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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

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

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

A For the 2009 calendar year, or tax year beginning APR 1, 2010 and ending JUN 30, 2010

B Check if applicable	C Name of organization MICHIGAN BLOOD Doing Business As		D Employer identification number 38-1550001	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	See Specific Instructions		Number and street (or P O box if mail is not delivered to street address)	Room/suite
		PO BOX 1704		
		City or town, state or country, and ZIP + 4 GRAND RAPIDS, MI 49501-1704		
F Name and address of principal officer. WILLIAM RIETSCHA SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ► WWW.MIBLOOD.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 1955 M State of legal domicile MI				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELPING PEOPLE MAKE A LIFESAVING DIFFERENCE THROUGH BLOOD PRODUCTS AND SERVICE EXCELLENCE		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	554
	6 Total number of volunteers (estimate if necessary)	6	899
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	84,814.	10,482.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,061,824.	9,428,786.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	506,523.	116,807.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-77,244.	-8,626.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,575,917.	9,547,449.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	38,875.	5,267.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,880,482.	3,931,167.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,500.	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	19,629.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,066,754.	5,375,421.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,994,611.	9,311,855.
19 Revenue less expenses. Subtract line 18 from line 12	-418,694.	235,594.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,100,279.	27,285,784.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,408,800.	3,147,985.
		23,691,479.	24,137,799.

Part II Signature Block

OGDEN, UT

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer			Date
				10/15/2010
WILLIAM RIETSCHA, PRESIDENT AND CEO				
Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MARGARET W. BISHOP, CPA	Date	Check if self- employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	BEENE GARTER LLP 50 MONROE AVE NW SUITE 600 GRAND RAPIDS, MI 49503-2679	10/11/10	<input type="checkbox"/> EIN ►
				Preparer's identifying number (see instructions) P00295096
			Phone no ► (616) 235-5200	

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: SEE SCHEDULE O FOR CONTINUATION
THE PURPOSE OF MICHIGAN BLOOD IS TO PROVIDE A SAFE AND ADEQUATE BLOOD SUPPLY AND BLOOD-RELATED SERVICES FOR THE COMMUNITIES SERVED BY THE CLIENT HOSPITALS THROUGHOUT THE STATE. MICHIGAN BLOOD IS THE SOLE PROVIDER OF BLOOD FOR 30 HOSPITAL FACILITIES. THESE HOSPITALS INCLUDE

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 8,582,213. including grants of \$ 5,267.) (Revenue \$ 9,428,786.)
ALLOGENEIC WHOLE-BLOOD DONATION

VOLUNTEER DONORS GIVE BLOOD AT BLOOD DRIVES AND PERMANENT DONOR CENTERS
THROUGHOUT ALL REGIONS OF MICHIGAN BLOOD'S SERVICE AREA. SEE
WWW.MIBLOOD.ORG FOR A COMPREHENSIVE LIST OF LOCATIONS.

AUTOLOGOUS AND DIRECTED DONATION:

**BLOOD DONATIONS FOR ONE'S OWN PLANNED USE FOR ELECTIVE SURGERY, OR FOR
ANOTHER SPECIFIC PERSON ARE ACCEPTED WITH DOCTOR'S ORDER.**

Part IV Checklist of Required Schedules

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

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

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

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

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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

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

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

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

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

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

	Yes	No
1	X	
2		X
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
12A		X
13		X
14a		X
14b	X	
15		X
16		X
17		X
18		X
19		X
20		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?	32	
If "Yes," complete Schedule N, Part I	33	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	34	
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	35	X
34 Was the organization related to any tax-exempt or taxable entity?	36	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	37	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	38	
If "Yes," complete Schedule R, Part V, line 2	38	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O.		

