

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

**2010**

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 2010 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**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**

**E Telephone number**  
**407-226-3800**

**G Gross receipts \$** **107,883,282.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**H(c) Group exemption number** ▶

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.FLORIDASBLOODCENTERS.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1942** **M State of legal domicile:** **FL**

| Part I Summary   |   | Prior Year                               | Current Year               |
|--|---|--|----------------------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE A SAFE, RELIABLE AND AFFORDABLE BLOOD SUPPLY TO OUR COMMUNITY BY STEWARDING THE DONOR'S</b> |  |                            |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                            |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3  | 46                         |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4  | 45                         |
|  | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | 5  | 1115                       |
|  | 6 Total number of volunteers (estimate if necessary)  | 6  | 148                        |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                                       | 0.                         |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b  | 0.                                       |                            |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | 0.                                       | 4,257.                     |
|  | 9 Program service revenue (Part VIII, line 2g)  | 112,099,932.                             | 107,282,153.               |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 59,861.                                  | 128,182.                   |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 0.                                       | 0.                         |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 112,159,793.                             | 107,414,592.               |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 705,625.                                 | 678,491.                   |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                                       | 0.                         |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 51,929,868.                              | 46,044,490.                |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                                       | 0.                         |
|  | b Total fundraising expenses (Part IX, column (D), line 25)   | 0.                                       |                            |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 58,456,927.                              | 56,089,396.                |
|  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 111,092,420.                             | 102,812,377.               |
| 19 Revenue less expenses. Subtract line 18 from line 12          | 1,067,373.  | 4,602,215.                               |                            |
| Net Assets or Fund Balances                                      | 20 Total assets (Part X, line 16)   | Beginning of Current Year<br>43,748,459. | End of Year<br>40,603,911. |
|  | 21 Total liabilities (Part X, line 26)  | 15,670,553.                              | 7,923,790.                 |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 28,077,906.                              | 32,680,121.                |

**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: **JOHN E. MURPHY, JR., CFO**  
 Date: **11/15/2011**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **LORI SIMS**  
 Preparer's signature: **LORI SIMS**  
 Date: **11/16/11**  
 Check if self-employed:  PTIN:  
 Firm's name: **LARSONALLEN LLP**  
 Firm's address: **420 SOUTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801**  
 Firm's EIN:  
 Phone no.: **407-802-1200**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FLORIDA'S BLOOD CENTERS' MISSION IS TO PROVIDE A SAFE, RELIABLE, AND AFFORDABLE BLOOD SUPPLY TO OUR COMMUNITY BY STEWARDING THE DONOR'S GIFT OF LIFE. OUR VISION IS TO BE THE BLOOD CENTER OF CHOICE FOR EVERY BLOOD DONOR AND HOSPITAL IN AMERICA. NO PATIENT WILL EVER GO WITHOUT

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 [X] No

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

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 \$ 97,015,255. including grants of \$ 678,491.) (Revenue \$ 107282153.) FLORIDA'S BLOOD CENTERS, INC. ("FBC"), WAS ESTABLISHED ON APRIL 2, 1942, SHORTLY AFTER THE START OF WORLD WAR II, AS A CHARITABLE ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3).

THROUGHOUT ITS HISTORY, FBC HAS CONSISTENTLY PROVIDED THE COMMUNITIES IT SERVES WITH A SAFE AND RELIABLE BLOOD SUPPLY. TODAY, FBC PROVIDES BLOOD PRODUCTS AND COMPATIBILITY AND TESTING SERVICES TO APPROXIMATELY 70 HOSPITALS AND HEALTHCARE FACILITIES THROUGHOUT FLORIDA.

WITH APPROXIMATELY 1,000 EMPLOYEES IN 21 COUNTIES, 148 VOLUNTEERS, 41 LOCATIONS, AND 50 MOBILE UNITS, FBC IS ONE OF THE LARGEST COMMUNITY

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 97,015,255.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   |     | X  |
| 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>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | X   |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                         | N/A |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 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>                                      |     | X  |
| 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>   |     | X  |
| 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> |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | X   |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>      | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>              | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |     | X  |
| 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, Parts II and IV</i>                               |     | X  |
| 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, Parts III and IV</i>                                   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                           | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> 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> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | 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 sections 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)? .....   |     | X  |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions, and Yes/No columns. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
|           | <b>1a</b>   |     | 46 |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
|           | <b>1b</b>   |     | 45 |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | X   |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  | X   |    |
| <b>b</b>   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   | X   |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOHN E. MURPHY, JR. CFO - 407-226-3800**  
**8669 COMMODITY CIRCLE, ORLANDO, FL 32819**

