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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLOOD SYSTEMS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1867

City or town, state or country, and ZIP + 4
SCOTTSDALE, AZ 85252

D Employer identification number
86-0098929

E Telephone number
(480) 946-4201

G Gross receipts $ 488,798,311

F Name and address of principal officer
J DANIEL CONNOR
PO BOX 1867
SCOTTSDALE, AZ 85252

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www bloodsystems org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1943 | **M** State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BLOOD BANKING, PLASMA DERIVATIVE DISTRIBUTION, AND RESEARCH

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,835
6	Total number of volunteers (estimate if necessary)	**6**	1,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,603,505	6,472,851
9	Program service revenue (Part VIII, line 2g)	573,907,330	469,882,775
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,653,131	7,027,184
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	5,393,803
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,857,704	488,776,613
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	644,650	197,705
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	201,556,603	176,149,086
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	358,452,920	303,677,979
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	560,654,173	480,024,770
19	Revenue less expenses Subtract line 18 from line 12	14,203,531	8,751,843
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	326,785,116	342,692,417
21	Total liabilities (Part X, line 26)	136,970,268	140,963,414
22	Net assets or fund balances Subtract line 21 from line 20	189,814,848	201,729,003

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-06

SUSAN BARNES EXEC VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ TWO NORTH CENTRAL AVENUE STE 2300 PHOENIX, AZ 85004				Phone no ▶ (602) 322-3000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 $	312,161,603	including grants of $	) (Revenue $	289,002,894)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	128,749,995	including grants of $	) (Revenue $	133,929,209)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	9,591,626	including grants of $	) (Revenue $	9,443,405)	
	SEE SCHEDULE O						
4d	Other program services (Describe in Schedule O)						
	(Expenses $	13,980,413	including grants of $	197,705)	(Revenue $	42,901,070)	
4e	**Total program service expenses** ▶ $	464,483,637					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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	Yes	
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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		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 lines 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	**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**		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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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*	**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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	824		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
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	3,835		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			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	No
b	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).**				
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?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	No
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?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ , CA

