

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

2008

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> INDEPENDENT BLOOD AND TISSUE 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	<b>D Employer identification number</b> 59-2898768
		<b>E Telephone number</b> (407) 226-3800	<b>G Gross receipts \$</b> 26,346,764.
		<b>F Name and address of principal officer:</b> ANNE K. CHINODA, CEO 8669 COMMODITY CIRCLE ORLANDO, FL 32819	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶ _____	
<b>J Website:</b> ▶ WWW.FLORIDASBLOODCENTERS.ORG		<b>L Year of formation:</b> 1989 <b>M State of legal domicile:</b> FL	
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____			

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: SUPPORT, EXPAND, AND FURTHER THE SERVICES PROVIDED TO THE COMMUNITY BY FLORIDA'S BLOOD CENTERS, INC.		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	40
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	NONE
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	41
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	NONE
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,158,387.	4,327,442.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,680,249.	-743,700.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	312,666.	312,666.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,151,302.	3,896,408.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
Expenses	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25)		NONE
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,173,721.	2,054,216.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,173,721.	2,054,216.
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,977,581.	1,842,192.
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	59,690,831.	51,515,811.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	23,211,348.	22,286,240.
		36,479,483.	29,229,571.

**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.

<b>Sign Here</b> <input type="checkbox"/> Signature <input type="checkbox"/> Type or print	<div style="border: 2px solid blue; padding: 10px; font-size: 1.5em; color: blue; font-weight: bold;">         Filed Electronically          See 8879-EO Attached for Signatures       </div>	
<b>Paid Preparer's Use Only</b> 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	<input type="checkbox"/> Self-employed

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 20

2008

Department of the Treasury Internal Revenue Service

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

Name of exempt organization

Employer identification number

INDEPENDENT BLOOD AND TISSUE

59-2898768

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) for return types and amounts. Line 1a is checked with amount 3,896,408.

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.

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]

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

11/12/09

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.

<b>Cumulative e-File History 2008</b>	
<b>FED</b>	
Locator:	12417G
Taxpayer Name:	INDEPENDENT BLOOD AND TISSUE
Return Type:	990
Submitted Date:	11/16/2009 14:25:33
Acknowledgement Date:	11/16/2009 15:00:36
Status:	Rejected
Submission ID:	56038220093205000003
Submitted Date:	11/16/2009 16:11:40
Acknowledgement Date:	11/16/2009 16:30:39
Status:	Accepted
Submission ID:	56038220093205000004

• 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 INDEPENDENT BLOOD & TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
	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

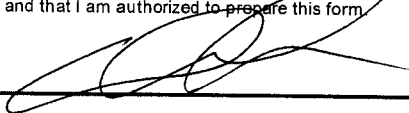
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/16/2009**
- 5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

<b>8a</b> 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.	<b>8a</b>	\$	N/A
<b>b</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.	<b>8b</b>	\$	N/A
<b>c Balance Due.</b> 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.	<b>8c</b>	\$	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**

KPMG LLP 13-5505277  
Greensboro, North Carolina 27401  
Form 8868 (Rev. 4-2009)

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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>INDEPENDENT BLOOD &amp; TISSUE SERVICES OF FLORIDA, INC.</b>	<b>Employer identification number</b> <b>59-2898768</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8669 COMMODITY CIRCLE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ORLANDO, FL 32819</b>	
	File by the due date for filing your return. See instructions.	

### 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 above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

Internal Revenue Service  
Received  
MAY 14 2009

• The books are in the care of ▶ **STEPHEN JENSEN, CFO**  
Telephone No. ▶ **407-248-5498**  
**W&I (FA) - Group 60**  
**Area 2 Territory 5**  
**Greensboro, NC**  
FAX No. ▶

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

1 I request an automatic 3-month (6 months for a 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

<b>3a</b> 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.	<b>3a</b>	\$	<b>N/A</b>
<b>b</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.	<b>3b</b>	\$	<b>N/A</b>
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	<b>N/A</b>

**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 \$ 2,032,216. including grants of \$ NONE) (Revenue \$ 4,327,442.)

