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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending**

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

**C Name of organization** **Florida Blood Services Foundation Inc.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
**10100 Dr Martin Luther King Jr St N**

Room/suite

City or town, state or country, and ZIP + 4

**St. Petersburg** **FL 33716**

**D Employer identification number****59-2216675****E Telephone number****727-568-2231****G Gross receipts \$** **2,021,338****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)

I Tax-exempt status  501(c) ( 3 ) ▶ (insert no)  4947(a)(1) or  527J Website: ► [www.fbsblood.org](http://www.fbsblood.org)K Type of organization  Corporation  Trust  Association  Other ►L Year of formation **1980**M State of legal domicile **FL****Part I Summary**1 Briefly describe the organization's mission or most significant activities

**Develop awareness and inspire the community to financially support Florida Blood Services, Inc., the community blood center.**

2 Check this box ►  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 **19**4 Number of independent voting members of the governing body (Part VI, line 1b)4 **18**5 Total number of employees (Part V, line 2a)5 **4**6 Total number of volunteers (estimate if necessary)6 **0**7a Total gross unrelated business revenue from Part VIII, column (C), line 127a b Net unrelated business taxable income from Form 990-T, line 347b **0**8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**1,295,158****1,955,562**9 Program service revenue (Part VIII, line 2g)10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)**1,006,177****1,980,855**13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

980,951

1,415,051

14 Benefits paid to or for members (Part IX, column (A), line 4)15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)**310,517****341,005**16a Professional fundraising fees (Part IX, column (A), line 11e)b Total fundraising expenses (Part IX, column (A), line 25)**77,242**17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)**102,975****73,938**18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)**1,394,443****1,829,994**19 Revenue less expenses. Subtract line 18 from line 12**-388,266****150,861**

Beginning of Current Year

End of Year

**1,529,881****1,910,467**20 Total assets (Part X, line 16)**53,679****71,960**21 Total liabilities (Part X, line 26)**1,476,202****1,838,507****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

**Jane Riley Leach**

President

**9/26/12**

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signature**B. C. S.**

Date

**9-12-12**Check if  
self-  
employedPreparer's identifying number  
(see instructions)Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**Gregory, Sharer & Stuart, PA  
100 2nd Ave South Ste 600  
Saint Petersburg, FL 33701-4336**

EIN

Phone

no

**727-821-6161**

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

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

DAA

Form 990 (2009)

90-17 21

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**Develop awareness and inspire the community to financially support Florida Blood Services, Inc., the community blood center.**

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

Yes  No

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

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

Yes  No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,669,881 including grants of \$ 1,415,051 ) (Revenue \$ )  
**The mission of Florida Blood Services Foundation is to develop community awareness and financial support for Florida Blood Services, Inc., a non-profit 501(c)(3) organization, to ensure a safe and adequate blood supply while advancing transfusion medicine.**

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 ► 1,669,881

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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? If "Yes," complete Schedule D, Part VII.
- 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? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?
 

- 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? If "Yes," complete Schedule F, Part I

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? If "Yes," complete Schedule F, Part II

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? If "Yes," complete Schedule F, Part III

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? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10	X	
11	X	

	Yes	No
12A		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	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? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>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? If "Yes," complete Schedule L, Part I	25a	X
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? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	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		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	5a	X
5b		5b	X
5c		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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.

### Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body **1a 19**
- b Enter the number of voting members that are independent **1b 18**
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2 X**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3 X**
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **4 X**
- 5 Did the organization become aware during the year of a material diversion of the organization's assets? **5 X**
- 6 Does the organization have members or stockholders? **6 X**
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a X**
- b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b X**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
  - a The governing body **8a X**
  - b Each committee with authority to act on behalf of the governing body? **8b X**
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9 X**

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

- 10a Does the organization have local chapters, branches, or affiliates? **10a X**
- 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? **10b X**
- 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11 X**
- 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. **11a X**
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12a X**
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b X**
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **12c X**
- 13 Does the organization have a written whistleblower policy? **13 X**
- 14 Does the organization have a written document retention and destruction policy? **14 X**
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
  - a The organization's CEO, Executive Director, or top management official **15a X**
  - b Other officers or key employees of the organization
 

