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Form 990

## Return of Organization Exempt From Income Tax

2009

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

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 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable	C Name of organization FLORIDA BLOOD SERVICES INC		D Employer identification number 59-3145469
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (727) 568-1178
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) PO BOX 22500		G Gross receipts \$ 139,852,297
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 ST PETERSBURG, FL 337422500		
<input type="checkbox"/> Amended return	F Name and address of principal officer DONALD DODDRIDGE PO BOX 22500 ST PETERSBURG, FL 337422500		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

I Tax-exempt status  501(c) ( 3 ) ► (insert no )  4947(a)(1) or  527

J Website: ► WWW.FBSBLOOD.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1992 M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO MAINTAIN AND SUPPORT A REGIONAL BLOOD PROGRAM TO MEET THE NEEDS OF THE IMMEDIATE AND EXTENDED COMMUNITIES	
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 23
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 22
5 Total number of employees (Part V, line 2a) . . . . .	5 1,205
6 Total number of volunteers (estimate if necessary) . . . . .	6 110
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a -9,206
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b -9,206

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 1,051,649	Current Year 1,487,952
9 Program service revenue (Part VIII, line 2g) . . . . .	109,149,349	131,415,405
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	-325,606	-69,355
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,506	69,075
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	110,003,898	132,903,077

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 ) . . . . .	316,538	430,956
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,344,020	52,499,156
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	66,008,916	76,894,719
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	109,669,474	129,824,831
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	334,424	3,078,246

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 83,505,102	End of Year 99,764,135
21 Total liabilities (Part X, line 26) . . . . .	28,043,083	29,213,366
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	55,462,019	70,550,769

## 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		
***** Signature of officer DON DODDRIDGE CEO Type or print name and title	2010-05-13 Date	

Paid Preparer's Use Only	Preparer's signature ► BYRON C SMITH CPA	Date 2010-05-14	Check if self-employed ► <input type="checkbox"/>	Preparer'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 337014336		EIN ►	
			Phone no ► (727) 821-6161	