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	36
1b		1b	0
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	554
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
5c	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	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter:	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a 11
 b Enter the number of voting members that are independent 1b 10

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X

6 Does the organization have members or stockholders? 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X
 a The governing body? 8b X
 b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X

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

10a Does the organization have local chapters, branches, or affiliates? 10a X
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11A

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X
 a The organization's CEO, Executive Director, or top management official 15a X
 b Other officers or key employees of the organization 15b X

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **M1**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 19

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **CHARLEEN MELLO - (616) 233-8613**
1036 FULLER NE, GRAND RAPIDS, MI 49503

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
RICHARD D. ULLREY INTERIM VICE CHAIR	1.00	X		X			0.	0.	0.
AMNA P. SEIBOLD CHAIR	1.00	X		X			0.	0.	0.
RITA CHAMPION TRUSTEE	1.00	X					0.	0.	0.
PHILIP J. KNAPP TRUSTEE	1.00	X					0.	0.	0.
ROCKY S. LOVE TRUSTEE	1.00	X					0.	0.	0.
DARRYL V. NELSON TRUSTEE	1.00	X					0.	0.	0.
JOHN J. PERRAS TRUSTEE	1.00	X					0.	0.	0.
DAVID J. SMITH TRUSTEE	1.00	X					0.	0.	0.
PAUL D. SMITH SECRETARY/TREASURER	1.00	X	X				0.	0.	0.
C. EUGENE SOECHTIG TRUSTEE	1.00	X					0.	0.	0.
JON FEIKENS LEGAL COUNSEL	1.00	X					3,863.	0.	0.
WILLIAM J. RIETSCHA PRESIDENT/CEO	40.00		X				241,403.	0.	21,830.
CHARLEEN C. MELLO DIRECTOR OF FINANCE	40.00		X				82,795.	0.	10,211.
LEE ANN WEITEKAMP V.P. OF QUALITY AND MEDI	40.00		X				304,150.	0.	19,942.

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

1b Total

632,211.

51,983.

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 ►

2

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

Form 990 (2009)

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c 1,400 .			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,082 .			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f ►	10,482 .			
Program Service Revenue		Business Code			
	2 a BLOOD PRODUCTS/TESTING	900099 8,924,567 .	8,924,567 .		
	b SPECIAL SERVICES	900099 504,219 .	504,219 .		
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►	9,428,786 .			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		116,807 .		116,807 .
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross Rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 1,400 . of contributions reported on line 1c). See Part IV, line 18	a 7,234 .			
	b Less: direct expenses	b 15,860 .			
	c Net income or (loss) from fundraising events		-8,626 .		-8,626 .
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11 a					
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ►				
12 Total revenue. See instructions	►	9,547,449 .	9,428,786 .	0 .	108,181 .

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,267.	5,267.		
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	87,273.		87,273.	
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	3,024,269.	2,783,474.	240,497.	298.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,589.	25,412.	1,140.	37.
9 Other employee benefits	550,377.	488,425.	61,945.	7.
10 Payroll taxes	242,659.	219,425.	23,211.	23.
11 Fees for services (non-employees):				
a Management				
b Legal	2,146.		2,146.	
c Accounting	6,801.		6,801.	
d Lobbying	1,000.		1,000.	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	89,214.	49,427.	39,787.	
12 Advertising and promotion	41,577.	37,657.	3,920.	
13 Office expenses	180,065.	165,547.	14,518.	
14 Information technology				
15 Royalties				
16 Occupancy	283,079.	227,766.	55,313.	
17 Travel	126,130.	117,194.	8,936.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,722.	3,281.	1,441.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	360,743.	323,448.	37,295.	
23 Insurance	70,825.	54,642.	16,183.	
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 BLOOD PRODUCT SUPPLIES	3,764,018.	3,759,552.	4,466.	
b REPAIRS AND MAINTENANCE	251,511.	198,642.	48,899.	3,970.
c MISCELLANEOUS	108,353.	54,455.	53,898.	
d DONOR RECOGNITION	67,716.	66,372.	1,344.	
e DUES	17,521.	2,227.		15,294.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,311,855.	8,582,213.	710,013.	19,629.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,129,440.	1	1,505,937.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,115.	3	1,101.
	4 Accounts receivable, net	3,454,993.	4	3,228,867.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,887,378.	7	
	8 Inventories for sale or use	488,593.	8	1,379,020.
	9 Prepaid expenses and deferred charges		9	417,442.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	23,872,677.		
	b Less: accumulated depreciation	10b 13,392,261.	10c 10,725,485.	10c 10,480,416.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	8,943,598.	12	9,804,324.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	468,677.	15	468,677.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,100,279.	16	27,285,784.	
Liabilities	17 Accounts payable and accrued expenses	3,408,800.	17	3,147,985.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,408,800.	26	3,147,985.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,678,295.	27	24,123,046.
	28 Temporarily restricted net assets	3,034.	28	4,603.
	29 Permanently restricted net assets	10,150.	29	10,150.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	23,691,479.	33	24,137,799.
	34 Total liabilities and net assets/fund balances	27,100,279.	34	27,285,784.