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a X**
- 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? **16b X**

### 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: ► **Jane Riley Leach** **10100 Dr MLK Jr St. N**  
**St. Petersburg** **FL 33716** **727-568-2231**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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 Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former		
Donald D. Doddridge CEO	1.00	X						0	436,439	180,666
Arthur H. Haedike, Jr. Trustee	1.00	X						0	0	0
David G. Williams Trustee	1.00	X						0	0	0
Dawn Golden 1st V. Chair	1.00	X						0	0	0
George Adams Trustee	1.00	X						0	0	0
Juan A. Vega, Jr. Past Chair	1.00	X						0	0	0
Leroy Sullivan, Jr. Past Chair	1.00	X						0	0	0
Louise Apthorp Trustee	1.00	X						0	0	0
Mary Gardiner Evertz Trustee	1.00	X						0	0	0
Mary Wyatt Allen Trustee	1.00	X						0	0	0
Nancy Barritt Trustee	1.00	X						0	0	0
Robin Babka 2nd V. Chair	1.00	X						0	0	0
Roy Bertke, Jr. Trustee	1.00	X						0	0	0
Stephen P. Fluharty Trustee	1.00	X						0	0	0
Vitaunts M. Gulbis Chairman	1.00	X						0	0	0
William B. Allbright Trustee	1.00	X						0	0	0
William T. Shaffer Sec & Treas	1.00	X						0	0	0

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

**1b Total**

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 ► **1**

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

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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	3	11
4	X	
5		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) Name and business address	(B) Description of services	(C) Compensation

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

## Part VIII Statement of Revenue

		(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts									
1a Federated campaigns	1a								
1b Membership dues	1b								
1c Fundraising events	1c	83,461							
1d Related organizations	1d	427,156							
1e Government grants (contributions)	1e								
1f All other contributions, gifts, grants, and similar amounts not included above	1f	1,444,945							
g Noncash contributions included in lines 1a-1f		\$							
h Total. Add lines 1a-1f			►	1,955,562					
Program Service Revenue		Busn. Code							
2a									
b									
c									
d									
e									
f All other program service revenue									
g Total. Add lines 2a-2f			►						
3 Investment income (including dividends, interest, and other similar amounts)			►	37,799					37,799
4 Income from investment of tax-exempt bond proceeds			►						
5 Royalties			►						
6a Gross Rents	(i) Real	(ii) Personal							
b Less rental exps									
c Rental inc or (loss)									
d Net rental income or (loss)			►						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
b Less cost or other basis & sales exps	10,505								
c Gain or (loss)	11,419								
d Net gain or (loss)	-914		►		-914				-914
8a Gross income from fundraising events (not including \$ 83,461 of contributions reported on line 1c)									
See Part IV, line 18	a	17,472							
b Less direct expenses	b	29,064							
c Net income or (loss) from fundraising events			►		-11,592		-11,592		
9a Gross income from gaming activities									
See Part IV, line 19	a								
b Less direct expenses	b								
c Net income or (loss) from gaming activities			►						
10a Gross sales of inventory, less returns and allowances	a								
b Less cost of goods sold	b								
c Net income or (loss) from sales of inventory			►						
Miscellaneous Revenue	Busn. Code								
11a									
b									
c									
d All other revenue									
e Total. Add lines 11a-11d			►						
12 Total Revenue. See instructions.			►	1,980,855		-11,592	0		36,885

