 Investments - publicly traded securities		11	
	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	1,137,510.	15	791,953.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,253,833.	16	35,164,885.	
Liabilities	17 Accounts payable and accrued expenses	10,182,485.	17	12,551,177.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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 <small>STMT. 4</small>	180,200.	23	NONE
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.	10,362,685.	26	12,551,177.
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	16,891,148.	27	22,613,708.
	28 Temporarily restricted net assets	NONE	28	NONE
	29 Permanently restricted net assets		29	
	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	16,891,148.	33	22,613,708.
34 Total liabilities and net assets/fund balances	27,253,833.	34	35,164,885.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
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 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,875.	10,000.	15,000.	10,000.	10,000.	117,875.
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	54,062,383.	69,277,456.	83,714,253.	95,151,177.	108,670,471.	410,875,740.
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 1-5	54,135,258.	69,287,456.	83,729,253.	95,161,177.	108,680,471.	410,993,615.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						410,993,615.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	54,135,258.	69,287,456.	83,729,253.	95,161,177.	108,680,471.	410,993,615.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,339.	131,874.	152,232.	233,081.	57,573.	639,099.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	64,339.	131,874.	152,232.	233,081.	57,573.	639,099.
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.)	67,447.	NONE	NONE	NONE	NONE	67,447.
13 Total support. (Add lines 9, 10c, 11, and 12.)						411,700,161.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.83%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.81%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.16%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.16%

19a 33 1/3% support tests - 2008. 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 - 2007. 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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER REVENUE	67,447.	NONE	NONE	NONE	NONE	67,447.
TOTALS	67,447.	NONE	NONE	NONE	NONE	67,447.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

FLORIDA' S BLOOD CENTERS INC.

Employer identification number

59-0668473

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 33¹/₃ % 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization **FLORIDA'S BLOOD CENTERS INC.**

Employer identification number

59-0668473

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

FLORIDA'S BLOOD CENTERS INC.

59-0668473

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and number of easements on certified historic structures.

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.

Table with 3 columns: Line number, Description, Amount. Includes rows for art, historical treasures, or other similar assets held for public exhibition, education, or research.

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?

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

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

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

Table with 3 columns: Question, Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

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	108,769,226.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	110,836,903.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,067,677.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,790,237.
9	Total adjustments (net). Add lines 4-8	9	7,790,237.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,722,560.

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	108,769,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
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	
3	Subtract line 2e from line 1	3	108,769,226.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	108,769,226.

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

1	Total expenses and losses per audited financial statements	1	110,836,903.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	110,836,903.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	110,836,903.

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.

PART XI, LINE 8

REPRESENTS THE FORGIVENESS OF AMOUNTS DUE TO RELATED PARTIES FOR FACILITY

RENTS, AND OTHER WORKING CAPITAL. THE RELEASE OF THESE OBLIGATIONS

REPRESENTS SUPPORT FROM FLORIDA'S BLOOD CENTERS, INC. SUPPORTING

ORGANIZATION, INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC., AND

ITS RELATED ORGANIZATION CENTRAL FLORIDA TISSUE BANK, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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

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

GRANTS TO CHARITABLE ORGANIZATIONS -----
 SCHEDULE I, PART I, LINE 1 -----
 FLORIDA'S BLOOD CENTERS GRANTS THESE FUNDS TO CHARITABLE ORGANIZATIONS TO -----
 FULFILL THEIR CHARITABLE MISSION. FLORIDA'S BLOOD CENTERS, INC. ENSURES -----
 THAT ALL GRANT FUNDS ARE USED FOR EXEMPT PURPOSES BY MAKING GRANTS ONLY -----
 TO ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE -----
 CODE. -----