Form 990 (2009)

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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MICHIGAN BLOOD

Employer identification number

38-1550001

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

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I

b Type II

c Type III - Functionally integrated

d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- 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 **Total.** 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 **Public support.** Subtract line 5 from line 4

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc. (see instructions)
- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage from 2008 Schedule A, Part II, line 14
- 16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 16b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 17b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and **see instructions**

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	653,963.	567,163.	121,408.	144,421.	95,296.	1582251.
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	25250954.	27818268.	29455458.	32278641.	45490610.	160293931
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	25904917.	28385431.	29576866.	32423062.	45585906.	161876182
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						161876182

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	25904917.	28385431.	29576866.	32423062.	45585906.	161876182
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	356,027.	417,412.	455,206.	510,987.	588,876.	2328508.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	356,027.	417,412.	455,206.	510,987.	588,876.	2328508.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,039.	4,985.	5,647.	24,882.	13,104.	52,657.
13 Total support (Add lines 9, 10c, 11, and 12)	26264983.	28807828.	30037719.	32958931.	46187886.	164257347
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.55	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.56	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.42	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.41	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

 Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

1,000.

1,000.

9,310,815.

9,311,815.

615,591.

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

	(a)		(b)
	Yes	No	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		1,000.
j Total. Add lines 1c through 1i			1,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

CONTRACTED WITH UNRELATED THIRD PARTY TO PERFORM LOBBYING ACTIVITES IN

SUPPORT OF LEGISLATION TO LOWER ALLOWABLE MINIMUM AGE OF A BLOOD DONOR

TO 16 YEARS OLD.

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

MICHIGAN BLOOD

Employer identification number
38-1550001**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes

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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other _____
 c Preservation for future generations

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

by:

(i) unrelated organizations

(ii) related organizations

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,546,071.		2,546,071.
b Buildings		9,499,355.	5,081,130.	4,418,225.
c Leasehold improvements		206,849.	38,224.	168,625.
d Equipment		9,777,984.	6,649,241.	3,128,743.
e Other		1,842,418.	1,623,666.	218,752.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 10,480,416.

Schedule D (Form 990) 2009

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		
MORTGAGE-BACKED SECURITIES	7,656,916.	END-OF-YEAR MARKET VALUE
CORPORATE BOND NOTES	752,399.	END-OF-YEAR MARKET VALUE
FIXED RATE FARM CREDIT BONDS	1,395,009.	END-OF-YEAR MARKET VALUE

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► 9,804,324.

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

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

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

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

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

Total. (Column (b) must 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 Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,547,449.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	9,311,855.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	235,594.
4 Net unrealized gains (losses) on investments	4	241,978.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	-418,694.
9 Total adjustments (net). Add lines 4 through 8	9	-176,716.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	58,878.

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	46,391,464.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2a	241,978.
b Donated services and use of facilities	2b	26,120.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	36,575,917.
e Add lines 2a through 2d	2e	36,844,015.
3 Subtract line 2e from line 1	3	9,547,449.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,547,449.

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

1 Total expenses and losses per audited financial statements	1	46,332,586.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	26,120.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	36,994,611.
e Add lines 2a through 2d	2e	37,020,731.
3 Subtract line 2e from line 1	3	9,311,855.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,311,855.