SEE STATEMENT 2

**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** ▶ \$ 2,032,216. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-27 contain various questions about organizational requirements and schedules.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	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>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35</b>	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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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 1a-11 covering governing body details, relationships, and documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b covering conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20 covering state filing requirements, public inspection, and contact information.





**Part VIII Statement of Revenue**

59-2898768

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> NONE				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		NONE			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> RENTAL INCOME FROM RELATED ORGANIZATIONS	532000	4,327,442.	4,327,442.		
	<b>b</b> (SEE SCHEDULE O)					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		4,327,442.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	STMT. 3	929,045.			929,045.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	<b>5</b> Royalties . . . . . ▶		NONE			
		(i) Real (ii) Personal				
	<b>6a</b> Gross Rents . . . . .	312,666.				
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .	312,666.				
	<b>d</b> Net rental income or (loss) . . . . . ▶		312,666.			312,666.
		(i) Securities (ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	20,777,611.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	22,450,356.				
	<b>c</b> Gain or (loss) . . . . .	-1,672,745.				
	<b>d</b> Net gain or (loss) . . . . . ▶		-1,672,745.			-1,672,745.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		NONE				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶		NONE				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶		NONE				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		NONE				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶			3,896,408.	4,327,442.		-431,034.

**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 . . .	NONE			
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 . . . . .	NONE			
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 . . . . .	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits . . . . .	NONE			
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	15,000.		15,000.	
c Accounting . . . . .	7,000.		7,000.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	136,666.	136,666.		
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	NONE			
14 Information technology . . . . .	NONE			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	NONE			
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	650,446.	650,446.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	968,709.	968,709.		
23 Insurance . . . . .	NONE			
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 DUES & SUBSCRIPTIONS -----	26,629.	26,629.		
b LICENSES & REGISTRATION FEES -----	400.	400.		
c MISCELLANEOUS -----	56,174.	56,174.		NONE
d BUILDING/EQUIP REPAIR & MAIN -----	193,192.	193,192.		
e -----				
f All other expenses -----				NONE
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,054,216.	2,032,216.	22,000.	NONE
26 <b>Joint Costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	932,021.	<b>2</b>	937,881.
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	98,398.	<b>4</b>	84,983.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	600.	<b>9</b>	31,482.
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 35,927,481.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	<b>10b</b> 5,602,695.	28,523,721.	<b>10c</b> 30,324,786.
	<b>11</b> Investments - publicly traded securities . . . . .	20,047,742.	<b>11</b>	11,521,199.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	9,879,121.	<b>12</b>	8,442,570.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	209,228.	<b>15</b>	172,910.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	59,690,831.	<b>16</b>	51,515,811.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	96,348.	<b>17</b>	91,240.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	23,115,000.	<b>20</b>	22,195,000.
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	23,211,348.	<b>26</b>	22,286,240.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	36,479,483.	<b>27</b>	29,229,571.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	36,479,483.	<b>33</b>	29,229,571.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	59,690,831.	<b>34</b>	51,515,811.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>2c</b>	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? . . . . .		
<b>3a</b>	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>3b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

<b>Name of the organization</b> INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	<b>Employer identification number</b> 59-2898768
--	---

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	X
(ii) A family member of a person described in (i) above? .....	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	X

**h** Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 5									
<b>Total</b>									4,871,132.

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - Line 15 - %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - Line 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - Line 17 - %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - Line 18 - %

- 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.



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 INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.