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

### **Part III Statement of Program Service Accomplishments**

**1 Briefly describe the organization's mission.**

TO MAINTAIN AND SUPPORT A REGIONAL BLOOD PROGRAM TO MEET THE NEEDS OF THE IMMEDIATE AND EXTENDED COMMUNITIES

**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 \$ 123,381,778 including grants of \$ 430,956 ) (Revenue \$ )  
FLORIDA BLOOD SERVICES, INC, WAS INCORPORATED ON JULY 27, 1992, AS A FLORIDA NOT-FOR-PROFIT ORGANIZATION TO SUPPORT, PROMOTE AND STRENGTHEN AN AFFILIATED BLOOD BANKING GROUP LOCATED IN PINELLAS, LEON, PASCO, HILLSBOROUGH, MANATEE, POLK, ESCAMBIA, OKALOOSA AND BAY COUNTIES, FLORIDA. ON SEPTEMBER 23, 1992, THE AFFILIATED GROUP ADOPTED A CORPORATE RESTRUCTURING PLAN TO MERGE ITS NET ASSETS EFFECTIVE JULY 1, 1994. THE PRIMARY PURPOSE OF FLORIDA BLOOD SERVICES IS TO PROVIDE A SAFE AND STABLE SUPPLY OF BLOOD AND COMPONENTS TO HOSPITALS AND MEDICAL FACILITIES. FLORIDA BLOOD SERVICES COLLECTS BLOOD FROM VOLUNTEER DONORS, PERFORMS SCREENING AND TESTING ON THE DONATED BLOOD AND PROCESSES THE WHOLE BLOOD INTO BLOOD COMPONENTS SUCH AS RED CELLS, PLATELETS AND PLASMA. BLOOD AND BLOOD COMPONENTS ARE THEN STORED AND DISTRIBUTED TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS. THE TESTING LABORATORIES OF FLORIDA BLOOD SERVICES ALSO PERFORM LARGE-SCALE SCREENING AND TESTING OF BLOOD SAMPLES FOR FLORIDA BLOOD SERVICES AS WELL AS A NUMBER OF OTHER BLOOD CENTERS THROUGHOUT THE COUNTRY. FLORIDA BLOOD SERVICES TESTS APPROXIMATELY 1,000,000 SAMPLES OF BLOOD EACH YEAR FROM VOLUNTEER DONORS FOR DISEASES AND VIRUSES SUCH AS HIV, HBV, HTLV, SYPHILIS, WEST NILE VIRUS AND CHAGAS IN ORDER TO ASSURE THE SAFEST POSSIBLE TRANSFUSION TO PATIENTS. FLORIDA BLOOD SERVICES ALSO PROVIDES COMPATIBILITY TESTING FOR PATIENTS IN MANY OF THE HOSPITALS IT SERVES. IN ADDITION, THE CENTER PROVIDES THERAPEUTIC Apheresis PROCEDURES FOR HOSPITAL PATIENTS IN OUR REGION. FLORIDA BLOOD SERVICES IS THE FOUNDING MEMBER OF THE NATIONAL MARROW DONOR PROGRAM AND OPERATES A NATIONAL MARROW DONOR PROGRAM REGISTRATION AND COLLECTION SITE. THE CENTER PROVIDES FREE CHOLESTEROL SCREENING FOR ALL DONORS AND PARTICIPATES IN HEALTH FAIRS THROUGHOUT THE REGION. THE CENTER, IN COOPERATION WITH THE UNIVERSITY OF SOUTH FLORIDA AND ST. PETERSBURG COLLEGE, PROVIDES FREE LABORATORY TRAINING IN BLOOD BANKING FOR MEDICAL TECHNOLOGISTS AND TECHNICIANS. FLORIDA BLOOD SERVICES ALSO OFFERS AN ACCREDITED GRADUATE PROGRAM THROUGH ITS SPECIALIST IN BLOOD BANKING (SBB) SCHOOL. THE CENTER PROVIDES ROTATIONS FOR BLOOD BANK TRAINING FOR PATHOLOGY AND HEMATOLOGY RESIDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA. FLORIDA BLOOD SERVICES IS A CONFERENCE SITE FOR THE MONTHLY EDUCATIONAL TELECONFERENCES SPONSORED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS (AABB). THESE CONFERENCES ARE PROVIDED AT NO CHARGE TO THE HEALTHCARE PERSONNEL IN OUR REGION. FLORIDA BLOOD SERVICES SERVES AS A CLINICAL TRIAL SITE FOR NEW TESTS OR INSTRUMENTS THAT WILL FURTHER ENHANCE THE SAFETY OF THE BLOOD SUPPLY. FLORIDA BLOOD SERVICES IS ALSO A REGIONAL HUB TO COORDINATE AND SUPPLY BLOOD IN CASE OF A NATIONAL DISASTER OR IF CALLED UPON TO SUPPORT THE MILITARY. FLORIDA BLOOD SERVICES IS ASSESSED AND ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS & A LICENSED FLORIDA, NEW YORK STATE, AND CALIFORNIA LABORATORY. THE BLOOD CENTER HOLDS LICENSES FOR BLOOD COMPONENTS AND ESTABLISHMENTS FROM THE FOOD AND DRUG ADMINISTRATION (FDA) AND IS MEDICARE CERTIFIED AS WELL AS LICENSED UNDER THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA).

**4e Total program service expenses** \$ 123,381,778

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 Yes	
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	3 No	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 No	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
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	6 No	
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	7 No	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 No	
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	9 No	
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	10 No	
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. <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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.</li> </ul>	11 Yes	
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 Yes	
12A Was the organization included in consolidated, independent audited financial statements for the tax year?	12A Yes	12A No
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	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	Yes
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 U.S.? If "Yes," complete Schedule F, Part II	15	No
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 U.S.? If "Yes," complete Schedule F, Part III	16	No
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	17	No
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	18	No
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	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