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

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

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

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

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

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

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>PRESIDENT & CEO               | 45.00  | X                                      |                       | X       |              |                              | 488,949. | 0.   | 6,450.  |   |
| CHARLES "EDD" HOLDER<br>GENERAL BOARD MEMBER     | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| CHRISTOPHER M. DOLD, DVM<br>GENERAL BOARD MEMBER | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| D. KEITH WINSTEN<br>BOARD VICE CHAIRMAN          | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| DAVID E. BOONE<br>GENERAL BOARD MEMBER           | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| DEAN P. KURTZ<br>GENERAL BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| DENNIS P. GALLON, PHD<br>GENERAL BOARD MEMBER    | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| GARY W. PERRY, PHD<br>GENERAL BOARD MEMBER       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JEFFREY EISENBARTH<br>GENERAL BOARD MEMBER       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| JOSEPH A. PORES<br>GENERAL BOARD MEMBER          | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| KENNETH B. KIRBY<br>GENERAL BOARD MEMBER         | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| RICK WALSH<br>BOARD CHAIRMAN                     | 3.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ROBERT HATTOX<br>GENERAL BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| SHARON E. ARNOLD<br>GENERAL BOARD MEMBER         | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| TERRILL L. MORRIS<br>GENERAL BOARD MEMBER        | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| THADDEUS SEYMOUR JR.<br>GENERAL BOARD MEMBER     | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| THOMAS D. PELLARIN<br>GENERAL BOARD MEMBER       | 1.00   | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| WILLIAM H. BIEBERBACH<br>GENERAL BOARD MEMBER                  | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| WILLIAM L. WARREN, PHD<br>GENERAL BOARD MEMBER                 | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| YVONNE LOGGINS-COLEMAN<br>GENERAL BOARD MEMBER                 | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| DICK J. BATCHELOR<br>GENERAL BOARD MEMBER                      | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| OLGA M. CALVET<br>GENERAL BOARD MEMBER                         | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| BILL DONEGAN, CFA<br>GENERAL BOARD MEMBER                      | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| ANDREA T. ELISCU<br>GENERAL BOARD MEMBER                       | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| MICHAEL LEWIS FRUMKIN, PHD<br>GENERAL BOARD MEMBER             | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| GLENDA HOOD<br>GENERAL BOARD MEMBER                            | 1.00   | X                                      |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 488,949.   | 0.   | 6,450.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              | 1,775,312. | 0.   | 209,642.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 2,264,261. | 0.   | 216,092.  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CREATIVE TESTING SOLUTIONS<br>PO BOX 29871, PHOENIX, AZ 85038                        | TESTING                        | 3,341,958.          |
| GLOBAL MED TECHNOLOGIES, INC., 4925 ROBERT J MATHEWS PARKWAY, STE 100, EL DORADO, CA | SOFTWARE MAINTENANCE           | 558,288.            |
| CARDIANBCT, 10811 WEST COLLINS AVENUE, LAKEWOOD, CO 80215                            | EQUIPMENT MAINTENANCE          | 268,708.            |
| CLEANNET OF SOUTH FLORIDA, INC, 9861 BROKEN LAND PARWAY, STE 208, COLUMBIA, MD       | CLEANING                       | 226,014.            |
| KINGS SERVICES SOLUTIONS, INC., 11709 S. ORANGE BLOSSOM TRAIL, STE 101, ORLANDO, FL  | CLEANING                       | 212,092.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A)<br>Name and title                                   | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| TONI JENNINGS<br>GENERAL BOARD MEMBER                   | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID A. ODAHOWSKI<br>GENERAL BOARD MEMBER              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SANFORD C. "SANDY" SHUGART, PHD<br>GENERAL BOARD MEMBER | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEPHANIE YOUNG<br>GENERAL BOARD MEMBER                 | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CLAES WAHLESTEDT<br>GENERAL BOARD MEMBER                | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CRAIG E. WELLER<br>GENERAL BOARD MEMBER                 | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CYRIL D. DOUCET<br>GENERAL BOARD MEMBER                 | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID J. MAXON<br>GENERAL BOARD MEMBER                  | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID T. SLICK<br>GENERAL BOARD MEMBER                  | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DOROTHY RICHARDSON, MD<br>GENERAL BOARD MEMBER          | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| EDWIN R. MASSEY<br>GENERAL BOARD MEMBER                 | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| GEORGE D. TOMYN<br>BOARD MEMBER AT LARGE                | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LEIGHTON D. YATES<br>BOARD CHAIRMAN                     | 3.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RACHEL S. REDMAN, MD<br>GENERAL BOARD MEMBER            | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RICHARD E. COSTALES<br>BOARD MEMBER AT LARGE            | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEVEN A. JAMIESON<br>GENERAL BOARD MEMBER              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEVEN PERSONETTE<br>GENERAL BOARD MEMBER               | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| TERRENCE D. DELEHANTY<br>GENERAL BOARD MEMBER           | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BRIAN M. PATTERSON<br>GENERAL BOARD MEMBER              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| J. STANLEY PAYNE<br>GENERAL BOARD MEMBER                | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c                   |                               |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|  |   |  | (A)<br>Total revenue                         | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |          |
|--|---|--|--|---|---|--|----------|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  |  |   |   |  |          |
|  | b   | Membership dues  |  |   |   |  |          |
|  | c   | Fundraising events   |  |   |   |  |          |
|  | d   | Related organizations  |  |   |   |  |          |
|  | e   | Government grants (contributions)  |  |   |   |  |          |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 4,257.                                       |   |   |  |          |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |  |   |   |  |          |
|  | h   | <b>Total.</b> Add lines 1a-1f  |  | 4,257.  |   |  |          |
| Program Service Revenue                                | 2 a   | BLOOD PROCESSING & TES   | 900099                                       | 107282153.                                      | 107282153.                              |  |          |
|  | b   |  |  |   |   |  |          |
|  | c   |  |  |   |   |  |          |
|  | d   |  |  |   |   |  |          |
|  | e   |  |  |   |   |  |          |
|  | f   | All other program service revenue  |  |   |   |  |          |
|  | g   | <b>Total.</b> Add lines 2a-2f  |  | 107282153.                                      |   |  |          |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |  | 4,445.  |   | 4,445.   |          |
|  | 4   | Income from investment of tax-exempt bond proceeds   |  |   |   |  |          |
|  | 5   | Royalties  |  |   |   |  |          |
|  | 6 a   | Gross Rents  | (i) Real                                     | (ii) Personal                                   |   |  |          |
|  |   | b  | Less: rental expenses                        |   |   |  |          |
|  |   | c  | Rental income or (loss)                      |   |   |  |          |
|  |   | d  | Net rental income or (loss)                  |   |   |  |          |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities                               | (ii) Other                                      |   |  |          |