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 ▶

SUSAN BARNES
6210 E OAK STREET
SCOTTSDALE, AZ 85257
(480) 675-5696

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER ALLEN MD TRUSTEE	3 0	X						30,500	0	0
(2) JAMES R ALLEN MD TRUSTEE	3 0	X						24,500	0	0
(3) LINDA BLESSING TRUSTEE	3 0	X						25,500	0	0
(4) WILLIAM A DITTMAN MD TRUSTEE	2 0	X						21,000	0	0
(5) LISA FANNIN MD TRUSTEE	2 0	X						20,000	0	0
(6) ARMANDO B FLORES TRUSTEE/VICE CHAIR	2 0	X		X				25,500	0	0
(7) WILLIAM G GREEN TRUSTEE	2 0	X						29,000	0	0
(8) F LEONARD JOHNSON MD TRUSTEE	2 0	X						18,000	0	0
(9) JOHN LEWIS TRUSTEE/SECRETARY/TREASURER	3 0	X		X				26,500	0	0
(10) PIERRE NOEL MD TRUSTEE	2 0	X						4,000	0	0
(11) KATHLEEN S PUSHOR TRUSTEE	2 0	X						20,000	0	0
(12) MELVYN C ROTHMAN MD TRUSTEE	3 0	X						37,000	0	0
(13) JOHN H SAIKI MD TRUSTEE	2 0	X						3,000	0	0
(14) MARK T SCHIEBLE TRUSTEE	2 0	X						23,000	0	0
(15) STEVEN L SEILER TRUSTEE/CHAIR	5 0	X		X				57,750	0	0
(16) PAUL E STANDER MD TRUSTEE	2 0	X						23,000	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RON WAECKERLIN MD TRUSTEE	2 0	X						21,000	0	0
(18) GARY K WILDE TRUSTEE	3 0	X						28,750	0	0
(19) J DANIEL CONNOR PRESIDENT/CEO	40 0			X				734,660	0	160,109
(20) SUSAN BARNES EVP/CHIEF FINANCIAL OFFICER	40 0			X				387,347	0	66,495
(21) SALLY CAGLIOTI PRES CREATIVE TESTING SOLUTION	40 0			X				392,292	0	74,817
(22) PATRICK MCEVOY PRES/BLOOD CENTER DIVISIONS	40 0			X				490,366	0	62,781
(23) PETER TOMASULO MD EVP/CHIEF MED & SCI OFFICER	40 0			X				566,376	0	18,952
(24) SCOTT NELSON EVP/GENERAL COUNSEL	40 0			X				342,458	0	42,544
(25) PATRICK HOLT EVP/BUSINESS SERVICES	40 0				X			388,744	0	24,600
(26) MICHAEL BUSCH MD VP/RESEARCH & SCI PROGRAMS	40 0				X			505,511	0	54,491
(27) JONATHAN HARBER VP/INFORMATION TECHNOLOGY	40 0				X			296,545	0	17,727
(28) DENNIS HARPOOL VP/MANUFACTURING SYSTEMS	40 0				X			266,421	0	19,032
(29) MICHAEL HAYWARD REGIONAL VP OF OPERATIONS	40 0				X			265,627	0	20,175
(30) HANY KAMEL MD VP CORP MEDICAL DIR	40 0				X			377,365	0	60,920
(31) LINDA MATTHEWS VP/BIOCARE	40 0				X			306,209	0	23,312
(32) FRANK NIZZI VP CLINICAL SERVICES	40 0				X			376,374	0	27,211
(33) LARRY REESE VP/HUMAN RESOURCES	40 0				X			305,504	0	42,572
(34) EUGENE ROBERTSON VP/CREATIVE TESTING SOLUTIONS	40 0				X			316,081	0	37,542
(35) DARYL STENSGAARD REGIONAL VP OF OPERATIONS	40 0				X			253,798	0	15,034
(36) MARY BETH BASSETT VP/QUALLITY MGMT/RA	40 0				X			381,115	0	48,406
(37) PAULA VILLALOBOS REGIONAL VP OF OPERATIONS	40 0				X			229,116	0	12,051
(38) VICKI FINSON EXECUTIVE DIRECTOR	40 0					X		243,033	0	14,672
(39) AUDREY JENNINGS EXECUTIVE DIRECTOR	40 0					X		230,007	0	13,207
(40) BEATA KWIATKOWSKA MEDICAL DIRECTOR	40 0					X		317,740	0	18,774
(41) PATRICK OOLEY QUALITY DIRECTOR	40 0					X		218,551	0	17,848
(42) LEON SU MD MEDICAL DIRECTOR	40 0					X		312,474	0	20,377
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,941,714	0	913,649

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 ▶ 84

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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

(A) Name and business address	(B) Description of services	(C) Compensation
TOLIN MECHANICAL SYSTEMS COMPANY 12005 E 45TH AVENUE DENVER, CO 80239	MAINTENANCE SERVICES	767,565
ABM JANITORIAL PO BOX 951864 DALLAS, TX 75395	JANITORIAL SERVICES	293,695
DESERT EXPERT MAINTENANCE CLEANING PO BOX 33654 LAS VEGAS, NV 89133	LANDSCAPE SERVICES	267,840
LEWIS ROCA 40 N CENTRAL AVENUE PHOENIX, AZ 85004	ATTORNEYS	245,256
ERNST YOUNG BANK OF AMERICA LA 98594 LOS ANGELES, CA 90074	AUDITORS	226,443

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 ▶ 6

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	17,469				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	6,455,382				
	g Noncash contributions included in lines 1a-1f $	5,847,732				
	h **Total.** Add lines 1a-1f . . . . . ▶		6,472,851			
Program Service Revenue		Business Code				
	2a BLOOD AND COMPONENTS SERVICE FEES	541900	297,939,962	297,939,962		
	b BIOCARE	446110	133,939,209	133,939,209		
	c LABORATORY SERVICES	621500	12,811,666	12,811,666		
	d PLASMA FOR FRACTIONATION	541900	14,221,641	14,221,641		
	e RESEARCH CONTRACTS	541700	7,834,592	7,834,592		
	f All other program service revenue		3,135,705	3,135,705		
	g **Total.** Add lines 2a–2f . . . . . ▶		469,882,775			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,848,970			2,848,970
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,059,434	3,140,478			
	b Less cost or other basis and sales expenses	14,046	7,652			
	c Gain or (loss)	1,045,388	3,132,826			
	d Net gain or (loss) . . . . . ▶		4,178,214			4,178,214
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a REIMBURSEMENTS FROM CTS	900099	5,393,803	5,393,803		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		5,393,803			
	12 **Total revenue.** See Instructions . . . ▶		488,776,613	475,276,578	0	7,027,184