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

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	Yes	
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	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
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	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
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	No	
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	No	
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	No	
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	No	
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	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
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 owner? If "Yes," complete Schedule L, Part IV	29	No	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
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	33	No	
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	34	Yes	
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	35	No	
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	36	No	
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	37	No	
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	38	Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 22	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1,205	
<b>2b</b>	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)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</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		No
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
<b>6a</b>	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	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	7a	No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
<b>8</b>	<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?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders	11a	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a 23	
b	Enter the number of voting members that are independent . . .	1b 22	
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 Yes	
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 No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4 No	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5 No	
6	Does the organization have members or stockholders? . . . . .	6 No	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b Yes	
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 No	

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

	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a Yes	
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 Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11 Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b Yes	
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 Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13 Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14 Yes	
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 Yes	
b	Other officers or key employees of the organization . . . . .	15b Yes	
	If "Yes" to line a or b, 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 No	
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 No	

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed FL , GA , AL

18 Section 6104 requires an organization to make its Form 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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 T HARRY LINN  
 10100 MARTIN LUTHER KING JR ST N  
 ST PETERSBURG, FL 33716  
 (727) 568-1178

**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, and **current** key employees. 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, or 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 or former officer, director, trustee or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key Employee	Highest compensated Employee			
DON DODDRIDGE PRESIDENT	40.00	X		X			485,439	0	0
ALLEN LANGFORD DIRECTOR	1.00	X					0	0	0
ANDY WILLIAMS DIRECTOR	1.00	X					0	0	0
BRYAN DESLOGE DIRECTOR	1.00	X					0	0	0
CHRISTOPHER S STILES CHAIRMAN	1.00	X					0	0	0
DICK CLARKE DIRECTOR	1.00	X					0	0	0
DICK CRIPPEN DIRECTOR	1.00	X					0	0	0
DON O'LEARY DIRECTOR	1.00	X					0	0	0
ERIK MATHENEY DIRECTOR	1.00	X					0	0	0
HAROLD L HARKINS JR TREASURER	1.00	X					0	0	0
JERRY QUINLAN DIRECTOR	1.00	X					0	0	0
JOHN C BABKA MD DIRECTOR	1.00	X					0	0	0
JOHN F WINDHAM VICE CHAIR	1.00	X					0	0	0
JOHN W HAMILTON SECRETARY	1.00	X					0	0	0
JOSEPH D SMITH DIRECTOR	1.00	X					0	0	0
MARK A NOON DIRECTOR	1.00	X					0	0	0
MARTHA L KEHM DIRECTOR	1.00	X					0	0	0

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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)				<b>(D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
MARYELLEN SHOWN DIRECTOR	1 00	X					0	0	0
ROY BERTKE PAST CHAIR	1 00	X					0	0	0
STAN BARNES DIRECTOR	1 00	X					0	0	0
STEVEN UEBEL DIRECTOR	1 00	X					0	0	0
TIM O'BRIEN NORTH REGION	1 00	X					0	0	0
VITAUTS M GULBIS ESQUIRE DIRECTOR	1 00	X					0	0	0
GERMAN F LEPARC MED OFFICER	40 00			X			417,462	0	0
THOMAS KURELLA VP EXEC	40 00			X			255,452	0	0
JEANNE DARIOTIS VP	40 00			X			250,028	0	0
MERRI B MAIR VP	40 00			X			247,206	0	0
RUTH ZATIK VP	40 00			X			179,506	0	0
JOHN B GASKINS VP	40 00			X			173,881	0	0
JANE RILEY LEACH VP	1 00			X			0	161,605	0
ALICE BARR VP	40 00			X			64,574	0	0
EUGENE ROBERTS EXEC DIR	40 00			X			28,352	0	0
MATTHEW MORRISON MONTGOMERY ASST MED DIR	40 00				X		158,619	0	0
JUDY NORCIA VP	40 00				X		137,702	0	0
HARRY LINN DIR FINANCE	40 00				X		137,612	0	0
CHANDLER DAVID MAPES DIR IS	40 00				X		121,810	0	0
LINDA M FATOLITIS DIR CTL	40 00				X		113,877	0	0
<b>1b Total</b>						▶	2,771,520	161,605	

**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 **►15**

		<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
<b>4</b> 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	4	Yes	
<b>5</b> 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	5		No