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
---	---

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI DADE COLLEGE 11011 SW 104 ST., ROOM 9254 MIAMI, FL 33176	59-1210485	501(C)(3)	25,000.				SCHOLARSHIPS
PALM BEACH COMMUNITY COLLEGE FOUNDATION INC 4200 CONGRESS AVE LAKE WORTH, FL 33461	59-1818556	501(C)(3)	15,000.				SCHOLARSHIPS
IDA S. BAKER HIGH SCHOOL 2055 CENTRAL AVENUE FT MYERS, FL 33901	59-6000701	501(C)(3)	5,590.				SCHOLARSHIPS
FOREST HILL HIGH SCHOOL 3300 FOREST HILL BLVD.	59-6000783	501(C)(3)	5,880.				SCHOLARSHIPS
ROYAL PALM BEACH HIGH SCHOOL 3300 FOREST HILL BLVD.	59-6000783	501(C)(3)	5,880.				SCHOLARSHIPS
CENTENNIAL HIGH SCHOOL 4204 OKEECHOBEE ROAD FT. PIERCE, FL 34947	59-6000832	501(C)(3)	7,025.				SCHOLARSHIPS
TREASURE COAST HIGH SCHOOL 1000 SW DARWIN BLVD PORT ST LUCIE, FL 34953	59-6000832	501(C)(3)	7,050.				SCHOLARSHIPS
PORT ST. LUCIE HIGH SCHOOL 4204 OKEECHOBEE ROAD FT. PIERCE, FL 34947	59-6000832	501(C)(3)	8,200.				SCHOLARSHIPS
SEMINOLE RIDGE HIGH SCHOOL 3300 FOREST HILL BLVD.	59-6000783	501(C)(3)	8,380.				SCHOLARSHIPS
OLYMPIC HEIGHTS HIGH SCHOOL 3300 FOREST HILL BLVD.	59-6000783	501(C)(3)	9,360.				SCHOLARSHIPS
EDUCATION FOUNDATION OF MARTIN COUNTY 500 SE OCEAN BLVD STUART, FL 34994	65-0304639	501(C)(3)	24,275.				SCHOLARSHIPS
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW ST MIAMI, FL 33199	36-2681352	501(C)(3)	37,100.				SCHOLARSHIPS
UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PARKWAY ORLANDO, FL 32826	59-6211832	501(C)(3)	40,000.				SCHOLARSHIPS
VALENCIA FOUNDATION 190 S ORANGE AVENUE ORLANDO, FL 32801	23-7442785	501(C)(3)	10,000.				SCHOLARSHIPS

2 Enter total number of Section 501(c)(3) and government organizations	▶ <u>39</u>
3 Enter total number of other organizations	▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FLORIDA'S BLOOD CENTERS INC.

Employer identification number

59-0668473

Part I Questions Regarding Compensation

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 checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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:

- 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 must complete lines 5-8.

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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					
ANNE K CHINODA	(i)	309,645.	165,000.	32,553.	21,850.	5,400.	534,448.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL L PRATT	(i)	241,433.	130,000.	9,891.	21,850.	600.	403,774.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNIFER TAGGART	(i)	204,724.	83,712.	192.	21,850.	10,200.	320,678.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LYNNE SMALL	(i)	183,332.	80,000.	1,032.	21,850.	6,706.	292,920.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DR RICHARD GAMMON	(i)	201,918.	15,000.	240.	21,119.	10,847.	249,124.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN JENSEN	(i)	96,617.	65,000.	100.	15,166.	5,255.	182,138.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGELA RANKIN	(i)	116,719.	12,000.	3,808.	12,701.	6,409.	151,637.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SCOTT PAUL	(i)	122,057.	7,000.	2,638.	12,644.	7,010.	151,349.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

FIRST CLASS TRAVEL

SCHEDULE J, QUESTION 1

ON OCCASION, FLORIDA'S BLOOD CENTERS, INC. PERMITS CERTAIN MEMBERS OF ITS LEADERSHIP TEAM TO UTILIZE "FIRST CLASS" SEATING FOR AIR TRAVEL WHEN THE COST OF DOING SO IS ECONOMICALLY REASONABLE IN ORDER TO PERMIT SUCH INDIVIDUALS TO PRODUCTIVELY UTILIZE AIR TRAVEL TIME TO PERFORM WORK FOR FLORIDA'S BLOOD CENTERS, INC.'S BUSINESS. WHEN POSSIBLE, FLORIDA'S BLOOD CENTERS, INC. UTILIZES FREQUENT FLYER MILES/POINTS TO OBTAIN AN UPGRADE TO FIRST CLASS SEATING. FLORIDA'S BLOOD CENTERS, INC. WOULD PREFER "BUSINESS CLASS" FLIGHT ACCOMMODATIONS FOR SUCH PURPOSES; HOWEVER, DOMESTIC AIR CARRIERS DO NOT GENERALLY OFFER BUSINESS CLASS. FLORIDA'S BLOOD CENTERS, INC.'S BOARD OF DIRECTORS CONSIDERS THE SELECTIVE UTILIZATION OF SUCH ACCOMMODATIONS TO BE GOOD STEWARDSHIP OF THE ORGANIZATION'S RESOURCES, AS LOSS OF PRODUCTIVE WORK TIME WOULD BE COSTLY FOR FLORIDA'S BLOOD CENTERS, INC.