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	197,705	197,705		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,941,714	0	8,941,714	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	123,217,452	121,990,440	1,227,012	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,612,534	8,526,409	86,125	0
9 Other employee benefits	26,875,382	26,606,628	268,754	0
10 Payroll taxes	8,502,004	8,416,983	85,021	0
a Fees for services (non-employees) Management	0			
b Legal	668,032	529,919	138,113	0
c Accounting	535,896	0	535,896	0
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	141,219	0	141,219	0
g Other	1,364,666	987,591	377,075	0
12 Advertising and promotion	929,368	929,368	0	0
13 Office expenses	19,472,134	19,346,248	125,886	0
14 Information technology	6,706,222	5,029,666	1,676,556	0
15 Royalties	0			
16 Occupancy	14,069,942	14,005,453	64,489	0
17 Travel	10,914,850	10,387,827	527,023	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	1,607,991	1,602,208	5,783	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,020,667	13,020,667	0	0
23 Insurance	3,008,124	2,690,049	318,075	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OPERATING & TESTING SUPPLIES	84,872,653	84,872,653	0	0
b PHARM PRODUCTS PURCH	124,154,714	124,154,714	0	0
c DONOR RECRUITMENT & PROMOTION	10,284,432	10,194,145	90,287	0
d PROFESSIONAL DEVELOPMENT	1,841,418	1,489,865	351,553	0
e BLOOD & COMPONENTS PRODUCTS	4,012,512	4,012,512	0	0
f All other expenses	6,073,139	5,492,587	580,552	0
25 **Total functional expenses.** Add lines 1 through 24f	480,024,770	464,483,637	15,541,133	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		82,843,244	2	108,651,061
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		69,495,321	4	52,479,445
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		25,219,687	7	26,247,495
	8	Inventories for sale or use		36,231,214	8	32,176,241
	9	Prepaid expenses and deferred charges		4,440,260	9	3,322,812
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 197,489,952			
	b	Less accumulated depreciation	10b 118,572,990	79,930,307	10c	78,916,962
	11	Investments—publicly traded securities		23,718,761	11	25,069,956
	12	Investments—other securities See Part IV, line 11		775,000	12	12,025,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,080,000	14	960,000
	15	Other assets See Part IV, line 11		3,051,322	15	2,843,445
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		326,785,116	16	342,692,417
Liabilities	17	Accounts payable and accrued expenses		93,343,857	17	99,679,490
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		43,381,728	20	40,892,348
	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		244,683	23	391,576
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		136,970,268	26	140,963,414
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		189,814,848	27	201,729,003
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		189,814,848	33	201,729,003
	34	Total liabilities and net assets/fund balances		326,785,116	34	342,692,417

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	488,776,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	480,024,770
3	Revenue less expenses Subtract line 2 from line 1	3	8,751,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	189,814,848
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,162,312
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	201,729,003

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ 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?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 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) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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 ▶☐

b **33 1/3% support test—2009.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 ▶☐

b **10%-facts-and-circumstances test—2009.** 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 ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,407,740	7,391,617	9,535,312	8,438,927	6,472,851	40,246,447
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	425,905,624	483,221,418	555,905,891	573,865,076	475,276,578	2,514,174,587
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	434,313,364	490,613,035	565,441,203	582,304,003	481,749,429	2,554,421,034
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						2,554,421,034