Part XIV | Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:**CHANGE IN NET ASSETS REPORTED ON FORM 990 FOR THE 12 MONTHS****ENDED 3/31/10: -418694.****PART XII, LINE 2D - OTHER ADJUSTMENTS:****REVENUE REPORTED ON FORM 990 FOR THE 12 MONTHS ENDED MARCH 31,****2010: 36575917.**

Part XIV Supplemental Information (continued)**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

EXPENSES REPORTED ON FORM 990 FOR THE 12 MONTHS ENDED MARCH 31,
2010: 36994611.

Schedule F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

MICHIGAN BLOOD

38-1550001

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)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	CORD BLOOD SALES	0.
SOUTH AMERICA	0	0	PROGRAM SERVICES	CORD BLOOD SALES	0.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CORD BLOOD SALES	0.
Totals	► 0	0			0.

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

Schedule F (Form 990) 2009

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2009.04040 MICHIGAN BLOOD

03760102

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 E-1 (Form 990) if additional space is needed.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 880.

Name of the organization **MICHIGAN B100**

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?

2 Descri
Part II

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

3 Enter total number of other organizations

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

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	15	5,267.	0.		

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

SCHEDULE I, PART I, LINE 2: INDIVIDUALS MUST MEET CERTAIN CRITERIA TO RECEIVE SCHOLARSHIPS AND THE SCHOLARSHIP FUNDS MUST BE USED FOR SPECIFIC HIGHER EDUCATION PURPOSES.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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Inspection

Name of the organization

MICHIGAN BLOOD

Employer identification number
38-1550001**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

- a** The organization?

- b** Any related organization?

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

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

- a** The organization?

- b** Any related organization?

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

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

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

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

	Yes	No
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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Schedule J (Form 990) 2009

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2009.04040 MICHIGAN BLOOD

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

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

Do not list any individuals that are not listed on Form 990 Part VII

Do not list any individuals that are not listed on Form 990. Part VII.

RNA. Thus, a decrease in RNA may result from a decrease in the number of cells.

MICHIGAN BLOOD

Complete this part to provide the information, explanation, or descriptions required for Part I lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I LINE 7: NON FIXED PAYMENTS MADE FOR PERFORMANCE BASED

BETENTION BONUSES

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.

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

MAJOR MEDICAL CENTERS (SECONDARY- AND TERTIARY-CARE TEACHING

FACILITIES) SERVING POPULATIONS TOTALING MORE THAN 2.5 MILLION PEOPLE

THROUGH DONOR CENTERS AND BLOOD DRIVES IN NORTHWEST, EAST-CENTRAL,

WEST, AND SOUTHWEST MICHIGAN. MICHIGAN BLOOD RECRUITS AND COLLECTS

BLOOD FROM VOLUNTEER DONORS TO ACHIEVE ITS LIFESAVING MISSION.

ANNUALLY, MICHIGAN BLOOD COLLECTS APPROXIMATLEY 117,000 UNITS OF BLOOD

FROM VOLUNTEER BLOOD DONORS AND DISTRIBUTES 237,000 BLOOD COMPONENTS.

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

DONORS WITH HEMOCHROMATOSIS:

MICHIGAN BLOOD HOLDS AN FDA VARIANCE TO ALLOW DONORS WITH

HEMOCHROMATOSIS TO DONATE FOR THE VOLUNTEER BLOOD SUPPLY IF OTHERWISE

ELIGIBLE.

APHERESIS DONATION:

SPECIAL APHERESIS EQUIPMENT MAKES IT POSSIBLE TO COLLECT ONE OR MORE

SPECIFIC BLOOD COMPONENTS, WHILE RETURNING THE REMAINDER TO THE DONOR.

APHERESIS ALLOWS A DONOR TO GIVE A GREATER QUANTITY OF ONE COMPONENT

THAN IS POSSIBLE DURING STANDARD WHOLE BLOOD DONATION. THESE LARGER

SPECIAL COMPONENTS CAN HELP REDUCE THE NUMBER OF DIFFERENT DONORS TO

WHICH A PATIENT IS EXPOSED.