## 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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,415,051	1,415,051		
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	168,719	101,231	33,744	33,744
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	143,155	90,315	20,509	32,331
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,838	1,095	219	1,524
9 Other employee benefits				
10 Payroll taxes	26,293	16,668	4,358	5,267
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,565		7,565	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,767	4,448	3,319	
g Other				
12 Advertising and promotion	4,727	4,147		580
13 Office expenses	5,390	5,197		193
14 Information technology	7,117	3,000	4,117	
15 Royalties				
16 Occupancy				
17 Travel	1,470	1,470		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,137	1,475	3,662	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12,100	8,440	1,815	1,845
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Foundation Expense - JNP	12,000	12,000		
b Postage and Printing	3,650	2,203	240	1,207
c Auto Expense	3,483	2,791	221	471
d Bank Charges	1,623		1,623	
e Appreciation, Recognition	1,117		1,037	80
f All other expenses	792	350	442	
25 Total functional expenses. Add lines 1 through 24f	1,829,994	1,669,881	82,871	77,242
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	52,720	1	239,273
	2 Savings and temporary cash investments	38,306	2	21,248
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,024	4	18,587
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,775	9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	40,914		
	b Less: accumulated depreciation	40,914	10c	
	11 Investments—publicly traded securities	1,101,643	11	1,315,351
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	328,413	15	316,008
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,529,881	16	1,910,467
Liabilities	17 Accounts payable and accrued expenses	47,599	17	58,054
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	6,080	25	13,906
	26 Total liabilities. Add lines 17 through 25	53,679	26	71,960
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	441,250	27	711,167
	28 Temporarily restricted net assets	1,003,452	28	1,095,840
	29 Permanently restricted net assets	31,500	29	31,500
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,476,202	33	1,838,507
	34 Total liabilities and net assets/fund balances	1,529,881	34	1,910,467

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 2b Were the organization's financial statements audited by an independent accountant?  
 c 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  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?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**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

**2009**Open to Public  
InspectionName of the organization **Florida Blood Services Foundation  
Inc.**Employer identification number  
**59-2216675****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?  
 (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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	429,587	578,027	759,215	1,295,158	1,955,562	5,017,549
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	429,587	578,027	759,215	1,295,158	1,955,562	5,017,549
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,004,749
6 <b>Public support.</b> Subtract line 5 from line 4						3,012,800

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	429,587	578,027	759,215	1,295,158	1,955,562	5,017,549
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,681	78,580	98,438	55,307	37,799	320,805
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						5,338,354
12 Gross receipts from related activities, etc. (see instructions)					12	151,607
13 <b>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 stop here						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	56.44 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	68.64 %
16a <b>33 1/3 % support test—2009.</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 stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b <b>33 1/3 % support test—2008.</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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 <b>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"/>	<input checked="" 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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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 )						

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

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

**19a 33 1/3 % support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**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

**2009**Open to Public  
Inspection

Name of the organization

**Florida Blood Services Foundation  
Inc.**

Employer identification number

**59-2216675****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?  Yes  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?  Yes  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 pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of 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
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

Schedule D (Form 990) 2009 **Florida Blood Services Foundation** 59-2216675 Page 2**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

c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
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 organization answered "Yes" to Form 990, Part IV, line 10.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	654,605	1,012,613			
b		29,120			
c	152,431	-331,084			
d	26,297	38,237			
e	12,000	5,807			
f	4,448	12,000			
g	764,291	654,605			

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

a Board designated or quasi-endowment ► 100.00 %

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
3a(i)	X	
3a(ii)		X
3b		

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

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

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

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				
d Equipment		40,914		40,914
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ►

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

59-2216675

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 )

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

316,008

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

2 FIN 48 Footnote. In Part XIV, provide the text of the footnote.

13,906

**2. FIN 48 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

Schedule D (Form 990) 2009 **Florida Blood Services Foundation** 59-2216675 Page 4**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	1,980,855
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,829,994
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	150,861
4	Net unrealized gains (losses) on investments	4	220,861
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-9,417
9	Total adjustments (net) Add lines 4 through 8	9	211,444
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	362,305

**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	2,253,720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	220,861
b	Donated services and use of facilities	2b	61,421
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	282,282
3	Subtract line 2e from line 1	3	1,971,438
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	9,417
c	Add lines 4a and 4b	4c	9,417
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,980,855

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

1	Total expenses and losses per audited financial statements	1	1,891,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	61,421
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	61,421
3	Subtract line 2e from line 1	3	1,829,994
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,829,994

**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 XI, Line 8 - Reconciliation of Changes - Other  
The JNP Fund is a temporarily restricted fund designated for educational and research purposes.

Part X - Liability Under FIN 48 Footnote  
The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Income earned in furtherance of the Foundation's

Part XIV | Supplemental Information (continued)

tax-exempt purpose is exempt from federal and state income taxes. There was no unrelated business income tax for the years ended December 31, 2009 and 2008.