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	434,313,364	490,613,035	565,441,203	582,304,003	481,749,429	2,554,421,034
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,559,923	7,501,537	3,388,810	3,173,514	2,848,970	21,472,754
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,559,923	7,501,537	3,388,810	3,173,514	2,848,970	21,472,754
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)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	438,873,287	498,114,572	568,830,013	585,477,517	484,598,399	2,575,893,788

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99 166 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	99 148 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 834 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 852 %

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

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

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

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

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 86-0098929
Name: BLOOD SYSTEMS INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HEATHER ALLEN MD TRUSTEE	30	X						30,500	0	0
JAMES R ALLEN MD TRUSTEE	30	X						24,500	0	0
LINDA BLESSING TRUSTEE	30	X						25,500	0	0
WILLIAM A DITTMAN MD TRUSTEE	20	X						21,000	0	0
LISA FANNIN MD TRUSTEE	20	X						20,000	0	0
ARMANDO B FLORES TRUSTEE/VICE CHAIR	20	X		X				25,500	0	0
WILLIAM G GREEN TRUSTEE	20	X						29,000	0	0
F LEONARD JOHNSON MD TRUSTEE	20	X						18,000	0	0
JOHN LEWIS TRUSTEE/SECRETARY/TREASURER	30	X		X				26,500	0	0
PIERRE NOEL MD TRUSTEE	20	X						4,000	0	0
KATHLEEN S PUSHOR TRUSTEE	20	X						20,000	0	0
MELVYN C ROTHMAN MD TRUSTEE	30	X						37,000	0	0
JOHN H SAIKI MD TRUSTEE	20	X						3,000	0	0
MARK T SCHIEBLE TRUSTEE	20	X						23,000	0	0
STEVEN L SEILER TRUSTEE/CHAIR	50	X		X				57,750	0	0
PAUL E STANDER MD TRUSTEE	20	X						23,000	0	0
RON WAECKERLIN MD TRUSTEE	20	X						21,000	0	0
GARY K WILDE TRUSTEE	30	X						28,750	0	0
J DANIEL CONNOR PRESIDENT/CEO	400			X				734,660	0	160,109
SUSAN BARNES EVP/CHIEF FINANCIAL OFFICER	400			X				387,347	0	66,495
SALLY CAGLIOTI PRES CREATIVE TESTING SOLUTION	400			X				392,292	0	74,817
PATRICK MCEVOY PRES/BLOOD CENTER DIVISIONS	400			X				490,366	0	62,781
PETER TOMASULO MD EVP/CHIEF MED & SCI OFFICER	400			X				566,376	0	18,952
SCOTT NELSON EVP/GENERAL COUNSEL	400			X				342,458	0	42,544
PATRICK HOLT EVP/BUSINESS SERVICES	400				X			388,744	0	24,600

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL BUSCH MD VP/RESEARCH & SCI PROGRAMS	40 0				X			505,511	0	54,491
JONATHAN HARBER VP/INFORMATION TECHNOLOGY	40 0				X			296,545	0	17,727
DENNIS HARPOOL VP/MANUFACTURING SYSTEMS	40 0				X			266,421	0	19,032
MICHAEL HAYWARD REGIONAL VP OF OPERATIONS	40 0				X			265,627	0	20,175
HANY KAMEL MD VP CORP MEDICAL DIR	40 0				X			377,365	0	60,920
LINDA MATTHEWS VP/BIOCARE	40 0				X			306,209	0	23,312
FRANK NIZZI VP CLINICAL SERVICES	40 0				X			376,374	0	27,211
LARRY REESE VP/HUMAN RESOURCES	40 0				X			305,504	0	42,572
EUGENE ROBERTSON VP/CREATIVE TESTING SOLUTIONS	40 0				X			316,081	0	37,542
DARYL STENSGAARD REGIONAL VP OF OPERATIONS	40 0				X			253,798	0	15,034
MARY BETH BASSETT VP/QUALLITY MGMT/RA	40 0				X			381,115	0	48,406
PAULA VILLALOBOS REGIONAL VP OF OPERATIONS	40 0				X			229,116	0	12,051
VICKI FINSON EXECUTIVE DIRECTOR	40 0					X		243,033	0	14,672
AUDREY JENNINGS EXECUTIVE DIRECTOR	40 0					X		230,007	0	13,207
BEATA KWIATKOWSKA MEDICAL DIRECTOR	40 0					X		317,740	0	18,774
PATRICK OOLEY QUALITY DIRECTOR	40 0					X		218,551	0	17,848
LEON SU MD MEDICAL DIRECTOR	40 0					X		312,474	0	20,377