THERAPEUTIC APHERESIS:

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932211
02-03-10

Schedule O (Form 990) 2009

Supplemental Information to Form 990

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PATIENTS WITH SOME DISEASES SUCH AS MYASTHENIA GRAVIS, SICKLE CELL DISEASE, OR LEUKEMIA CAN BE TREATED BY THE REMOVAL OF ONE OR MORE BLOOD COMPONENTS USING APHERESIS TECHNOLOGY. MICHIGAN BLOOD'S STAFF AND EQUIPMENT TRAVEL TO PARTICIPATING HOSPITALS TO MAKE THIS SERVICE AVAILABLE AS NEEDED.

BLOOD BUS:

EACH MICHIGAN BLOOD REGION OPERATES A SELF-CONTAINED DONOR CENTER ON WHEELS. BLOOD BUSES EXPAND OUTREACH INTO SMALL COMMUNITIES THAT REPRESENT LARGE, SPARSELY POPULATED AREAS. IN URBAN AREAS, THE BLOOD BUSES ENABLE BLOOD DRIVE SPONSORSHIP BY GROUPS THAT LACK ON-SITE SPACE OR PERSONNEL TO HOST CONVENTIONAL BLOOD DRIVES.

STEM CELL/CORD BLOOD BANK:

MICHIGAN BLOOD CORD BLOOD BANK, THE FIRST OF ITS KIND IN MICHIGAN, HAS COLLECTED AND STORED THE BLOOD FROM MORE THAN 3,000 UMBILICAL CORDS. CORD BLOOD IS RICH IN STEM CELLS AND CORD BLOOD TRANSPLANTATION IS FINDING INCREASING APPLICATION IN CHILDREN AND ADULTS AROUND THE GLOBE WITH CERTAIN LIFE-THREATENING DISEASES. LOCAL AVAILABILITY OF STEM CELL COLLECTION, PROCESSING, STORAGE, AND PRE-TRANSPLANT PREPARATION SUPPORTS A LOCAL STEM CELL TRANSPLANT PROGRAM'S ABILITY TO OFFER ADVANCED MEDICAL CARE, INCREASING CONVENIENCE AND REDUCING STRESS FOR PATIENTS AND FAMILIES WHO PREVIOUSLY HAD TO TRAVEL LONG DISTANCES FOR

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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TRANSPLANT SERVICES.

DNA/HLA LABORATORY:

THE LABORATORY USES SPECIAL TECHNIQUES TO CONDUCT TISSUE-TYPING AT THE GENETIC CODE LEVEL TO EVALUATE DONOR-PATIENT COMPATIBILITY BEFORE TRANSPLANTATION. LOCAL AVAILABILITY OF THESE SERVICES HELPS DOCTORS RESPOND FASTER TO URGENT PATIENT NEEDS CAUSED BY AGGRESSIVE DISEASES.

MICHIGAN BLOOD'S LABORATORY SERVICES CAN PROVIDE KEY INFORMATION IN JUST THREE TO FOUR DAYS; USING A DISTANT LAB SERVICE MAY MEAN WAITING SEVERAL WEEKS FOR THE SAME DATA. PATIENTS WITH TRANSFUSION/PREGNANCY RELATED SENSITIVITIES ALSO BENEFIT FROM THE SERVICES OF THE DNA/HLA LABORATORY WHICH HELPS PHYSICIANS DIAGNOSE, TREAT AND FIND APPROPRIATE BLOOD PRODUCTS. THE DNA/HLA LABORATORY ALSO TYPES PLATELET APHERESIS DONORS TO IDENTIFY LIFE-SAVING MATCHES FOR PATIENTS NEEDING TRANSFUSION.

RED CELL REFERENCE LABORATORY:

PATIENTS WITH RARE BLOOD TYPES, UNUSUAL BLOOD NEEDS, OR COMPLEX TRANSFUSION-RELATED SENSITIVITIES BENEFIT FROM THE SERVICES OF THE RED CELL REFERENCE LABORATORY, WHICH PROVIDES INFORMATION THAT HELPS PHYSICIANS DIAGNOSE, TREAT AND FIND RARE BLOOD TYPES FOR COMPLICATED CASES. THESE PATIENTS OFTEN ARE CRITICALLY ILL AND MAY SUFFER SERIOUS COMPLICATIONS (INCLUDING DEATH) WITHOUT SPECIAL LABORATORY SERVICES TO HELP THEIR DOCTORS ASSESS THE RISKS OF TRANSFUSION REACTIONS AND

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02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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DONOR/RECIPIENT INCOMPATIBILITIES.