|  |   | b  | Less: cost or other basis and sales expenses |   | 592,427.                                |  |          |
|  |   | c  | Gain or (loss)                               |   | 468,690.                                |  |          |
|  |   | d  | Net gain or (loss)                           |   | 123,737.                                |  | 123,737. |
|  | 8 a   | 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 |   |   |  |          |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a  |   |   |  |          |
| b  |   | Less: direct expenses  | b  |   |   |  |          |
| c  |   | Net income or (loss) from gaming activities  |  |   |   |  |          |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |  |   |   |  |          |
|  | b   | Less: cost of goods sold   | b  |   |   |  |          |
|  | c   | Net income or (loss) from sales of inventory   |  |   |   |  |          |
| Miscellaneous Revenue                                  |   | Business Code  |  |   |   |  |          |
| 11 a   |   |  |  |   |   |  |          |
|  | b   |  |  |   |   |  |          |
|  | c   |  |  |   |   |  |          |
|  | d   | All other revenue  |  |   |   |  |          |
|  | e   | <b>Total.</b> Add lines 11a-11d  |  |   |   |  |          |
| 12   | <b>Total revenue.</b> See instructions.               |  | 107414592.                                   | 107282153.                                      | 0.                                      | 128,182.   |          |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  | 678,491.              | 678,491.                        |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 1,563,674.            | 1,327,197.                      | 236,477.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 35,739,048.           | 32,423,402.                     | 3,315,646.                             |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  | 1,654,263.            | 1,485,182.                      | 169,081.                               |                             |
| 9 Other employee benefits .....  | 4,393,468.            | 4,150,431.                      | 243,037.                               |                             |
| 10 Payroll taxes .....   | 2,694,037.            | 2,478,372.                      | 215,665.                               |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 314,380.              |                                 | 314,380.                               |                             |
| c Accounting .....   | 190,680.              |                                 | 190,680.                               |                             |
| d Lobbying .....   | 20,335.               |                                 | 20,335.                                |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 1,742,598.            | 1,453,058.                      | 289,540.                               |                             |
| 12 Advertising and promotion .....   | 984,124.              | 948,118.                        | 36,006.                                |                             |
| 13 Office expenses .....   | 20,558,839.           | 20,477,299.                     | 81,540.                                |                             |
| 14 Information technology .....  | 877,458.              | 790,221.                        | 87,237.                                |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 7,206,359.            | 6,943,175.                      | 263,184.                               |                             |
| 17 Travel .....  | 744,860.              | 726,663.                        | 18,197.                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 31,461.               | 31,461.                         |  |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 4,196,110.            | 3,913,286.                      | 282,824.                               |                             |
| 23 Insurance .....   | 961,569.              | 936,409.                        | 25,160.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....  |                       |                                 |  |                             |
| a <b>MEDICAL SUPPLIES/TESTIN</b>   | 11,345,585.           | 11,345,585.                     |  |                             |
| b <b>BUILDING/EQUIP REPAIR &amp;</b>   | 1,442,841.            | 1,437,834.                      | 5,007.                                 |                             |
| c <b>FUEL</b>  | 785,066.              | 785,066.                        |  |                             |
| d <b>EQUIPMENT PURCHASES</b>   | 133,427.              | 130,301.                        | 3,126.                                 |                             |
| e _____  |                       |                                 |  |                             |
| f All other expenses .....   | 4,553,704.            | 4,553,704.                      |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 102,812,377.          | 97,015,255.                     | 5,797,122.                             | 0.                          |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)                    |             | (B)         |             |
|---|--|------------------------|-------------|-------------|-------------|
|   |  | Beginning of year      |             | End of year |             |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 7,765,868.             | <b>1</b>    | 4,571,841.  |             |
|   | <b>2</b> Savings and temporary cash investments .....  |                        | <b>2</b>    |             |             |
|   | <b>3</b> Pledges and grants receivable, net .....  |                        | <b>3</b>    |             |             |
|   | <b>4</b> Accounts receivable, net .....  | 14,716,521.            | <b>4</b>    | 12,723,231. |             |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                        | <b>5</b>    |             |             |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                        | <b>6</b>    |             |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                        | <b>7</b>    |             |             |
|   | <b>8</b> Inventories for sale or use .....   | 2,502,894.             | <b>8</b>    | 2,761,466.  |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 932,566.               | <b>9</b>    | 1,333,345.  |             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 29,682,551. |             |             |             |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 15,513,909. | 17,079,516. | <b>10c</b>  | 14,168,642. |
|   | <b>11</b> Investments - publicly traded securities .....   |                        | <b>11</b>   |             |             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                        | <b>12</b>   |             |             |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                        | <b>13</b>   |             |             |
|   | <b>14</b> Intangible assets .....  | 237,212.               | <b>14</b>   | 237,212.    |             |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 513,882.               | <b>15</b>   | 4,808,174.  |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 43,748,459.  | <b>16</b>              | 40,603,911. |             |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 12,469,790.            | <b>17</b>   | 7,923,790.  |             |
|   | <b>18</b> Grants payable .....   |                        | <b>18</b>   |             |             |
|   | <b>19</b> Deferred revenue .....   |                        | <b>19</b>   |             |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                        | <b>20</b>   |             |             |
|   | <b>21</b> Escrow or custodial 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 to unrelated third parties .....   |                        | <b>24</b>   |             |             |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   | 3,200,763.             | <b>25</b>   | 0.          |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 15,670,553.            | <b>26</b>   | 7,923,790.  |             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                        |             |             |             |
|   | <b>27</b> Unrestricted net assets .....  | 28,077,906.            | <b>27</b>   | 32,680,121. |             |
|   | <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 <input type="checkbox"/> 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 .....  | 28,077,906.            | <b>33</b>   | 32,680,121. |             |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 43,748,459.  | <b>34</b>              | 40,603,911. |             |             |