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	17,069,458	14,678,984	19,946,249		
b Contributions					
c Investment earnings or losses	2,237,130	3,303,258	-4,305,808		
d Grants or scholarships					
e Other expenditures for facilities and programs	861,440	906,012	948,761		
f Administrative expenses	3,302	6,772	12,696		
g End of year balance	18,441,846	17,069,458	14,678,984		

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI 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		6,813,258		6,813,258
b Buildings		59,008,024	26,655,659	32,352,365
c Leasehold improvements		15,555,679	9,412,298	6,143,381
d Equipment		70,655,198	51,405,526	19,249,672
e Other		45,457,793	31,099,507	14,358,286
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				78,916,962

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
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	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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
SCH D, PART V, LINE 4	BLOOD SYSTEMS BOARD RESTRICTED ENDOWMENT FUNDS	THE BLOOD SYSTEMS BOARD RESTRICTED ENDOWMENT FUNDS ARE RESERVED FOR THE PURPOSES OF PROVIDING RESEARCH FUNDS TO BLOOD SYSTEMS RESEARCH INSTITUTE TO SUPPORT THE BLOOD TRANSFUSION RESEARCH EFFORTS OF THAT DIVISION
SCH D, PART X, LINE 2	ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	AT DECEMBER 31, 2010 AND 2009, THE COMPANY EVALUATED WHETHER IT HAD UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE LIKELY THAN NOT' THRESHOLD FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING THOSE TAX POSTIONS THAT WOULD NOT BE SUSTAINED UPON EXAMINATION IN ACCORDANCE WITH GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE IMPLEMENTATION HAD NO IMPACT ON THE COMPANY'S FINANCIAL POSITION OR OPERATIONS FOR THE YEARS ENDED DECEMBER 31, 2010 AND DECEMBER 31, 2009 AS OF DECEMBER 31, 2010 AND 2009, THE COMPANY HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT WOULD BE EVALUATED UNDER THIS GUIDANCE

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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

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
Central America and the Caribbean	0	0	Program Services	CAPTIVE INSURANCE	4,094,734
3a Sub-total	0	0			4,094,734
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			4,094,734

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 Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) COMMUNITY BLOOD BANK FOUNDATION39000 BOB HOPE DR RANCHO MIRAGE,CA 92270	95-6377019	501(C)3	25,000				CONTRIBUTION
(2) DOCTORS WITHOUT BORDERS USAPO BOX 5030 HAGERSTOWN,MD 21741	13-3433452	501(C)3	10,000				HAITI RELIEF
(3) FLIGHTS FOR LIFEPO BOX 26485 PHOENIX,AZ 85068	74-2453899	501(C)3	20,000				2010 DONATION AND Q1 2011 DONATION
(4) JOHN C LINCOLN HEALTH FOUNDATION250 E DUNLAP AVENUE PHOENIX,AZ 85020	95-3320185	501(C)3	6,000				2010 LINCOLN GUIDE INVITATIONAL
(5) JUNIOR ACHIEVEMENT 636 WEST SOUTHERN AVENUE TEMPE,AZ 85282	86-0184349	501(C)3	5,200				2010 JA OPEN SPONSORSHIP/TEAM EAGLE PKG
(6) MISSION OF MERCY 1741 E MORTEN AVENUE PHOENIX,AZ 85020	84-1087689	501(C)3	12,500				2010 MERCY IN THE MORNING
(7) NATIONAL BLOOD FOUNDATION8101 GLENDBROOK ROAD SUITE C2 BETHESDA,MD 20814	52-2059102	501(C)3	25,200				2010 NBF LEADERSHIP FORUM/GOLF/GRANT
(8) SCIENCE FOUNDATION OF ARIZONA400 E VAN BUREN ST PHOENIX,AZ 85004	20-4365711	501(C)3	15,000				2010 GPL CORP CONTRIBUTION
(9) SCOTTSDALE HEALTHCARE FOUNDATION10001 N 92ND STREET SCOTTSDALE,AZ 85258	74-2355411	501(C)3	7,500				GOLF BALL SPONSORSHIP
(10) SOUTH CENTRAL ASSOCIATION OF BLOOD BANKS2901 RICHMOND ROAD LEXINGTON,KY 40509	75-0897961	501(C)3	10,000				2010 ANN MTNG PRES CIRC SPNSR
(11) UNITED WAY OF CENTRAL NM2340 ALAMO AVENUE SE 103-176 ALBUQUERQUE,NM 87106	85-0277138	501(C)3	41,305				DONATION TO UNITED WAY/CORNERSTON