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.

FORM 990, SCHEDULE J, LINES 3 AND 7

THE 2008 COMPENSATION FOR THE ORGANIZATION'S CEO, COO, CFO, CIO, CHIEF MEDICAL DIRECTOR, CHIEF MEDICAL AFFAIRS OFFICER AND THE CHIEF DONOR OPERATIONS OFFICER WAS SET BY A COMMITTEE COMPRISED OF FIVE OF THE SIX MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE, NONE OF WHOM HAVE A CONFLICT OF INTEREST (AS DEFINED IN REG. §53.4958-6(C)(1)(III)) WITH RESPECT TO THE COMPENSATION ARRANGEMENTS BEING CONSIDERED. THE CEO PROVIDES GUIDANCE AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE FOR EACH OF THE POSITIONS OTHER THAN FOR HER OWN. THE CEO IS NOT PRESENT AS THE EXECUTIVE COMMITTEE DELIBERATES AND DETERMINES THE FINAL RECOMMENDATIONS FOR BOTH BASE COMPENSATION AND INCENTIVE/BONUS PAYMENTS.

THE COMMITTEE UTILIZED DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS DATA WAS OBTAINED FROM A VARIETY OF SOURCES, INCLUDING A SALARY SURVEY CONDUCTED BY AMERICA'S BLOOD CENTERS (AN INDEPENDENT EXEMPT MEMBERSHIP ORGANIZATION OF NORTH AMERICA'S

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.

NON-PROFIT COMMUNITY BLOOD CENTERS), SALARY INFORMATION OBTAINED FROM THE WALL STREET JOURNAL AND FORMS 990 FOR COMPARABLE ORGANIZATIONS, AND INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT WITH RESPECT TO THE RANGES OF SALARIES FOR ORGANIZATIONS IN THE STATE OF FLORIDA WITH COMPARABLE ACTIVITIES, REVENUE SIZE AND EMPLOYEE BASE.

THE COMMITTEE ALSO CONSIDERED THE INDIVIDUAL'S AND ORGANIZATION'S CONTRIBUTION ACHIEVEMENT OF CORPORATE GOALS IN ITS DELIBERATIONS, SUCH AS THE ACHIEVEMENT OF A 100% REGULATORY COMPLIANCE RATING, OPERATION AT A LEVEL OF EFFICIENCY WHERE ALL CUSTOMER NEEDS ARE MET ON A DAILY BASIS 100% OF THE TIME, STAFF TURNOVER REDUCTION, IMPLEMENTATION OF A DISASTER RECOVERY PLAN, IMPLEMENTATION OF A COMPREHENSIVE MANAGEMENT INFORMATION SYSTEM, AND OTHER OPERATIONAL GOALS. ADDITIONALLY, THE COMMITTEE ALSO EVALUATES THE INDIVIDUAL PERFORMANCE AND CONTRIBUTION TO POSITION THE ORGANIZATION FOR FUTURE GROWTH IN ORDER TO SUCCESSFULLY EXPAND ITS MISSION.

THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTED ITS DECISIONS WITH RESPECT TO

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.

APPROVED BASE SALARY INCREASES AND BONUSES FOR THE POSITIONS NOTED ABOVE.

THE 2008 COMPENSATION AS APPROVED UNDER THE PROCEDURES OUTLINED ABOVE INCLUDED AN INCENTIVE COMPENSATION COMPONENT. IN LATE 2007, THE COMMITTEE INITIALLY BUDGETED AN AMOUNT TO BE ALLOCATED TO INCENTIVE COMPENSATION PAYMENTS TO BE PAID TO KEY EXECUTIVES UPON THE ACHIEVEMENT OF CERTAIN ORGANIZATIONAL GOALS AS OUTLINED ABOVE. IN LATE 2008, THE COMMITTEE REVIEWED THE ORGANIZATION'S PROGRESS WITH RESPECT TO ACHIEVEMENT OF THESE GOALS, AND DISCRETIONARILY ALLOCATED A PORTION OF THE PREVIOUSLY APPROVED INCENTIVE COMPENSATION BUDGET TO EACH OF THE ORGANIZATION'S KEY EXECUTIVES.