Employer identification number 59-2898768

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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV 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? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term endowment ▶ \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| (ii) related organizations . . . . .  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		7,021,226.		7,021,226.
b Buildings . . . . .		28,023,388.	5,342,477.	22,680,911.
c Leasehold improvements . . . . .				
d Equipment . . . . .		505,476.	260,218.	245,258.
e Other . . . . .		377,391.		377,391.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				<b>30,324,786.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

Table with 10 rows for reconciliation of net assets. Columns include line numbers (1-10) and descriptions of revenue, expenses, and adjustments.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Table with 5 main rows for revenue reconciliation, including sub-rows (a-e) for adjustments. Columns include line numbers (1, 2a-d, 2e, 3, 4a-c, 5) and descriptions.

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

Table with 5 main rows for expense reconciliation, including sub-rows (a-e) for adjustments. Columns include line numbers (1, 2a-d, 2e, 3, 4a-c, 5) and descriptions.

**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.

Series of horizontal dashed lines provided for entering supplemental information.



**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 INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
--	--

**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 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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		
<b>8</b>		

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)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	309,645.	165,000.	32,553.	21,850.	5,400.	534,448.	NONE
MICHAEL L PRATT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	241,433.	130,000.	9,891.	21,850.	600.	403,774.	NONE
DR RICHARD GAMMON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	201,918.	15,000.	240.	21,119.	10,847.	249,124.	NONE
STEPHEN JENSEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	96,617.	65,000.	100.	15,116.	5,255.	182,088.	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

**Continuation Sheet for 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 Form 990, Part VII, Section A, line 1a.**

Name of the Organization **INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.** Employer Identification number **59-2898768**

**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			
LEIGHTON YATES BOARD CHAIRMAN	1.	X						NONE	NONE	NONE
C BRADFORD RICHMOND BOARD VICE CHAIRMAN	1.	X						NONE	NONE	NONE
ANNE K CHINODA PRESIDENT & CEO	1.	X		X				NONE	507,198.	27,250.
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 **INDEPENDENT BLOOD AND TISSUE  
SERVICES OF FLORIDA, INC.**

Employer Identification number  
**59-2898768**

**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 MEMEBER	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 MEMEBER	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 WAHLESTEDT 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 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 INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
--	--

FORM 990, PART I, LINE 6

NUMBER OF VOLUNTEERS

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. HAS 41 VOLUNTEER BOARD MEMBERS.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	--

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 FOR 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.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	--

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 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.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
--	--

FORM 990, PART VI, SECTION B, QUESTION 12

CONFLICT OF INTEREST POLICY

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, 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. INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, 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 INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. AND A RELATED PARTY ONLY WHEN SUCH TRANSACTION IS DETERMINED TO BE IN THE BEST INTERESTS OF INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	--

FORM 990, PART VI, SECTION C, QUESTION 19

GOVERNING DOCUMENTS

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. DOES NOT MAKE ITS  
 GOVERNING DOCUMENTS, CONFLICT OF INTEREST, OR COMBINED AUDITED FINANCIAL  
 STATEMENTS AVAILABLE TO THE PUBLIC. THE FORM 990 IS BASED ON COMBINED  
 AUDITED FINANCIAL STATEMENTS.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	---

FORM 990, PART VIII, LINE 2A

STATEMENT OF REVENUE: PROGRAM SERVICE REVENUE

RENTAL INCOME FROM RELATED ORGANIZATIONS FOR THE USE OF FACILITIES AND

EQUIPMENT NECESSARY TO COLLECT, PROCESS AND DISTRIBUTE A SAFE AND

ADEQUATE BLOOD SUPPLY TO HOSPITALS AND MEDICAL FACILITIES THROUGHOUT

FLORIDA.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	--

FORM 990, PART XI, LINE 2A

AUDITED FINANCIAL STATEMENT

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. IS PART OF A

COMBINED AUDITED FINANCIAL STATEMENT FOR 2008. NO SEPARATE AUDITED

FINANCIAL STATEMENTS ARE PREPARED FOR INDEPENDENT BLOOD AND TISSUE

SERVICES OF FLORIDA, INC. FOR 2008.