INFECTIOUS DISEASE TESTING LABORATORY:

MICHIGAN BLOOD MAINTAINS ITS OWN INFECTIOUS DISEASE TESTING LABORATORY
TO ASSURE THE HIGHEST QUALITY TESTING AND THE RAPID AVAILABILITY OF
BLOOD COMPONENTS FOR PATIENTS.

MARROW PROGRAM:

IN THE PAST 20 YEARS, MICHIGAN BLOOD MARROW/STEM CELL PROGRAM HAS
ESTABLISHED ONE OF THE PREMIER DONOR-RECRUITMENT RECORDS IN THE UNITED
STATES, ADDING MORE THAN 54,000 INDIVIDUALS WITH ADVANCED TISSUE TYPING
TO THE REGISTRY OF POTENTIAL STEM CELL DONORS MAINTAINED BY THE BE THE
MATCH REGISTRY (NATIONAL MARROW DONOR PROGRAM). THE MARROW/STEM CELL
PROGRAM ALSO PROVIDES SUPPORT SERVICES FOR PATIENTS AND FAMILIES
SEEKING COMPATIBLE STEM CELL DONORS. STEM CELL TRANSPLANTS REMAIN THE
PRIMARY SOURCE OF HOPE FOR PATIENTS WITH CERTAIN KINDS OF
LIFE-THREATENING DISEASES. MICHIGAN BLOOD HAS PROVIDED LIFE-SAVING STEM
CELL TRANSPLANTS FOR MORE THAN 600 PEOPLE AROUND THE WORLD.

EDUCATION PROGRAM:

BELIEVING THAT TOMORROW'S HEALTHY BLOOD SUPPLY DEPENDS LARGELY ON
TODAY'S EDUCATIONAL EFFORTS, MICHIGAN BLOOD OFFERS INFORMATIVE
PRESENTATIONS AND PROGRAMS FOR GROUPS FROM SCHOOLS AND COMMUNITY

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932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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ORGANIZATIONS. EDUCATORS STRESS THE IMPORTANCE OF A SAFE, ADEQUATE COMMUNITY BLOOD SUPPLY AND THE SIGNIFICANCE OF HEALTHY BEHAVIORS. THEY ALSO EXPLAIN THE ACTUAL PROCESS OF DONATING BLOOD AND DEMONSTRATE BLOOD-TYPING. BESIDES OFFERING CLASSROOM PRESENTATIONS, EDUCATORS FROM MICHIGAN BLOOD ALSO CONDUCT BLOOD CENTER TOURS AND OFFER EDUCATIONAL MATERIALS AND DEMONSTRATIONS AT HEALTH FAIRS THROUGHOUT MICHIGAN BLOOD'S SERVICE AREA. ALL EDUCATION PROGRAM SERVICES ARE AVAILABLE UPON REQUEST, AT NO CHARGE, IN THE ORGANIZATION'S SERVICE AREAS.

PROFESSIONAL DEVELOPMENT:

SEVERAL SERIES OF SEMINARS AND CONFERENCES ARE PRESENTED ANNUALLY FOR CLINICAL AND PROFESSIONAL AUDIENCES, FREE OF CHARGE. THESE EDUCATIONAL SESSIONS ARE COSPONSORED BY NATIONAL ORGANIZATIONS AND INSTITUTIONS SUCH AS THE AMERICAN SOCIETY FOR CLINICAL PATHOLOGISTS, AND AMERICAN ASSOCIATION OF BLOOD BANKS.

VOLUNTEER OPPORTUNITIES:

MICHIGAN BLOOD OFFERS A WIDE VARIETY OF OPPORTUNITIES FOR COMMUNITY MEMBERS INTERESTED IN VOLUNTEERING THEIR TIME TO HELP THEIR COMMUNITY. RESPONSIBILITIES RANGE FROM PREPARING MAILINGS TO SERVING REFRESHMENTS AT BLOOD DRIVES.