The Foundation has evaluated its tax positions taken for all open tax years and has not identified any uncertain tax positions. The 2006, 2007, and 2008 tax years are open and subject to examination by the Internal Revenue Service (IRS). The Foundation is not currently under audit nor has the Foundation been contacted by the IRS.

Part XI, Line 8 - Reconciliation of Changes - Other

Change in value of split interest agreements \$ -9,417

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Change in value of split interest agreements \$ 9,417

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open To Public  
Inspection**

Name of the organization **Florida Blood Services Foundation Inc.**

**Employer identification number**  
**59-2216675**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>Golf Tournament</b> (event type)	(b) Event #2 <b>Charity of Choi</b> (event type)	(c) Other events <b>None</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts <b>90,682</b>	10,251		<b>100,933</b>
	2 Less Charitable contributions <b>73,210</b>	10,251		<b>83,461</b>
	3 Gross revenue (line 1 minus line 2) <b>17,472</b>			<b>17,472</b>
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs <b>14,854</b>			<b>14,854</b>
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses <b>9,010</b>	<b>3,625</b>		<b>12,635</b>
	10 Direct expense summary. Add lines 4 through 9 in column (d)			<b>27,489</b>
	11 Net income summary. Combine line 3, column (d), and line 10			<b>-10,017</b>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor <input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			<b>( )</b>
	8 Net gaming income summary. Combine line 1, column d, and line 7			<b>( )</b>

9 Enter the state(s) in which the organization operates gaming activities  
 a Is the organization licensed to operate gaming activities in each of these states?  
 b If "No," Explain

Yes	No
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
 b If "Yes," Explain

10a	

11 Does the organization operate gaming activities with nonmembers?  
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11	

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a

17a



### **Part III Grants and Other Assistance to Individuals in the United States**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answers to this question. Call 1-800-111-2222.

Type of grant or assistance	(b) Number of	(c) Amount of
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**Part IV Supplements** Complete this part to provide the information required in Part line 2 and any other additional information

Part I Line 2 - Proceedings for Monitoring the use of Grant

Florida Blood Services makes request for funds with appropriate

documentation of items needed Florida Blood Services Foundation raises

money and gives grants to Florida Blood Services for requested items.

Florida Blood Services provides documentation that grant money was

**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

**2009**Open To Public  
InspectionName of the organization **Florida Blood Services Foundation Inc.**Employer identification number  
**59-2216675****Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**1b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

Page 2

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

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(B) Breakdown of W-2 and/or 1099-MISC compensation

**Florida Blood Services Foundation** 59-2216675

Page 3

**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 4 - Severance, Nonqualified, and Equity-Based Payments****Severance Nonqualified Equity-based****Donald D. Doddridge**

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**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization	<b>Florida Blood Services Foundation Inc.</b>	Employer identification number <b>59-2216675</b>
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**Amended Return Explanation**

The return is amended to adjust the following:

**Compensation for Officers, Directors, Key Employees and Highly Compensated Employees:**

The originally filed return did not reflect contributions to an executive's Section 457(f) nonqualified deferred compensation plan in Schedule J, Part II, Column C and Form 990, Part VII, Section A. Certain other benefits were also excluded from Schedule J, Part II and Form 990, Part VII. These omissions affected the categorization of expenses in the previously filed Form 990, Part IX Statement of Functional Expenses but had no affect on the total functional expenses reported in line 25. These amounts were improperly classified in line 8, Pension Plan Contributions and have been reclassified per IRS instructions and reflected in line 5, Compensation of Current Officers, Directors, Trustees and Key Employees. The amended return also separately reports base compensation, bonuses and other compensation on Schedule J, Part II, Columns B(i), B(ii), and B(iii).

**Form 990, Part VI, Line 11a - Organization's Process to Review Form 990**  
The Board of Trustees reviews the Form 990 before it is filed.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**  
All board members are asked to review policy, attest to compliance on a written document and sign.