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	--

OFFICERS AND DIRECTORS - TIME DEVOTED TO FLORIDA'S BLOOD CENTERS, INC.

NAME	TITLE	HRS/WK DEVOTED TO
	FLORIDA'S BLOOD CENTERS	
LEIGHTON D. YATES	BOARD CHAIRMAN	3.00
C. BRADFORD RICHMOND	BOARD VICE CHAIRMAN	2.00
ANNE K. CHINODA	PRESIDENT & CEO	54.00
THOMAS D. PELLARIN	BOARD TREASURER	1.00
RICHARD E. COSTALES	BOARD MEMBER AT LARGE	1.00
GEORGE D. TOMYN	BOARD MEMBER AT LARGE	1.00
J. DAVID ARMSTRONG	GENERAL BOARD MEMBER	0.50
SHARON E. ARNOLD	GENERAL BOARD MEMBER	0.50
WILLIAM H. BIEBERBACH	GENERAL BOARD MEMBER	0.50
DAVID E. BOONE	GENERAL BOARD MEMBER	0.50
GALE M. BUTLER	GENERAL BOARD MEMBER	0.50
CAROL E. CAMPBELL	GENERAL BOARD MEMBER	0.50
CHRISTOPHER M. DOLD	GENERAL BOARD MEMBER	0.50
REV. ALBERTO CUTIE	GENERAL BOARD MEMBER	0.50
TERRENCE D. DELEHANTY	GENERAL BOARD MEMBER	0.50
JOHN H. DYER	GENERAL BOARD MEMBER	0.50
DENNIS P. GALLON	GENERAL BOARD MEMBER	0.50
JANE V. GARRARD	GENERAL BOARD MEMBER	0.50
ROBERT HATTOX	GENERAL BOARD MEMBER	0.50
STEVEN A. JAMIESON	GENERAL BOARD MEMBER	0.50
DEAN P. KURTZ	GENERAL BOARD MEMBER	0.50
YVONNE LOGGINS-COLEMAN	GENERAL BOARD MEMBER	0.50

Name of the organization INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.	Employer identification number 59-2898768
---	--

RICHARD J. MALADECKI	GENERAL BOARD MEMBER	0.50
EDWIN R. MASSEY	GENERAL BOARD MEMBER	0.50
DAVID J. MAXON	GENERAL BOARD MEMBER	0.50
E. ANN MCGEE	GENERAL BOARD MEMBER	0.50
TERRILL L. MORRIS	GENERAL BOARD MEMBER	0.50
BERNHARD A. NEUMANN	GENERAL BOARD MEMBER	0.50
BRIAN M. PATTERSON	GENERAL BOARD MEMBER	0.50
J. STANLEY PAYNE	GENERAL BOARD MEMBER	0.50
GARY W. PERRY	GENERAL BOARD MEMBER	0.50
STEVEN PERSONETTE	GENERAL BOARD MEMBER	0.50
JOSEPH A. PORES	GENERAL BOARD MEMBER	0.50
DOROTHY RICHARDSON, MD	GENERAL BOARD MEMBER	0.50
THADDEUS SEYMOUR JR.	GENERAL BOARD MEMBER	0.50
D. KENT SHARPLES	GENERAL BOARD MEMBER	0.50
SANFORD C. SHUGART	GENERAL BOARD MEMBER	0.50
DAVID T. SLICK	GENERAL BOARD MEMBER	0.50
DIANE H. TREES	GENERAL BOARD MEMBER	0.50
CLAES WAHLESTEDT	GENERAL BOARD MEMBER	0.50
CRAIG E. WELLER	GENERAL BOARD MEMBER	0.50
D. KEITH WINSTEN	GENERAL BOARD MEMBER	0.50