THE COMMITTEE CONSIDERED EACH EXECUTIVE'S TOTAL COMPENSATION, INCLUDING INCENTIVE COMPENSATION, IN ITS DELIBERATIONS WITH RESPECT TO THE DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

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.

THE INDEPENDENT COMMITTEE MEMBERS OBTAINED DOCUMENTATION CLEARLY
SUPPORTING THE POSITION THAT THE COMPENSATION OF THE EXECUTIVES WAS WELL
WITHIN THE RANGE OF COMPENSATION AMOUNTS PAID BY OTHER SIMILAR
ORGANIZATIONS TO PERSONS IN COMPARABLE POSITIONS PERFORMING COMPARABLE
DUTIES.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization: **FLORIDA'S BLOOD CENTERS INC.** Employer Identification number: **59-0668473**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE K CHINODA PRESIDENT & CEO	54.	X		X				507,198.	NONE	27,250.
LEIGHTON D YATES BOARD CHAIRMAN	3.	X						NONE	NONE	NONE
C BRADFORD RICHMOND BOARD VICE CHAIRMAN	2.	X						NONE	NONE	NONE
DAVID E BOONE GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
RICHARD E COSTALES BOARD MEMBER AT LARGE	1.	X						NONE	NONE	NONE
THOMAS D PELLARIN BOARD TREASURER	1.	X						NONE	NONE	NONE
WILLIAM H BIEBERBACH GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
CAROL E CAMPBELL GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
REV ALBERTO CUTIE GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
TERRENCE D DELEHANTY GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
DENNIS P GALLON GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
JANE V GARRARD GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
DEAN P KURTZ GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
RICHARD J MALADECKI GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
TERRILL L MORRIS GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
BERNHARD A NEUMANN GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
BRIAN M PATTERSON GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
STEVEN PERSONETTE GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
DOROTHY RICHARDSON MD GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
SANFORD C SHUGART GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVID T SLICK GENERAL BOARD MEMBER	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization: **FLORIDA'S BLOOD CENTERS INC.** Employer Identification number: **59-0668473**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE D TOMYN BOARD MEMBER AT LARGE	1.	X					NONE	NONE	NONE	
DIANE H TREES GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
CRAIG E WELLER GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
DAVID J MAXON GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
E ANN MCGEE GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
J STANLEY PAYNE GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
D KENT SHARPLES GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
D KEITH WINSTEN GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
J. DAVID ARMSTRONG GENERAL BOARD MEMEBER	1.	X					NONE	NONE	NONE	
SHARON E. ARNOLD GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
GALE M. BUTLER GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
CHRISTOPHER M. DOLD GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
JOHN H. DYER GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
ROBERT HATTOX GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
STEVEN A. JAMIESON GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
YVONNE LOGGINS-COLEMAN GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
EDWIN R. MASSEY GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
GARY W. PERRY GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
JOSEPH A. PORES GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
THADDEUS SEYMOUR JR. GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	
CLAES WAHLSTEDT GENERAL BOARD MEMBER	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

FLORIDA'S BLOOD CENTERS INC.

Employer identification number

59-0668473

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DARDEN RESTAURANTS, INC. (SEE SCH. O)	CFO AT DARDEN IS BD MEM.	1,257,575.	DONOR RECOGNITION		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FLORIDA'S BLOOD CENTERS INC.

Employer identification number

59-0668473

FORM 990, PART I, LINE 6

NUMBER OF VOLUNTEERS

FLORIDA'S BLOOD CENTERS, INC. HAS OVER 200,000 LOYAL AND GENEROUS
VOLUNTEER DONORS WHO HELP TO ENSURE THAT THE BLOOD CENTER MAINTAINS AN
ADEQUATE SUPPLY OF BLOOD AT ALL TIMES. APPROXIMATELY 100 OF THESE DONORS
ALSO VOLUNTEER THEIR TIME TO ASSIST THE ORGANIZATION IN DAILY
ADMINISTRATIVE FUNCTIONS, SUCH AS, FILING, MAILING, AND GENERAL OFFICE
DUTIES.