**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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> 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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,487,952			
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		1,487,952			
Program Service Revenue	<b>2a</b> SALE OF BLOOD & COMPONENTS &	Business Code				
			84,389,280	84,389,280		
	<b>b</b> CLIENT TESTING SERVICES		45,177,797	45,177,797		
	<b>c</b> RESOURCE SHARING		1,848,328	1,848,328		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		131,415,405			
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			612,985		612,985	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(I) Real	(II) Personal			
	<b>b</b> Less rental expenses	35,349				
	<b>c</b> Rental income or (loss)	35,349				
	<b>d</b> Net rental income or (loss) . . . . .		35,349		35,349	
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	6,256,785	10,095				
<b>b</b> Less cost or other basis and sales expenses	6,947,270	1,950				
<b>c</b> Gain or (loss)	-690,485	8,145				
<b>d</b> Net gain or (loss) . . . . .		-682,340		-682,340		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> AIBC GROUP PURCHASING FEES		23,696			23,696	
<b>b</b> SBB/BBT TUITION		14,500			14,500	
<b>c</b> STALE CHECKS		3,798			3,798	
<b>d</b> All other revenue . . . . .		-8,268		-9,206	938	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		33,726				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		132,903,077	131,415,405	-9,206	8,926	

**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	430,956	430,956		
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 . . . . .	2,351,591	2,152,177	199,414	
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	39,557,554	36,201,903	3,355,651	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,591,869	2,384,519	207,350	
9 Other employee benefits . . . . .	4,849,973	4,461,975	387,998	
10 Payroll taxes . . . . .	3,148,169	2,896,315	251,854	
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	192,751	176,962	15,789	
c Accounting . . . . .	197,251	181,094	16,157	
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	110,310		110,310	
g Other . . . . .	481,151	441,739	39,412	
12 Advertising and promotion . . . . .	2,269,777	2,083,854	185,923	
13 Office expenses . . . . .	444,503	408,093	36,410	
14 Information technology . . . . .	45,088	41,395	3,693	
15 Royalties . . . . .				
16 Occupancy . . . . .	2,455,930	2,254,758	201,172	
17 Travel . . . . .	1,385	1,272	113	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	363,942	334,131	29,811	
20 Interest . . . . .	209,264	192,123	17,141	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	5,673,262	5,219,401	453,861	
23 Insurance . . . . .	1,609,557	1,477,714	131,843	
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 SUPPLIES	51,174,506	51,174,506		
b REPAIRS AND MAINTENANCE	2,248,107	2,063,959	184,148	
c RESOURCE SHARING	1,910,731	1,910,731		
d POSTAGE	1,718,015	1,577,288	140,727	
e AUTO EXPENSE	1,589,171	1,458,998	130,173	
f All other expenses	4,200,018	3,855,915	344,103	
25 Total functional expenses. Add lines 1 through 24f	129,824,831	123,381,778	6,443,053	0
26 Joint costs. Check here <input checked="" 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	10,594,235	<b>2</b> 11,894,220
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	15,151,702	<b>4</b> 16,285,557
	<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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	55,938	<b>7</b> 94,939
	<b>8</b> Inventories for sale or use . . . . .	3,415,950	<b>8</b> 3,763,056
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,006,870	<b>9</b> 1,637,208
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	87,779,201
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	40,517,894
		37,886,793	<b>10c</b> 47,261,307
	<b>11</b> Investments—publicly traded securities . . . . .	13,101,879	<b>11</b> 15,596,890
	<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 . . . . .	235,844	<b>14</b> 224,538
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,055,891	<b>15</b> 3,006,420
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	83,505,102	<b>16</b> 99,764,135
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	11,370,692	<b>17</b> 13,314,611
	<b>18</b> Grants payable . . . . .	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	489,472	<b>19</b> 472,706
	<b>20</b> Tax-exempt bond liabilities . . . . .	12,500,000	<b>20</b> 12,000,000
	<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 . . . . .	3,682,919	<b>23</b> 3,426,049
	<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 . . . . .	<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	28,043,083	<b>26</b> 29,213,366
Net Assets or Fund Balances	<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 . . . . .	54,427,067	<b>27</b> 69,423,429
	<b>28</b> Temporarily restricted net assets . . . . .	1,003,452	<b>28</b> 1,095,840
	<b>29</b> Permanently restricted net assets . . . . .	31,500	<b>29</b> 31,500
	<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 . . . . .	55,462,019	<b>33</b> 70,550,769
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	83,505,102	<b>34</b> 99,764,135