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

**Employer identification number**  
59-2898768

**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
FLORIDA'S BLOOD CENTERS, INC ----- 59-0668473 8669 COMMODITY CIRCLE ORLANDO, FL 32819	BLOOD SERVICE	FL	501(C)(3)	9	N/A
CENTRAL FLORIDA TISSUE BANK, INC ----- 59-3088930 8669 COMMODITY CIRCLE ORLANDO, FL 32819	TISSUE SRVC	FL	501(C)(3)	9	N/A
-----					
-----					
-----					
-----					
-----					
-----					
-----					
-----					

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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	X	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
<b>n</b> Sharing of paid employees . . . . .		X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	X	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	X	
<b>r</b> 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) FLORIDA'S BLOOD CENTERS INC.	I	4,273,346.
(2) FLORIDA'S BLOOD CENTERS INC.	O	2,326,014.
(3) FLORIDA'S BLOOD CENTERS INC.	R	2,923,800.
(4) CENTRAL FLORIDA TISSUE BANK, INC	I	54,096.
(5) CENTRAL FLORIDA TISSUE BANK, INC	O	1,316.
(6) CENTRAL FLORIDA TISSUE BANK, INC	Q	215,000.



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

TO SUPPORT, EXPAND, AND FURTHER THE SERVICES PROVIDED TO THE  
COMMUNITY BY FLORIDA'S BLOOD CENTERS, INC., IN ORDER TO ENSURE A  
SAFE, ADEQUATE "ZERO-RISK" BLOOD SUPPLY, SUPPORT WORLD-CLASS MEDICAL  
RESEARCH, AND TO IMPROVE THE QUALITY OF LIFE FOR ITS EMPLOYEES,  
DONORS AND COMMUNITY.

## FORM 990, PART III - PROGRAM SERVICES

## 4A PROGRAM SERVICE

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF FLORIDA'S BLOOD CENTERS, INC.

INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. SUPPORTS FLORIDA'S BLOOD CENTERS, INC. IN ITS MISSION TO SAFELY COLLECT, PROCESS, AND DISTRIBUTE BLOOD TO MORE THAN 70 HOSPITALS AND MEDICAL FACILITIES THROUGHOUT FLORIDA, AND TO SUPPORT ADVANCED SCIENTIFIC STUDY INTO THE PREVENTION AND TREATMENT OF DISEASES (SUCH AS THROUGH ITS PARTNERSHIP WITH BURNHAM INSTITUTE FOR MEDICAL RESEARCH). THE COLLECTION, PROCESSING, AND DISTRIBUTION OF BLOOD CONSTITUTE A VITAL SERVICE PROVIDED TO THE COMMUNITY, REQUIRING SIGNIFICANT RESOURCES TO ENSURE THAT THE COMMUNITY'S BLOOD SUPPLY IS SAFE AND ADEQUATE. INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. CURRENTLY PROVIDES FACILITIES AND WORKING CAPITAL TO FBC NECESSARY TO CONDUCT THIS CRUCIAL MISSION, AND MAINTAINS RESERVES WHICH ARE ESSENTIAL TO ENSURE THAT THIS IMPORTANT WORK WILL CONTINUE WITHOUT INTERRUPTION DESPITE NATURAL DISASTERS AND OTHER TRAGEDIES

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION	( A ) TOTAL REVENUE	( B ) RELATED OR EXEMPT REVENUE	( C ) UNRELATED BUSINESS REV.	( D ) EXCLUDED REVENUE
-----	-----	-----	-----	-----
INTEREST INCOME	929,045.			929,045.
	-----	-----	-----	-----
TOTALS	929,045.			929,045.
	=====	=====	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
OTHER INVESTMENTS	11,521,199.	FMV
TOTALS	----- 11,521,199. =====	

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
FLORIDA'S BLOOD CENTERS, INC.	59-0668473	9		X					4,871,132.
CENTRAL FLORIDA TISSUE BANK, INC.	59-3088930	9		X					NONE
									-----
TOTAL AMOUNT OF SUPPORT									4,871,132.
									=====