**Part XI Reconciliation of Net Assets**

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

|   |  |   |              |
|---|--|---|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 107,414,592. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 102,812,377. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 4,602,215.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 28,077,906.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0.           |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 32,680,121.  |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | If "Yes" to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

Form 990 (2010)

Public Inspection Copy

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

|  | Yes | No |
|--|-----|----|
| (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? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006  | (b) 2007  | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total  |
|---|-----------|-----------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 15,000.   | 10,000.   | 10,000.    |            | 4,257.     | 39,257.    |
| <b>2</b> 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 ..... | 83714253. | 95161177. | 108670471. | 112159793. | 107282153. | 506987847. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |           |           |            |            |            |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |           |           |            |            |            |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |           |           |            |            |            |            |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 83729253. | 95171177. | 108680471. | 112159793. | 107286410. | 507027104. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |           |           |            |            |            | 0.         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |           |           |            |            |            | 0.         |
| <b>c</b> Add lines 7a and 7b .....  |           |           |            |            |            | 0.         |
| <b>8 Public support</b> (Subtract line 7c from line 6.) .....   |           |           |            |            |            | 507027104. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006  | (b) 2007  | (c) 2008   | (d) 2009   | (e) 2010   | (f) Total  |
|---|-----------|-----------|------------|------------|------------|------------|
| <b>9</b> Amounts from line 6 .....  | 83729253. | 95171177. | 108680471. | 112159793. | 107286410. | 507027104. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... | 152,232.  | 233,081.  | 57,573.    | 7,306.     | 4,445.     | 454,637.   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |           |           |            |            |            |            |
| <b>c</b> Add lines 10a and 10b .....  | 152,232.  | 233,081.  | 57,573.    | 7,306.     | 4,445.     | 454,637.   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |           |           |            |            |            |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |           |           |            |            |            |            |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....   | 83881485. | 95404258. | 108738044. | 112167099. | 107290855. | 507481741. |

**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**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 99.91 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | 99.88 % |

**Section D. Computation of Investment Income Percentage**

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | .09 % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | <b>18</b> | .12 % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>FLORIDA'S BLOOD CENTERS, INC.</b> | Employer identification number<br><b>59-0668473</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |  | (a) Filing organization's totals | (b) Affiliated group totals |
|---|--|----------------------------------|-----------------------------|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |  |                                  |                             |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                  |                             |
| c Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                  |                             |
| d Other exempt purpose expenditures .....   |  |                                  |                             |
| e Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                  |                             |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>  | <b>The lobbying nontaxable amount is:</b>          |                                  |                             |
| Not over \$500,000  | 20% of the amount on line 1e.                      |                                  |                             |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |                                  |                             |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |                                  |                             |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                  |                             |
| Over \$17,000,000   | \$1,000,000.                                       |                                  |                             |
| g Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                  |                             |
| h Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                  |                             |
| i Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                  |                             |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |  | <input type="checkbox"/> Yes     | <input type="checkbox"/> No |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>  |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)               | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|  | (a) |    | (b)     |
|--|-----|----|---------|
|  | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers? .....   |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     | X  |         |
| <b>c</b> Media advertisements? .....   |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements? .....   |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  | X   |    | 20,335. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | X  |         |
| <b>i</b> Other activities? If "Yes," describe in Part IV .....   |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    | 20,335. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                     | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                | 2   |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? ..... | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year .....   | 2a |  |
| <b>b</b> Carryover from last year .....   | 2b |  |
| <b>c</b> Total .....  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | 5  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

FLORIDA'S BLOOD CENTERS, INC.

Employer identification number

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.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and 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   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land  |                                      |                                 |                              |                    |
| b Buildings  |                                      |                                 |                              |                    |
| c Leasehold improvements   |                                      | 3,436,061.                      | 1,790,762.                   | 1,645,299.         |
| d Equipment  |                                      | 25,356,032.                     | 13,220,301.                  | 12,135,731.        |
| e Other  |                                      | 890,458.                        | 502,846.                     | 387,612.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | <b>14,168,642.</b> |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) DUE TO/FROM AFFILIATES   | 4,400,391.     |
| (2) DEPOSITS (NONCURRENT)  | 72,634.        |
| (3) OTHER RECEIVABLES  | 335,149.       |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | 4,808,174.     |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2)  |            |
| (3)  |            |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |            |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 107,414,592. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 102,812,377. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 4,602,215.   |
| 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  |              |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 0.           |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 4,602,215.   |

**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  | 107,414,592. |
| 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 | 0.           |
| 3 | Subtract line 2e from line 1  | 3  | 107,414,592. |
| 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 | 0.           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 107,414,592. |

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

|   |  |    |              |
|---|--|----|--------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 102,812,377. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |              |
| a | Donated services and use of facilities   | 2a |              |
| b | Prior year adjustments   | 2b |              |
| c | Other losses   | 2c |              |
| d | Other (Describe in Part XIV.)  | 2d |              |
| e | Add lines 2a through 2d  | 2e | 0.           |
| 3 | Subtract line 2e from line 1   | 3  | 102,812,377. |
| 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 | 0.           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 102,812,377. |

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION FILES AS A TAX-EXEMPT ORGANIZATION.**

THE TAX RETURNS FOR THE YEARS 2007 TO 2010 ARE OPEN TO REVIEW BY FEDERAL AND STATE AUTHORITIES. HOWEVER, SHOULD THE ORGANIZATION'S TAX-EXEMPT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| <b>1 (a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOCA RATON COMMUNITY HS<br>1501 NW 15TH CT<br>BOCA RATON, FL 33486                        | 59-6000783     | 501(C)(3)                            | 8,960.                          | 0.                                       |  |   | SCHOLARSHIPS                              |
| BOYNTON BEACH HIGH SCHOOL<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406 | 59-6000783     | 501(C)(3)                            | 6,820.                          | 0.                                       |  |   | SCHOLARSHIPS                              |
| BREVARD SCHOOL FOUNDATION<br>2700 JUDGE FRAN JANISON WAY<br>VIERA, FL 32940               | 59-2895155     | 501(C)(3)                            | 14,800.                         | 0.                                       |  |   | SCHOLARSHIPS                              |
| CENTENNIAL HS<br>4204 OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947                             | 59-6000832     | 501(C)(3)                            | 17,500.                         | 0.                                       |  |   | SCHOLARSHIPS                              |
| DREYFOOD SCHOOL OF THE ARTS<br>501 SOUTH SAPODILLA AVE.<br>WEST PALM BEACH, FL 33401      | 59-6000783     | 501(C)(3)                            | 6,300.                          | 0.                                       |  |   | SCHOLARSHIPS                              |
| EAST RIDGE HIGH SCHOOL<br>13322 EXCALIBUR ROAD<br>CLERMONT, FL 34711                      | 59-6000694     | 501(C)(3)                            | 5,500.                          | 0.                                       |  |   | SCHOLARSHIPS                              |