**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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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 separated 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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
FLORIDA BLOOD SERVICES INC

Employer identification number

59-3145469

**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 **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

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			
<b>Total</b>							

**Part II Support Schedule for Organizations Described in IRC 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")						
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						
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)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the 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		►
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 <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		►
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 <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		►
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		►

**Part III Support Schedule for Organizations Described in IRC 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")	138,786	284,677	410,684	1,051,649	1,487,952	3,373,748
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	74,129,161	78,634,614	90,214,488	109,149,349	131,415,405	483,543,017
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>74,267,947</b>	<b>78,919,291</b>	<b>90,625,172</b>	<b>110,200,998</b>	<b>132,903,357</b>	<b>486,916,765</b>
<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 )						<b>486,916,765</b>

**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>74,267,947</b>	<b>78,919,291</b>	<b>90,625,172</b>	<b>110,200,998</b>	<b>132,903,357</b>	<b>486,916,765</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	344,096	814,216	1,012,283	463,352	648,334	3,282,281
<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>344,096</b>	<b>814,216</b>	<b>1,012,283</b>	<b>463,352</b>	<b>648,334</b>	<b>3,282,281</b>
<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 )	42,850	8,750		96,539	42,932	191,071
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	<b>74,654,893</b>	<b>79,742,257</b>	<b>91,637,455</b>	<b>110,760,889</b>	<b>133,594,623</b>	<b>490,390,117</b>

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

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	<b>99 290 %</b>
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	<b>99 210 %</b>

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

<b>17</b> Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	<b>1 000 %</b>
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	<b>1 000 %</b>
<b>19a</b> <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b</b> <b>33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

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2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
FLORIDA BLOOD SERVICES INC**Employer identification number**

59-3145469

**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 may 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 importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

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 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 ► \$ \_\_\_\_\_

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV 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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

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

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		No

**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.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		7,976,954			7,976,954
<b>b</b> Buildings . . . . .		32,139,400	9,311,297		22,828,103
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		34,801,671	22,218,018		12,583,653
<b>e</b> Other . . . . .		12,861,176	8,988,579		3,872,597
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					47,261,307

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

(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		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )	<b>►</b>	

**Total.** (Column (b) should equal Form 990, Part X, col (B), line 1)

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

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

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

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**Total** (Column (b) should equal Form 990, Part X, col (B), line 15)

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

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 25)

**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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	132,903,077
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	129,824,831
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,078,246
4	Net unrealized gains (losses) on investments	4	2,780,475
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	172,738
9	Total adjustments (net) Add lines 4 - 8	9	2,953,213
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,031,459

**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	135,745,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,780,475
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	172,738
e	Add lines 2a through 2d	2e	2,953,213
3	Subtract line 2e from line 1	3	132,792,767
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	110,310
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	110,310
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	132,903,077

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

1	Total expenses and losses per audited financial statements	1	129,714,521
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	
3	Subtract line 2e from line 1	3	129,714,521
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	110,310
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	110,310
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	129,824,831

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	LOSS FROM CLARO SCIENTIFIC, LLC K-1 9,206 CHANGE IN NET ASSETS FOUNDATIONS-EQUITY ACCOUNTING METHOD 163,532
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LOSS FROM CLARO SCIENTIFIC, LLC K-1 9,206 CHANGE IN NET ASSETS FOUNDATIONS-EQUITY ACCOUNTING METHOD 163,532

**SCHEDULE F**  
**(Form 990)**

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FLORIDA BLOOD SERVICES INC

**Employer identification number**

59-3145469

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. . . . .  Use Schedule F-1 (Form 990) if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . ► \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