Name of the organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
--	--

FORM 990, PART III, LINE 4A

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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 66-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 360,000 UNITS OF BLOOD DONATED EACH YEAR BY
 VOLUNTEERS.

WITH OVER 1,000 EMPLOYEES IN 21 COUNTIES, OVER 200,000 ANNUAL VOLUNTEERS,
 42 LOCATIONS, OVER 40 MOBILE UNITS, AND FIVE PORTABLE COLLECTION
 EQUIPMENT SETS, FBC IS AMONG THE LARGEST BLOOD BANKS 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

Name of the organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
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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 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.

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FORM 990, PART VI, SECTION A, LINE 1A

VOTING MEMBERS OF THE GOVERNING BODY

THE PRESIDENT, CHAIRMAN, VICE CHAIRMAN AND TREASURER ARE EX-OFFICIO MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE. IN ADDITION, TWO AT-LARGE MEMBERS OF THE EXECUTIVE COMMITTEE ARE SELECTED FROM MEMBERS OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS DURING THE PERIOD BETWEEN ANNUAL AND SPECIAL MEETINGS OF THE BOARD OF DIRECTORS. MEETINGS OF THE EXECUTIVE COMMITTEE ARE HELD AT SUCH TIMES AND PLACES AS THE PRESIDENT DIRECTS.

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FLORIDA'S BLOOD CENTERS INC.

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FORM 990, PART VI, SECTION A, LINE 6

MEMBERS

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. IS THE SOLE MEMBER

OF FLORIDA'S BLOOD CENTERS, INC.

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FORM 990, PART VI, SECTION A, QUESTION 7B

DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC., AS THE SOLE

MEMBER OF FLORIDA'S BLOOD CENTERS, INC., MUST APPROVE DECISIONS OF

FLORIDA'S BLOOD CENTERS, INC.'S BOARD OF DIRECTORS, TO AMEND THE ARTICLES

OF INCORPORATION AND/OR BYLAWS, AND MUST APPROVE DECISIONS REGARDING

DISSOLUTION OF FLORIDA'S BLOOD CENTERS, INC.

Name of the organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
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FORM 990, PART VI, SECTION A, QUESTION 10

FORM 990 REVIEW PROCESS

PRIOR TO FILING THE FORM 990, MANAGEMENT DISTRIBUTED A DRAFT OF THE 2008

FORM 990 TO THE AUDIT COMMITTEE, CONTROLLER, AND CFO FOR THEIR REVIEW.

THE DRAFT RETURN IS REVIEWED BY THE AUDIT COMMITTEE MEMBERS, CFO AND

CONTROLLER, WHICH PROVIDED COMMENTS. BASED UPON FEEDBACK RECEIVED PRIOR

TO FINALIZATION, REVISIONS WERE MADE TO THE RETURN. THE BOARD OF

DIRECTORS RECEIVED A FINAL COPY PRIOR TO FILING.

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FORM 990, PART VI, SECTION B, QUESTION 12

CONFLICT OF INTEREST POLICY

FLORIDA'S BLOOD CENTERS INC. HAS ESTABLISHED A CONFLICT OF INTEREST

POLICY WHICH REQUIRES ALL BOARD MEMBERS AND OFFICERS TO AFFIRM ADHERENCE

TO OUR CONFLICT OF INTEREST POLICY AND TO DISCLOSE ALL RELATED PARTY

TRANSACTIONS. THE CONFLICT OF INTEREST POLICY HAS BEEN REVIEWED AND

APPROVED BY THE BOARD OF DIRECTORS. FLORIDA'S BLOOD CENTERS INC.'S POLICY

REQUIRES CERTAIN INDIVIDUALS TO DISCLOSE PARTICIPATION IN ACTIVITIES OR

CIRCUMSTANCES THAT MAY PRESENT A CONFLICT OF INTEREST ON AN ANNUAL BASIS

OR IF AT ANY TIME SUCH INDIVIDUAL BECOMES AWARE OF CIRCUMSTANCES THAT MAY

PRESENT A CONFLICT OF INTEREST. THESE DISCLOSURES ARE REVIEWED AS

NECESSARY.

THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL TRANSACTIONS WITH RELATED

PARTIES. THE BOARD OF DIRECTORS APPROVES A TRANSACTION BETWEEN FLORIDA'S

BLOOD CENTERS, INC AND A RELATED PARTY ONLY WHEN SUCH TRANSACTION IS

DETERMINED TO BE IN THE BEST INTERESTS OF FLORIDA'S BLOOD CENTERS, INC.

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FLORIDA'S BLOOD CENTERS INC.

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FORM 990, PART VI, SECTION B, QUESTION 15

COMPENSATION REVIEW

THE 2008 COMPENSATION FOR THE ORGANIZATION'S CEO, COO, CFO, CIO, CHIEF

MEDICAL DIRECTOR, CHIEF MEDICAL AFFAIRS OFFICER AND THE CHIEF DONOR

OPERATIONS OFFICER WAS SET BY A COMMITTEE COMPRISED OF FIVE OF THE SIX

MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE, NONE OF WHOM HAVE A

CONFLICT OF INTEREST (AS DEFINED IN REG. §53.4958-6(C)(1)(III)) WITH

RESPECT TO THE COMPENSATION ARRANGEMENTS BEING CONSIDERED. THE CEO

PROVIDES GUIDANCE AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE FOR EACH

OF THE POSITIONS OTHER THAN FOR HER OWN. THE CEO IS NOT PRESENT AS THE

EXECUTIVE COMMITTEE DELIBERATES AND DETERMINES THE FINAL RECOMMENDATIONS

FOR BOTH BASE COMPENSATION AND INCENTIVE/BONUS PAYMENTS.

THE COMMITTEE UTILIZED DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY

QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY

SITUATED ORGANIZATIONS. THIS DATA WAS OBTAINED FROM A VARIETY OF

SOURCES, INCLUDING SALARY SURVEY CONDUCTED BY AMERICA'S BLOOD CENTERS (AN

INDEPENDENT EXEMPT MEMBERSHIP ORGANIZATION OF NORTH AMERICA'S NON-PROFIT

COMMUNITY BLOOD CENTERS), SALARY INFORMATION OBTAINED FROM THE WALL

STREET JOURNAL AND FORMS 990 FOR COMPARABLE ORGANIZATIONS, AND

INFORMATION PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT WITH

RESPECT TO THE RANGES OF SALARIES FOR ORGANIZATIONS IN THE STATE OF

FLORIDA WITH COMPARABLE ACTIVITIES, REVENUE SIZE AND EMPLOYEE BASE.

THE COMMITTEE ALSO CONSIDERED THE INDIVIDUAL'S CONTRIBUTIONS AND

Name of the organization

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ORGANIZATION'S ACHIEVEMENT OF CORPORATE GOALS IN ITS DELIBERATIONS, SUCH AS THE ACHIEVEMENT OF A 100% REGULATORY COMPLIANCE RATING, OPERATION AT A LEVEL OF EFFICIENCY WHERE ALL CUSTOMER NEEDS ARE MET ON A DAILY BASIS 100% OF THE TIME, STAFF TURNOVER REDUCTION, IMPLEMENTATION OF A DISASTER RECOVERY PLAN, IMPLEMENTATION OF A COMPREHENSIVE MANAGEMENT INFORMATION SYSTEM, AND OTHER OPERATIONAL GOALS. ADDITIONALLY, THE COMMITTEE ALSO EVALUATES THE INDIVIDUAL PERFORMANCE AND CONTRIBUTION TO POSITION THE ORGANIZATION FOR FUTURE GROWTH IN ORDER TO SUCCESFULLY EXPAND ITS MISSION.

THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTED ITS DECISIONS WITH RESPECT TO APPROVED BASE SALARY INCREASES AND BONUSES FOR THE POSITIONS NOTED ABOVE.