**2** Enter total number of section 501(c)(3) and government organizations **146.**

**3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EDUCATION FOUNDATIONS OF MARTIN COUNTY - 500 SE OCEAN BLVD - STUART, FL 34994           | 65-0304639 | 501(C)(3)                     | 35,250.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| FOREST HILL HIGH SCHOOL<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406 | 59-6000783 | 501(C)(3)                     | 7,480.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| FT. PIERCE CENTRAL HS<br>4204 OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947                   | 59-6000832 | 501(C)(3)                     | 8,750.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| GLADES DAY SCHOOL<br>400 GATOR BLVD<br>BELLE GLADE, FL 33430                            | 59-1101072 | 501(C)(3)                     | 5,280.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| JUPITER COMMUNITY HS<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406    | 59-6000783 | 501(C)(3)                     | 6,080.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| LAKE BRANTLEY HIGH SCHOOL<br>991 SAND LAKE ROAD<br>ALTAMONTE SPRINGS, FL 32714          | 59-6000855 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| LIBERTY HIGH SCHOOL<br>4250 PLEASANT HILL ROAD<br>KISSIMMEE, FL 34746                   | 59-6000779 | 501(C)(3)                     | 6,500.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| LINCOLN PARK ACADEMY<br>4204 OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947                    | 59-6000832 | 501(C)(3)                     | 6,025.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| LYMAN HIGH SCHOOL<br>865 SOUTH RONALD REAGAN BLVD<br>LONGWOOD, FL 32750                 | 59-6000855 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  | SCHOLARSHIPS                       |

LHA

Schedule I (Form 990)

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC 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<br>11011 SW 104 ST, ROOM 9254<br>MIAMI, FL 33176                           | 59-1210485 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| OKEECHOBEE HIGH SCHOOL<br>2800 HWY 441 N<br>OKEECHOBEE, FL 34972                              | 59-6000767 | 501(C)(3)                     | 8,720.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| OLYMPIC HEIGHTS HS<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406            | 59-6000783 | 501(C)(3)                     | 11,040.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| ORANGE COUNTY PUBLIC SCHOOLS<br>445 WEST AMELIA STREET<br>ORLANDO, FL 32801                   | 59-6000771 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| OVIEDO HIGH SCHOOL<br>601 KING STREET<br>OVIEDO, FL 32765                                     | 59-6000855 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| PALM BEACH ATLANTIC UNIVERSITY<br>901 FLAGER DRIVE<br>WEST PALM BEACH, FL 33416               | 59-1092732 | 501(C)(3)                     | 6,080.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| PALM BEACH COMMUNITY COLLEGE<br>FOUNDATION, INC - 4200 CONGRESS<br>AVE - LAKE WORTH, FL 33461 | 59-1818556 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| PALM BEACH LAKES HS<br>3505 SHILOH DRIVE<br>WEST PALM BEACH, FL 33407                         | 59-6000783 | 501(C)(3)                     | 5,020.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| PALM BEACH STATE COLLEGE<br>FOUNDATION - 4200 CONGRESS AVE -<br>LAKE WORTH, FL 33461          | 59-1818556 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | SCHOLARSHIPS                       |

LHA

Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PB GARDENS HS<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406              | 59-6000783 | 501(C)(3)                     | 8,400.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| PORT ST. LUCIE HIGH SCHOOL<br>4204 OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947                 | 59-6000832 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| ROYAL PALM BEACH HS<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406        | 59-6000783 | 501(C)(3)                     | 9,580.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| SEMINOLE RIDGE HS<br>3300 FOREST HILL BLVD, STE A323<br>WEST PALM BEACH, FL 33406          | 59-6000783 | 501(C)(3)                     | 16,440.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| SOUTH LAKE HIGH SCHOOL<br>15600 SILVER EAGLE RD<br>GROVELAND, FL 34736                     | 59-6000694 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| SOUTH TECH COMMUNITY HS<br>1300 SW 30TH AVE<br>BOYNTON BEACH, FL 33426                     | 32-0089102 | 501(C)(3)                     | 7,160.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| SUMTER SCHOOL ENHANCEMENT<br>FOUNDATION - 2680 WEST COUNTY ROD<br>476 - BUSHNELL, FL 33513 | 59-3504145 | 501(C)(3)                     | 6,500.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| TREASURE COAST HS<br>1000 SW DARWIN BLVD<br>PORT ST. LUCIE, FL 34953                       | 59-6000832 | 501(C)(3)                     | 11,075.                  | 0.                                |   |  | SCHOLARSHIPS                       |
| WESTWOOD HIGH SCHOOL<br>4204 OKEECHOBEE ROAD<br>FT. PIERCE, FL 34947                       | 59-6000832 | 501(C)(3)                     | 9,175.                   | 0.                                |   |  | SCHOLARSHIPS                       |