## **Part IV Supplemental Information**

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

**Schedule I  
(Form 990)****2009****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

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
FLORIDA BLOOD SERVICES INCEmployer identification number  
59-3145469**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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.  ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA BLOOD SERVICES FOUNDATION 10100 DR ML KING JR ST N ST PETERSBURG, FL 33716	592216675	3	427,156				SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 1

3 Enter total number of other organizations . . . . . ►

**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. Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of non-cash assistance</b>

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

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**  
FLORIDA BLOOD SERVICES INC**Employer identification number**  
59-3145469**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 checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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 501(c)(3) and 501(c)(4) organizations only 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)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

**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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY- BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	DON DODDRIDGE 0 113,000 0 GERMAN F LEPARC 0 97,000 0 EUGENE ROBERTS 39,693 0 0

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
FLORIDA BLOOD SERVICES INCEmployer identification number  
59-3145469**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased	(h) On Behalf of Issuer		
A	CITY OF ST PETERSBURG HEALTH FACIL	59-6000424	793309HS7	06-01-2008	12,500,000	SEE SCHEDULE O	Yes	No	Yes	No

**Part II Proceeds**

	A	B	C	D	E
1	Total proceeds of issue	12,000,000			
2	Gross proceeds in reserve funds	527,200			
3	Proceeds in refunding or defeasance escrows	7,308,547			
4	Other unspent proceeds				
5	Issuance costs from proceeds	308,089			
6	Working capital expenditures from proceeds	4,500,000			
7	Capital expenditures from proceeds				
8	Year of substantial completion	2010			

	Yes	No								
9	X									
10		X								
11		X								
12		X								

**Part III Private Business Use**

	A	B	C	D	E
1	Yes	No	Yes	No	Yes
2		X			

**Part III Private Business Use (Continued)**

	A Yes	B No	C Yes	D No	E Yes	
						No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X				
3b Are there any research agreements with respect to the financed property which may result in private business use?		X				
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		X				
6 Total of lines 4 and 5						
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X				

**Part IV Arbitrage**

	A Yes	B No	C Yes	D No	E Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X				
2 Is the bond issue a variable rate issue?		X				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X				
b Name of provider						
c Term of hedge						
4a Were gross proceeds invested in a GIC?		X				
b Name of provider						
c Term of GIC						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						
5 Were any gross proceeds invested beyond an available temporary period?		X				
6 Did the bond issue qualify for an exception to rebate?		X				