THE COMMITTEE CONSIDERED EACH EXECUTIVE'S TOTAL COMPENSATION, INCLUDING INCENTIVE COMPENSATION, IN ITS DELIBERATIONS WITH RESPECT TO THE DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

INCENTIVE COMPENSATION, IN ITS DELIBERATIONS WITH RESPECT TO THE DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

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FORM 990, PART VI, SECTION C, QUESTION 19

GOVERNING DOCUMENTS

FLORIDA'S BLOOD CENTERS DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST, OR AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE FORM 990 IS BASED ON THE AUDITED FINANCIAL STATEMENT OF FLORIDA'S BLOOD CENTERS.

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FORM 990, PART VIII, LINE 2A

STATEMENT OF REVENUE: PROGRAM SERVICE REVENUE

FEES RECEIVED FROM HOSPITALS AND OTHER HEALTH CARE PROVIDERS FOR THE

EXTENSIVE COLLECTION, SCREENING, STORAGE, AND TRANSPORTATION OF BLOOD IN

ORDER TO MAINTAIN AND PROVIDE A SAFE AND CONSISTENT BLOOD SUPPLY.

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FORM 990, PART IX, LINE 24A

STATEMENT OF FUNCTIONAL EXPENSES

LINE 24A: MEDICAL SUPPLIES

THESE EXPENSES INCLUDE COSTS FOR MATERIALS NEEDED TO COLLECT, TEST, PROCESS, AND DISTRIBUTE DONATED BLOOD PRODUCTS.

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FORM 990, SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

DARDEN RESTAURANTS, INC. PERMITS FLORIDA'S BLOOD CENTERS, INC. TO ACQUIRE RESTAURANT GIFT CARDS AT A SIGNIFICANT DISCOUNT TO THEIR FACE VALUE TO BE GIVEN TO BLOOD DONORS AS THANK-YOU GIFTS IN APPRECIATION FOR THEIR TIME AND DEDICATION IN GIVING BLOOD. THIS DISCOUNT IS SUBSTANTIALLY BETTER THAN OTHER DISCOUNTS OFFERED BY UNRELATED COMPANIES FROM WHOM FLORIDA'S BLOOD CENTERS, INC. PURCHASES THANK-YOU GIFTS. FOR EXAMPLE, AN UNRELATED SUPERMARKET CHAIN OFFERS FLORIDA'S BLOOD CENTERS, INC. A 2 - 5% DISCOUNT, CERTAIN UNRELATED GAS COMPANIES OFFER A 2 - 3% DISCOUNT AND AN UNRELATED NATIONAL DISCOUNT RETAIL CHAIN OFFERS NO DISCOUNT.

Name of the organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
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OFFICERS AND DIRECTORS - TIME DEVOTED TO IND. BLOOD & TISSUE SERV. OF FL.

NAME	TITLE	HRS/WK DEVOTED TO
INDEPENDENT BLOOD AND TISSUE		
SERVICES OF FLORIDA		
LEIGHTON D. YATES	BOARD CHAIRMAN	0.50
C. BRADFORD RICHMOND	BOARD VICE CHAIRMAN	0.50
ANNE K. CHINODA	PRESIDENT & CEO	1.00
THOMAS D. PELLARIN	BOARD TREASURER	0.50
RICHARD E. COSTALES	BOARD MEMBER AT LARGE	0.50
GEORGE D. TOMYN	BOARD MEMBER AT LARGE	0.50
J. DAVID ARMSTRONG	GENERAL BOARD MEMBER	0.25
SHARON E. ARNOLD	GENERAL BOARD MEMBER	0.25
WILLIAM H. BIEBERBACH	GENERAL BOARD MEMBER	0.25
DAVID E. BOONE	GENERAL BOARD MEMBER	0.50
GALE M. BUTLER	GENERAL BOARD MEMBER	0.50
CAROL E. CAMPBELL	GENERAL BOARD MEMBER	0.25
CHRISTOPHER M. DOLD	GENERAL BOARD MEMBER	0.25
REV. ALBERTO CUTIE	GENERAL BOARD MEMBER	0.25
TERRENCE D. DELEHANTY	GENERAL BOARD MEMBER	0.25
JOHN H. DYER	GENERAL BOARD MEMBER	0.25
DENNIS P. GALLON	GENERAL BOARD MEMBER	0.25
JANE V. GARRARD	GENERAL BOARD MEMBER	0.25
ROBERT HATTOX	GENERAL BOARD MEMBER	0.25
STEVEN A. JAMIESON	GENERAL BOARD MEMBER	0.25
DEAN P. KURTZ	GENERAL BOARD MEMBER	0.25