LHA

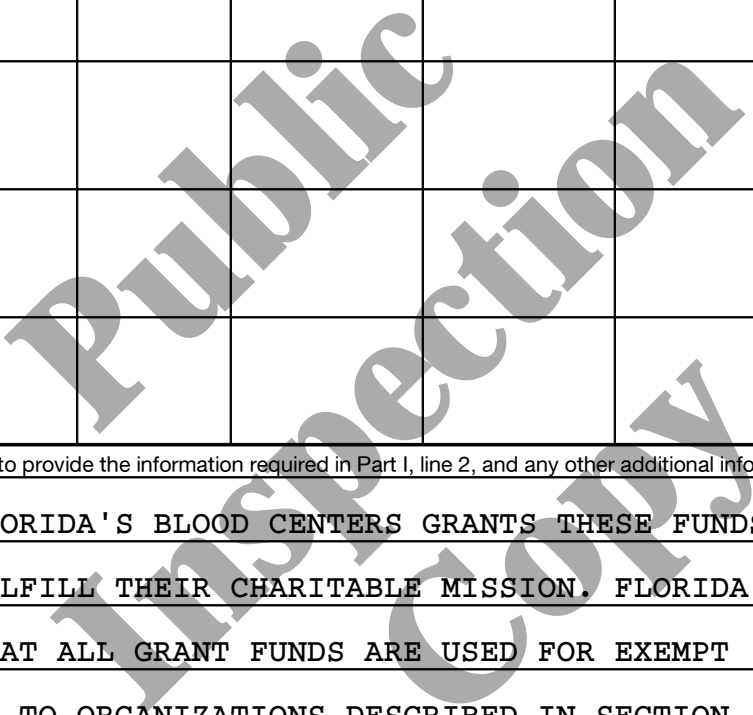
Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN     | (c) IRC 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 |
|--|-------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HISPANIC CHAMBER OF COMMERCE OF METRO ORLANDO - 315 E. ROBINSON STREET, STE 465 - ORLANDO, FL 32801  | 59-3103840  | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | PROGRAM SUPPORT                    |
| ORANGE COUNTY PUBLIC SCHOOLS<br>445 WEST AMELIA STREET<br>ORLANDO, FL 32801                          | 59-6000771  | 501(C)(3)                     | 8,550.                   | 0.                                |   |  | SCHOLARSHIPS                       |
| FOUNDATION FOR AMERICA'S BLOOD CENTERS - 725 15TH NW SUITE 700 - WASHINGTON, DC 20005                | 52-2038372  | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | RESEARCH GRANT                     |
| AMERICAN HEART ASSOCIATION<br>1101 NORTHCHASE PARKWAY, STE 1<br>MARIETTA, GA 30067                   | 13-5613797  | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| FLORIDA HOSPITAL FOUNDATION<br>2710 NORTH ORANGE AVENUE 200<br>ORLANDO, FL 32804                     |             | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| CENTRAL FL PARTNERSHIP<br>P.O. BOX 1234<br>ORLANDO, FL 32802   | 33-1202266  | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| AMERICAN RED CROSS HAITI RELIEF FUND - PO BOX 4002018 - DES MOINES, IA 50340                         | APPLIED FOR | 501(C)(3)                     | 24,030.                  | 0.                                |   |  | PROGRAM SUPPORT                    |
| UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC. - 12424 RESEARCH PARKWAY, STE 140 - ORLANDO, FL 32826 | 59-6211832  | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | SCHOLARSHIPS                       |
|  |             |                               |                          |                                   |   |  |                                    |

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

SCHEDULE I, PART I, LINE 2: 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 J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

FLORIDA 'S BLOOD CENTERS, INC.

Employer identification number

59-0668473

**Part I Questions Regarding Compensation**

|  | Yes       | No |
|--|-----------|----|
| <b>1a</b> 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.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |           |    |
| <b>b</b> If any of the boxes on line 1a are 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 .....  | <b>1b</b> |    |
| <b>2</b> 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? .....  | <b>2</b>  |    |
| <b>3</b> 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.<br><input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |           |    |
| <b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....  | <b>4a</b> | X  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....   | <b>4b</b> | X  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....  | <b>4c</b> | X  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |    |
| <b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>   |           |    |
| <b>5</b> 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:<br><b>a</b> The organization? .....  | <b>5a</b> | X  |
| <b>b</b> Any related organization? .....   | <b>5b</b> | X  |
| If "Yes" to line 5a or 5b, describe in Part III.   |           |    |
| <b>6</b> 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:<br><b>a</b> The organization? .....  | <b>6a</b> | X  |
| <b>b</b> Any related organization? .....   | <b>6b</b> | X  |
| If "Yes" to line 6a or 6b, describe in Part III.   |           |    |
| <b>7</b> 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 .....  | <b>7</b>  | X  |
| <b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....   | <b>8</b>  | X  |
| <b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....  | <b>9</b>  |    |

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

Schedule J (Form 990) 2010

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

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

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

| (A) Name              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                       |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 ANNE K. CHINODA     | (i)  | 107,493.   | 0.                                  | 381,456.                            | 6,450.   | 0.                      | 495,399.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 2 MICHAEL L. PRATT    | (i)  | 250,000.   | 0.                                  | 8,718.                              | 14,700.  | 0.                      | 273,418.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 3 RICHARD GAMMON, MD  | (i)  | 220,527.   | 0.                                  | 542.                                | 13,663.  | 12,605.                 | 247,337.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 4 STEPHEN JENSEN      | (i)  | 200,807.   | 0.                                  | 720.                                | 12,600.  | 14,605.                 | 228,732.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 5 LYNNE SMALL         | (i)  | 191,320.   | 0.                                  | 2,739.                              | 11,655.  | 8,342.                  | 214,056.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 6 ALICIA PRICHARD     | (i)  | 170,917.   | 0.                                  | 882.                                | 7,166.   | 13,649.                 | 192,614.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 7 TISHA M. FOSTER, MD | (i)  | 217,852.   | 0.                                  | 476.                                | 13,322.  | 9,589.                  | 241,239.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 8 SUSAN L. FORBES     | (i)  | 147,777.   | 0.                                  | 354.                                | 5,598.   | 11,096.                 | 164,825.                        | 0.   |
|                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 9                     | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 10                    | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 11                    | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 12                    | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 13                    | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 14                    | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 15                    | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                       | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 16                    | (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.

**PART I, LINE 4A: ANNE K. CHINODA, FORMER CEO - ONE TIME, LUMP SUM**

**\$380,000 SEVERANCE PAYMENT**

Public  
Inspection  
Copy

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

FLORIDA'S BLOOD CENTERS, INC.

Employer identification number

59-0668473

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GIFT OF LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AVAILABLE BLOOD. NO BLOOD DONOR WILL EVER LEAVE FEELING UNAPPRECIATED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BLOOD CENTERS IN FLORIDA AND THE NATION.