2009

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
FLORIDA BLOOD SERVICES INC

Employer identification number  
59-3145469

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	BLOOD COMPONENTS ARE THEN STORED AND DISTRIBUTED TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS. THE TESTING LABORATORIES OF FLORIDA BLOOD SERVICES ALSO PERFORM LARGE-SCALE SCREENING AND TESTING OF BLOOD SAMPLES FOR FLORIDA BLOOD SERVICES AS WELL AS A NUMBER OF OTHER BLOOD CENTERS THROUGHOUT THE COUNTRY. FLORIDA BLOOD SERVICES TESTS APPROXIMATELY 1,000,000 SAMPLES OF BLOOD EACH YEAR FROM VOLUNTEER DONORS FOR DISEASES AND VIRUSES SUCH AS HIV, HBV, HTLV, SYPHILIS, WEST NILE VIRUS AND CHAGAS IN ORDER TO ASSURE THE SAFEST POSSIBLE TRANSFUSION TO PATIENTS. FLORIDA BLOOD SERVICES ALSO PROVIDES COMPATIBILITY TESTING FOR PATIENTS IN MANY OF THE HOSPITALS IT SERVES. IN ADDITION, THE CENTER PROVIDES THERAPEUTIC Apheresis PROCEDURES FOR HOSPITAL PATIENTS IN OUR REGION. FLORIDA BLOOD SERVICES IS THE FOUNDING MEMBER OF THE NATIONAL MARROW DONOR PROGRAM AND OPERATES A NATIONAL MARROW DONOR PROGRAM REGISTRATION AND COLLECTION SITE. THE CENTER PROVIDES FREE CHOLESTEROL SCREENING FOR ALL DONORS AND PARTICIPATES IN HEALTH FAIRS THROUGHOUT THE REGION. THE CENTER, IN COOPERATION WITH THE UNIVERSITY OF SOUTH FLORIDA AND ST. PETERSBURG COLLEGE, PROVIDES FREE LABORATORY TRAINING IN BLOOD BANKING FOR MEDICAL TECHNOLOGISTS AND TECHNICIANS. FLORIDA BLOOD SERVICES ALSO OFFERS AN ACCREDITED GRADUATE PROGRAM THROUGH ITS SPECIALIST IN BLOOD BANKING (SBB) SCHOOL. THE CENTER PROVIDES ROTATIONS FOR BLOOD BANK TRAINING FOR PATHOLOGY AND HEMATOLOGY RESIDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA. FLORIDA BLOOD SERVICES IS A CONFERENCE SITE FOR THE MONTHLY EDUCATIONAL TELECONFERENCES SPONSORED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS (AABB). THESE CONFERENCES ARE PROVIDED AT NO CHARGE TO THE HEALTHCARE PERSONNEL IN OUR REGION. FLORIDA BLOOD SERVICES SERVES AS A CLINICAL TRIAL SITE FOR NEW TESTS OR INSTRUMENTS THAT WILL FURTHER ENHANCE THE SAFETY OF THE BLOOD SUPPLY. FLORIDA BLOOD SERVICES IS ALSO A REGIONAL HUB TO COORDINATE AND SUPPLY BLOOD IN CASE OF A NATIONAL DISASTER OR IF CALLED UPON TO SUPPORT THE MILITARY. FLORIDA BLOOD SERVICES IS ASSESSED AND ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS & A LICENSED FLORIDA, NEW YORK STATE, AND CALIFORNIA LABORATORY. THE BLOOD CENTER HOLDS LICENSES FOR BLOOD COMPONENTS AND ESTABLISHMENTS FROM THE FOOD AND DRUG ADMINISTRATION (FDA) AND IS MEDICARE CERTIFIED AS WELL AS LICENSED UNDER THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA).
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	THOMAS K. KURELLA JOY FAHEY KURELLA VP ADMIN SYS DIR MED SER HUSBAND/WIFE THOMAS K. KURELLA JOSH KURELLA-BOUCHARD INSURANCE VP ADMIN SYS EMPLOYEE FATHER/SON DONALD DODDRIDGE DAMON DODDRIDGE CEO I/S SPECIAL FATHER/SON GERMAN LEPARC MICHAEL LEPARC CMO I/S SPECIAL FATHER/SON ALICE BARR ROBERT BARR VP OF SE REG I/S SPECIAL HUSBAND/WIFE ALICE BARR BRANDON REYNOLDS VP OF SE REG STOCK CLERK MOTHER/SON
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	ALL APPOINTMENTS OF BOARD MEMBERS AND ALL ACTIONS TAKEN BY THE BOARD ARE VOTED ON BY THE BOARD OF DIRECTORS
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ALL APPOINTMENTS OF BOARD MEMBERS AND ALL ACTIONS TAKEN BY THE BOARD ARE VOTED ON BY THE BOARD OF DIRECTORS
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	EACH LOCATION HAS AN ONSITE MANAGER WHO REPORTS TO SUPERVISOR OR DIRECTOR WHO REPORTS TO VP AT FBS WHO REPORTS TO CEO AND THE BOARD
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE BOARD OF DIRECTORS REVIEWS THE 990 BEFORE IT IS FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL APPLICABLE PERSONS ASKED TO REVIEW POLICY AND ATTEST TO COMPLIANCE ON WRITTEN DOCUMENT ANNUALLY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	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)

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	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)