WEB SITE:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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SINCE 1998 MICHIGAN BLOOD HAS POSTED A WEB SITE, WWW.MIBLOOD.ORG, WHICH IS UPDATED DAILY BY THE COMMUNICATIONS & MARKETING DEPARTMENT. IT INCLUDES A DESCRIPTION OF MICHIGAN BLOOD'S MISSION AND SERVICES, PLUS INFORMATION ABOUT RECENT AND COMING EVENTS, STORIES ABOUT BLOOD DONORS AND RECIPIENTS, SCHEDULES OF MOBILE BLOOD DRIVES IN ALL REGIONS, EMPLOYMENT POSTINGS, AND REFERENCE INFORMATION ABOUT BLOOD, BLOOD SAFETY, AND BLOOD DONATION. THE WEB SITE HAS PROVED TO BE A VALUABLE AND POPULAR RESOURCE FOR STUDENTS AND OTHERS WHO WANT TO LEARN ABOUT THEIR COMMUNITY BLOOD BANK. IT ALSO PROVIDES A UNIQUE VENUE FOR HONORING DONORS AND SUPPORTERS. MICHIGAN BLOOD'S WEB SITE CAN BE ACCESSED AT WWW.MIBLOOD.ORG.

FORM 990, PART VI, SECTION A, LINE 2: AMNA P. SEIBOLD (THE MICHIGAN BLOOD CHAIR) IS AN EMPLOYEE OF ST. MARY'S HEALTH CARE.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS FORMALLY REVIEWED BY THE FINANCE/AUDIT COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD OF DIRECTORS AND MEMBERS OF THE MANAGEMENT TEAM. RESPONSES ARE COMPILED BY THE EXECUTIVE ASSISTANT/DELEGATE. BOARD OF DIRECTOR RESPONSES ARE REVIEWED BY THE GOVERNANCE COMMITTEE AND ALSO THE FULL BOARD OF DIRECTORS. MANAGEMENT TEAM RESPONSES ARE REVIEWED BY THE CEO/PRESIDENT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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38-1550001

FORM 990, PART VI, SECTION B, LINE 15: LINE 15A CEO, EXECUTIVE DIRECTOR,
OR TOP MANAGEMENT OFFICIAL: A THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT
REVIEWS (A) PRIOR SALARY HISTORY, (B) AT LEAST FIVE DIFFERENT SALARY
SURVEYS, (C) JOB DESCRIPTIONS, AND (D) A NARRATIVE OF THE ORGANIZATIONAL
PROGRESS THROUGH THE YEAR. THE CONSULTANT THEN PREPARES A RECOMMENDATION
OF A BASE AND VARIABLE PAY RANGE FOR EACH POSITION.

LINE 15B OTHER OFFICERS OR KEY EMPLOYEES: COMPENSATION IS REVIEWED AT
LEAST BI-ANNUALLY BY THE CEO AND THE HUMAN RESOURCES DEPARTMENT AGAINST THE
AABB SALARY SURVEY, MICHIGAN COMpdata, AND AD HOC LOCAL DATA.

FORM 990, PART VI, SECTION C, LINE 19: MICHIGAN BLOOD MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

COMMITTEE RESPONSIBLE FOR THE AUDIT:

AS IN PRIOR YEARS, THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE IS
RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JON FEIKENS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LEGAL COUNSEL TRUSTEE

(D) DESCRIPTION OF TRANSACTION: MICHIGAN BLOOD PAID LEGAL FEES TO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
g32211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MICHIGAN BLOOD

Employer identification number
38-1550001

FEIKENS, STEVENS & KENNEDY, OF WHICH JON FEIKENS IS A PARTNER.

(A) NAME OF PERSON: AMNA P. SEIBOLD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MICHIGAN BLOOD TRUSTEE AND EMPLOYEE OF ST. MARY'S HEALTH CARE

(D) DESCRIPTION OF TRANSACTION: ST. MARY'S HEALTH CARE IS A CUSTOMER OF

MICHIGAN BLOOD