FBC'S LOYAL AND GENEROUS DONOR BASE HELPS ENSURE IT MAINTAINS A  
RELIABLE 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.

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

EVERY UNIT OF BLOOD UNDERGOES RIGOROUS PROCESSING, TESTING AND LABELING  
TO ENSURE IT MEETS FDA SAFETY STANDARDS. BLOOD IS USUALLY TRANSFUSED  
INTO 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  
SUFFERING FROM TRAUMA, CANCER AND OTHER CONDITIONS. IN ADDITION TO

|   |  |
|---|--|
| Name of the organization<br>FLORIDA'S BLOOD CENTERS, INC. | Employer identification number<br>59-0668473 |
|---|--|

SUPPLYING BLOOD PRODUCTS, FBC OFFERS BONE-MARROW DONOR REGISTRATION AND TRANSFUSION TESTING SERVICES.

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.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS HAVE CHANGED SINCE THE PRIOR FORM 990 DUE TO A CHANGE IN BOARD MEMBER TERMS WHICH ARE NOW GROUPED INTO DIFFERENT CLASSES REPRESENTING THE NUMBER OF TERM YEARS. A CHANGE WAS ALSO MADE TO EXCLUDE THE CEO'S VOTING PRIVILEGE. CHARTERS WERE DOCUMENTED FOR ALL COMMITTEES AND A STRICTER CONFLICT OF INTEREST POLICY WAS ADOPTED.

FORM 990, PART VI, SECTION A, LINE 6: INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC. IS THE SOLE MEMBER OF FLORIDA'S BLOOD CENTERS, INC.

FORM 990, PART VI, SECTION A, LINE 7A: 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.

FORM 990, PART VI, SECTION A, LINE 7B: INDEPENDENT BLOOD AND TISSUE

|   |  |
|---|--|
| Name of the organization<br>FLORIDA'S BLOOD CENTERS, INC. | Employer identification number<br>59-0668473 |
|---|--|

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.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING THE FORM 990, MANAGEMENT DISTRIBUTES A DRAFT OF THE RETURN TO THE AUDIT COMMITTEE, CONTROLLER, AND CFO FOR THEIR REVIEW AND COMMENTS. THE CFO AND CONTROLLER PROVIDE COMMENTS BASED UPON FEEDBACK RECEIVED PRIOR TO FINALIZATION, AND REVISIONS ARE MADE TO THE RETURN. THE DRAFT RETURN IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE MEMBERS. THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD FOR FINAL REVIEW, DISCUSSION AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: FLORIDA'S BLOOD CENTERS INC. HAS ESTABLISHED A CONFLICT OF INTEREST POLICY WHICH REQUIRES ALL BOARD MEMBERS AND OFFICERS TO AFFIRM ADHERENCE TO THE 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 REVIEW ALL POTENTIAL TRANSACTIONS WITH RELATED PARTIES. THE BOARD OF DIRECTORS APPROVE TRANSACTIONS BETWEEN FLORIDA'S BLOOD CENTERS, INC. AND RELATED PARTY ONLY WHEN SUCH TRANSACTIONS ARE DETERMINED TO BE IN THE BEST INTEREST OF FLORIDA'S BLOOD CENTERS, INC.

|   |  |
|---|--|
| Name of the organization<br>FLORIDA'S BLOOD CENTERS, INC. | Employer identification number<br>59-0668473 |
|---|--|

FORM 990, PART VI, SECTION B, LINE 15: THE 2010 COMPENSATION FOR THE ORGANIZATION'S CEO, COO, CFO, CIO, CHIEF MEDICAL DIRECTOR, CHIEF MEDICAL AFFAIRS OFFICER, CHIEF DONOR OPERATIONS OFFICER, VP OF BLOOD SYSTEMS AND VP OF MARKETING AND DONOR DEVELOPMENT 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. SEC. 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 THEIR OWN. THE CEO IS NOT PRESENT AS THE EXECUTIVE COMMITTEE DELIBERATES AND DETERMINES THE FINAL RECOMMENDATIONS FOR ALL COMPONENTS OF EXECUTIVE COMPENSATION.

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), OTHER SALARY GUIDES PUBLISHED ON MAJOR EMPLOYMENT WEBSITES, 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 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%

|   |  |
|---|--|
| Name of the organization<br>FLORIDA'S BLOOD CENTERS, INC. | Employer identification number<br>59-0668473 |
|---|--|

OF THE TIME, STAFF TURNOVER REDUCTION, IMPLEMENTATION OF A DISASTER RECOVERY PLAN, IMPLEMENTATION OF A COMPREHENSIVE MANAGEMENT INFORMATION SYSTEM, COST CONTAINMENT INITIATIVES 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 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.

FORM 990, PART VI, SECTION C, LINE 19: FLORIDA'S BLOOD CENTERS DOES MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FLORIDA'S BLOOD CENTERS' ARTICLES OF INCORPORATION ARE AVAILABLE ON WWW.SUNBIZ.ORG. THE FORM 990 IS BASED ON THE AUDITED FINANCIAL STATEMENTS OF FLORIDA'S BLOOD CENTERS.