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 THE ORGANIZATION DOES NOT MAKE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC PURPOSE OF ISSUE DESCRIPTION SCHEDULE K CITY OF ST PETERSBURG HEALTH FACIL TO ACQUIRE, RENOVATE & EQUIP PROPERTY & BUILDING ADJACENT TO EXISTING FBS PROPERTY (5M+) AND TO REFINANCE 1999 BOND ISSUE ASSOCIATED WITH ACQUIRING & RENOVATING EXISTING FBS FACILITY (7M+) ADDITIONAL INFORMATION SCHEDULE O SCHEDULE R, PART V, QUESTION 2, LINE 7 & 11 - TRANSACTIONS WITH RELATED ORGANIZATIONS FLORIDA BLOOD SERVICES FOUNDATION AND N W FLORIDA BLOOD FOUNDATION HOLDS SPECIAL EVENTS ON BEHALF OF FLORIDA BLOOD SERVICES, INC SCHEDULE R, PART V, QUESTION 2, LINE 8 & 12 - TRANSACTIONS WITH RELATED ORGANIZATIONS THE ORGANIZATION SHARES FACILITIES AND EQUIPMENT WITH FLORIDA BLOOD SERVICES FOUNDATION AND N W FLORIDA BLOOD FOUNDATION NEITHER ORGANIZATION ASSIGNS A VALUE TO THIS TRANSACTION SCHEDULE R, PART V, QUESTION 2, LINE 9 & 13 - TRANSACTIONS WITH RELATED ORGANIZATIONS THE ORGANIZATION SHARES PAID EMPLOYEES WITH FLORIDA BLOOD SERVICES FOUNDATION AN EMPLOYEE OF FLORIDA BLOOD SERVICES, INC DOES THE BOOKKEEPING FOR FLORIDA BLOOD SERVICES FOUNDATION AND N W FLORIDA BLOOD FOUNDATION FLORIDA BLOOD SERVIES, INC AQUIRED BLOODNETUSA, INC AND SOUTHEASTERN COMMUNITY BLOOD CENTER, INC IN 2009

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

Cat No 51056K

Schedule O (Form 990) 2009

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

2009

Department of the Treasury  
Internal Revenue Service► 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.Open to Public  
InspectionName of the organization  
FLORIDA BLOOD SERVICES INCEmployer identification number  
59-3145469**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on 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
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it 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
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FLORIDA BLOOD SERVICES FOUNDATION

10100 DR ML KING JR ST N

BLOOD PROG

FL

501

9 NA

ST PETERSBURG, FL 33716  
59-2216675

NFBS FOUNDATION INC

1999 EAST NINE MILE ROAD

BLOOD PROG

FL

501

11A NA

PENSACOLA, FL 32514  
59-3735424

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on 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) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes      No		Yes      No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust 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) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds(a)  
Name of other organization(b)  
Transaction type(a-r)(c)  
Amount involved

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

**Software ID:**  
**Software Version:**  
**EIN:** 59-3145469  
**Name:** FLORIDA BLOOD SERVICES INC

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	FLORIDA BLOOD SERVICES FOUNDATION	B	427,156
(2)	FLORIDA BLOOD SERVICES FOUNDATION	C	1,415,051
(3)	NFBS FOUNDATION INC	C	72,901
(4)	NFBS FOUNDATION INC	E	55,766
(5)	FLORIDA BLOOD SERVICES FOUNDATION	E	39,173
(6)	FLORIDA BLOOD SERVICES FOUNDATION	L	
(7)	FLORIDA BLOOD SERVICES FOUNDATION	M	
(8)	FLORIDA BLOOD SERVICES FOUNDATION	N	
(9)	FLORIDA BLOOD SERVICES FOUNDATION	P	355,378
(10)	NFBS FOUNDATION INC	P	80,059
(11)	NFBS FOUNDATION INC	L	
(12)	NFBS FOUNDATION INC	M	
(13)	NFBS FOUNDATION INC	N	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-3145469  
**Name:** FLORIDA BLOOD SERVICES INC

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	51,174,506	51,174,506		
REPAIRS AND MAINTENANCE	2,248,107	2,063,959	184,148	
RESOURCE SHARING	1,910,731	1,910,731		
POSTAGE	1,718,015	1,577,288	140,727	
AUTO EXPENSE	1,589,171	1,458,998	130,173	