Name of the organization

Florida Blood Services Foundation

Employer identification number

59-2216675

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Florida Blood Services participates in a number of annual salary surveys for all positions including Senior Management and Executive Team members. Surveys include industry specific, non-profit and general business surveys. Please see below for a partial listing of surveys participated in and resources used:

- Guidestar (Non-profit data)
- ERI (Economic Resource Institute)
- Comp Data
- Comp Facts
- Salary Survey On-line
- AABB (American Association of Blood Banks)
- ABC (America's Blood Centers)

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Florida Blood Services participates in a number of annual salary surveys for all positions including Senior Management and Executive Team members. Surveys include industry specific, non-profit and general business surveys. Please see below for a partial listing of surveys participated in and resources used:

- Guidestar (Non-profit data)
- ERI (Economic Resource Institute)
- Comp Data
- Comp Facts
- Salary Survey On-line
- AABB (American Association of Blood Banks)
- ABC (America's Blood Centers)

Name of the organization

Florida Blood Services Foundation

Employer identification number

59-2216675

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****The organization does not make governing documents available to the public.****Schedule O - Additional Information****Form 990, Part I, Line 5 - Activities & Governance**

The organization's payroll is reported under a related organization, Florida Blood Services, Inc. (FBS). The organization reimburses FBS for all payroll expenses. The number of employees reported represents all the organization's employees.

**Form 990, Part V, Line 2a - Other IRS Filings and Tax Compliance**

The organization's payroll is reported under a related organization, Florida Blood Services, Inc. (FBS). The organization reimburses FBS for all payroll expenses. The number of employees reported represents all the organization's employees.

**Form 990, Part V, Line 2b - Other IRS Filings and Tax Compliance**

The organization's payroll is reported under a related organization, Florida Blood Services, Inc. (FBS). The organization reimburses FBS for all payroll expenses. Florida Blood Services, Inc. has filed all required federal employment tax return.

**Schedule R, Part V, Line 1k - Transactions with Related Organizations**

All special events are held on behalf of Florida Blood Services, Inc. Amount of fundraising is included in the amount reported for Line 1c above.

Name of the organization

**Florida Blood Services Foundation**

Employer identification number

**59-2216675****Schedule R, Part V, Line 1m - Transactions with Related Organizations**

The organization shares facilities and equipment with Florida Blood Services, Inc. Neither organization assigns a value to this transaction.

**Schedule R, Part V, Line 1n - Transactions with Related Organizations**

The organization shares paid employees with Florida Blood Services, Inc. An employee of Florida Blood Services, Inc. does the bookkeeping for the organization.

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury  
Internal Revenue Service

**Employer identification number**  
**59-2216675**

Name of the organization **Florida Blood Services Foundation Inc.**

- Attach to Form 990.
- See separate instructions.

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Inspection

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

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

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it

Section 501(c)(3) organizations that had one or more related tax-exempt organizations during the tax year.					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Florida Blood Services P.O. Box 22500 St. Petersburg	59-3145469 FL 33742	Blood Prog	FL	501c3	9 N/A

Schedule R (Form 990) 2009 Florida Blood Services Foundation

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	Yes	No
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**Part IV** | **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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)	(b)	(c)
Name of other organization	Transaction type (a-r)	Amount involved
(1) Florida Blood Services, Inc.	b	1,415,051
(2) Florida Blood Services, Inc.	c	427,156
(3) Florida Blood Services, Inc.	d	13,906
(4) Florida Blood Services, Inc.	k	
(5) Florida Blood Services, Inc.	o	355,378
(6) Florida Blood Services, Inc.	m	

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

OMB No. 1545-0047

2009

**Open to Public  
Inspection**

## Continuation Sheet for Schedule R (Form 990)

► Attach to Form 990 to list additional information for Schedule R  
(Form 990) Part I: Part II: Part III: Part IV: Part V: line 2: or Part VI

Department of the Treasury  
Internal Revenue Service

Florida Blood Services Foundation

## Part I | Continuation of Identification of Disregarded Entities

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

**Schedule R-1 (Form 990) 2009**

## Part II | Continuation of Identification of Related Tax-Exempt Organizations

## **Part III** **Continuation of Identification of Related Organizations Taxable as a Partnership**

**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) Florida Blood Services, Inc.	D	
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

**Part VI Continuation of Unrelated Organizations Taxable as a Partnership**

Florida Blood Services Foundation 59-2216675