Name of the organization FLORIDA'S BLOOD CENTERS INC.	Employer identification number 59-0668473
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YVONNE LOGGINS-COLEMAN	GENERAL BOARD MEMBER	0.25
RICHARD J. MALADECKI	GENERAL BOARD MEMBER	0.25
EDWIN R. MASSEY	GENERAL BOARD MEMBER	0.25
DAVID J. MAXON	GENERAL BOARD MEMBER	0.25
E. ANN MCGEE	GENERAL BOARD MEMBER	0.25
TERRILL L. MORRIS	GENERAL BOARD MEMBER	0.25
BERNHARD A. NEUMANN	GENERAL BOARD MEMBER	0.25
BRIAN M. PATTERSON	GENERAL BOARD MEMBER	0.25
J. STANLEY PAYNE	GENERAL BOARD MEMBER	0.25
GARY W. PERRY	GENERAL BOARD MEMBER	0.25
STEVEN PERSONETTE	GENERAL BOARD MEMBER	0.25
JOSEPH A. PORES	GENERAL BOARD MEMBER	0.25
DOROTHY RICHARDSON, MD	GENERAL BOARD MEMBER	0.25
THADDEUS SEYMOUR JR.	GENERAL BOARD MEMBER	0.25
D. KENT SHARPLES	GENERAL BOARD MEMBER	0.25
SANFORD C. SHUGART	GENERAL BOARD MEMBER	0.25
DAVID T. SLICK	GENERAL BOARD MEMBER	0.25
DIANE H. TREES	GENERAL BOARD MEMBER	0.25
CLAES WAHLESTEDT	GENERAL BOARD MEMBER	0.25
CRAIG E. WELLER	GENERAL BOARD MEMBER	0.25
D. KEITH WINSTEN	GENERAL BOARD MEMBER	0.25

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization

FLORIDA'S BLOOD CENTERS INC.

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Part I Identification of Disregarded Entities

(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

(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
INDEPENDENT BLOOD & TISSUE SRVCS OF FL	BLOOD SERVICE	FL	501(C)(3)	TYPE 11	N/A
CENTRAL FLORIDA TISSUE BANK, INC.	TISSUE SRVC	FL	501(C)(3)	TYPE 9	IBTSF

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
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		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)	X	

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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
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FLORIDA'S BLOOD CENTERS' MISSION IS TO CONSISTENTLY MEET THE DEMAND FOR A SAFE AND ADEQUATE BLOOD SUPPLY TO OUR CUSTOMERS, SUPPORT WORLD-CLASS COLLABORATIVE MEDICAL RESEARCH INTO THE PREVENTION AND TREATMENT OF HUMAN DISEASE, AND TO PROVIDE OPPORTUNITIES FOR OUR EMPLOYEES, PARTNERS, DONORS, AND COMMUNITY, WHICH PROMOTES HEALTH AND WELL-BEING FOR ALL.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
-----	-----	-----
ALL-OUT CONSTRUCTION, LLC 3014 SENNA CT ORLANDO, FL 32826	CONSTRUCTION	590,683.
UMR HEALTH PLAN ADMINISTRATORS INC 973 FEATHERSTONE RD ROCKFORD, IL 61107	CLAIMS PROCESSES	445,940.
THE NORTH HIGHLAND COMPANY 39555 ORCHARD HILL PL # 600 NOVI, MI 48375	CONSULTING	253,143.
DOCUSCAN GROUP INC 1115 RONALD REAGAN BLVD SUITE 135 LONGWOOD, FL 32750	DOCUMENT SCANNING	295,768.
CLEANNET USA 2400 MAITLAND CENTER PKWY SUITE 114 MAITLAND, FL 32751	OFFICE CLEANING	256,092.
TOTAL COMPENSATION		----- 1,841,626. =====

FORM 990, PART VIII - INVESTMENT INCOME

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DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST INCOME	57,573.			57,573.
TOTALS	57,573.			57,573.
	=====	=====	=====	=====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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LENDER: CAPITAL LEASE PAYABLE

BEGINNING BALANCE DUE 180,200.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 180,200.

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