FORM 990, PART VII

OFFICERS AND DIRECTORS - TIME DEVOTED TO INDEPENDENT BLOOD & TISSUE SERVICE

| NAME               | TITLE                   | HRS/WK DEVOTED |
|--------------------|-------------------------|----------------|
| ANNE K. CHINODA    | PRESIDENT & CEO         | 1.00           |
| MICHAEL L. PRATT   | INTERIM CEO & COO       | 1.00           |
| RICHARD GAMMON, MD | MEDICAL DIRECTOR        | 1.00           |
| STEPHEN JENSEN     | CHIEF FINANCIAL OFFICER | 1.00           |

| Name of the organization      | Employer identification number   |      |
|-------------------------------|----------------------------------|------|
| FLORIDA'S BLOOD CENTERS, INC. | 59-0668473                       |      |
| LYNNE SMALL                   | CHIEF INFORMATION OFFICER        | 1.00 |
| ALICIA PRICHARD               | VP BLOOD SYSTEMS                 | 1.00 |
| TISHA M. FOSTER, MD           | CHIEF MEDICAL AFFIARS OFFICER    | 1.00 |
| SHRIMATI D. INDAR             | CONTROLLER                       | 1.00 |
| SUSAN L. FORBES               | VP OF MKTG & DONOR RECRUITMENT   | 1.00 |
| RICHARD A. GAFFNEY            | EXECUTIVE DIR OF HR & TRAINING   | 1.00 |
| PATRICIA P. LOWRY             | DIRECTOR OF BUSINESS DEVELOPMENT | 1.00 |
| CHARLES "EDD" HOLDER          | GENERAL BOARD MEMBER             | 1.00 |
| CHRISTOPHER M. DOLD, DVM      | GENERAL BOARD MEMBER             | 1.00 |
| D. KEITH WINSTEN              | BOARD VICE CHAIRMAN              | 1.00 |
| DAVID E. BOONE                | GENERAL BOARD MEMBER             | 1.00 |
| DEAN P. KURTZ                 | GENERAL BOARD MEMBER             | 1.00 |
| DENNIS P. GALLON, PHD         | GENERAL BOARD MEMBER             | 1.00 |
| GARY W. PERRY, PHD            | GENERAL BOARD MEMBER             | 1.00 |
| JEFFREY EISENBARTH            | GENERAL BOARD MEMBER             | 1.00 |
| JOSEPH A. PORES               | GENERAL BOARD MEMBER             | 1.00 |
| KENNETH B. KIRBY              | GENERAL BOARD MEMBER             | 1.00 |
| RICK WALSH                    | BOARD CHAIRMAN                   | 1.00 |
| ROBERT HATTOX                 | GENERAL BOARD MEMBER             | 1.00 |
| SHARON E. ARNOLD              | GENERAL BOARD MEMBER             | 1.00 |
| TERRILL L. MORRIS             | GENERAL BOARD MEMBER             | 1.00 |
| THADDEUS SEYMOUR JR.          | GENERAL BOARD MEMBER             | 1.00 |
| THOMAS D. PELLARIN            | GENERAL BOARD MEMBER             | 1.00 |
| WILLIAM H. BIEBERBACH         | GENERAL BOARD MEMBER             | 1.00 |
| WILLIAM L. WARREN, PHD        | GENERAL BOARD MEMBER             | 1.00 |
| YVONNE LOGGINS-COLEMAN        | GENERAL BOARD MEMBER             | 1.00 |
| DICK J. BATCHELOR             | GENERAL BOARD MEMBER             | 1.00 |
| OLGA M. CALVET                | GENERAL BOARD MEMBER             | 1.00 |

| Name of the organization        | Employer identification number |
|---------------------------------|--------------------------------|
| FLORIDA'S BLOOD CENTERS, INC.   | 59-0668473                     |
| BILL DONEGAN, CFA               | GENERAL BOARD MEMBER 1.00      |
| MICHAEL LEWIS FRUMKIN, PHD      | GENERAL BOARD MEMBER 1.00      |
| GLENDA HOOD                     | GENERAL BOARD MEMBER 1.00      |
| TONI JENNINGS                   | GENERAL BOARD MEMBER 1.00      |
| DAVID A. ODAHOWSKI              | GENERAL BOARD MEMBER 1.00      |
| SANFORD C. "SANDY" SHUGART, PHD | GENERAL BOARD MEMBER 1.00      |
| STEPHANIE YOUNG                 | GENERAL BOARD MEMBER 1.00      |
| CLAES WAHLESTEDT                | GENERAL BOARD MEMBER 1.00      |
| CRAIG E. WELLER                 | GENERAL BOARD MEMBER 1.00      |
| CYRIL D. DOUCET                 | GENERAL BOARD MEMBER 1.00      |
| DAVID J. MAXON                  | GENERAL BOARD MEMBER 1.00      |
| DAVID T. SLICK                  | GENERAL BOARD MEMBER 1.00      |
| DOROTHY RICHARDSON, MD          | GENERAL BOARD MEMBER 1.00      |
| EDWIN R. MASSEY                 | GENERAL BOARD MEMBER 1.00      |
| GEORGE D. TOMYN                 | BOARD MEMBER AT LARGE 1.00     |
| LEIGHTON D. YATES               | BOARD CHAIRMAN 1.00            |
| RACHEL S. REDMAN, MD            | GENERAL BOARD MEMBER 1.00      |
| RICHARD E. COSTALES             | BOARD MEMBER AT LARGE 1.00     |
| STEVEN A. JAMIESON              | GENERAL BOARD MEMBER 1.00      |
| STEVEN PERSONETTE               | GENERAL BOARD MEMBER 1.00      |
| TERRENCE D. DELEHANTY           | GENERAL BOARD MEMBER 1.00      |
| BRIAN M. PATTERSON              | GENERAL BOARD MEMBER 1.00      |
| J. STANLEY PAYNE                | GENERAL BOARD MEMBER 1.00      |
| ANDREA T. ELISCU                | GENERAL BOARD MEMBER 1.00      |

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Name of the organization

FLORIDA'S BLOOD CENTERS, INC.

Employer identification number

59-0668473

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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.

Public Inspection Copy

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| INDEPENDENT BLOOD & TISSUE SERVICES OF FL -<br>59-2898768, 8669 COMMODITY CIRCLE, ORLANDO,<br>FL 32819 | BLOOD SERVICE           | FLORIDA   | 501(C)(3)                     | TYPE III  | N/A                                 |  | X  |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

**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?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> 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)<br>Name of other organization                    | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA | J                             | 4,420,866.FMV          |  |
| (2) INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA | P                             | 12,035,000.FMV         |  |
| (3) INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA | Q                             | 12,980.FMV             |  |
| (4)  |                               |                        |  |
| (5)  |                               |                        |  |
| (6)  |                               |                        |  |