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 11

3 Enter total number of other organizations . . . . . ▶ 0

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.

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

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

Identifier	Return Reference	Explanation
SPONSORSHIPS AND DONATIONS		SPONSORSHIPS AND DONATIONS TO OTHER TAX-EXEMPT ENTITIES ARE MADE IN SUPPORT OF THEIR MISSIONS AND ARE MONITORED VIA THE GOVERNANCE PRACTICES OF THOSE ENTITIES

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
SCHEDULE J	SUPPLEMENTAL COMPENSATION INFORMATION	PART I, LINE 4B - BLOOD SYSTEMS, INC SPONSORS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), COVERING SELECTED EXECUTIVES, AS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD THE SERP PROVIDES FOR A LUMP SUM PAYMENT TO EACH EXECUTIVE AT VESTING DATE, AS DEFINED IN THE SERP AGREEMENT THE FOLLOWING INDIVIDUALS, REPORTED IN 990, PART VII, PARTICIPATED IN THE PLAN AND HAD THE FOLLOWING AMOUNTS DEFERRED DURING THE CURRENT YEAR J DANIEL CONNOR - $8,575 PATRICK MCEVOY - $8,575 SALLY CAGLIOTI - $8,575 SUSAN BARNES - $8,575 PAT HOLT - $8,575 SCOTT NELSON - $8,575 MICHAEL BUSCH - $8,575 LINDA MATTHEWS - $8,575 HANY KAML - $8,575 MARY BETH BASSETT - $ 8,575 LARRY REESE - $ 8,575 JONATHAN HARBER - $ 8,575 DENNIS HARPOOL - $ 8,575 EUGENE ROBERTSON - $ 8,575 DARYL STENSGAARD - $ 7,825 MICHAEL HAYWARD - $ 8,575 FRANK NIZZI - $ 8,575 PAULA VILLALOBOS - $ 7,718 VICKI FINSON - $ 7,657 AUDREY JENNINGS - $ 7,816 BEATA KWIATKOWSKI - $ 8,575 PAT OOLEY - $ 7,213 LEON SU - $ 8,575 PETER TOMASULO - $ 8,575
PART I, LINE 7		BLOOD SYSTEMS HAS AN INCENTIVE BONUS PLAN FOR MANAGEMENT AND EXECUTIVES AWARDS UNDER THE PROGRAM ARE AT THE DISCRETION OF THE BOARD OF TRUSTEES THE PLAN MEASURES PERFORMANCE AGAINST MULTIPLE METRICS WHICH CARRY VARIOUS WEIGHTINGS, THE MOST HEAVILY WEIGHTED BEING QUALITY, SAFETY AND CUSTOMER SERVICE TO ASSURE FINANCIAL STABILITY OF THE COMPANY, ONE OF THE METRICS IS ALSO A MEASUREMENT OF NET MARGIN FINANCIAL PERFORMANCE AS A PERCENT OF REVENUES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 86-0098929
Name: BLOOD SYSTEMS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
J DANIEL CONNOR	(I)	487,604	205,040	42,016	155,657	4,452	894,769	0
	(II)	0	0	0	0	0	0	0
SUSAN BARNES	(I)	246,895	91,590	48,862	65,557	938	453,842	0
	(II)	0	0	0	0	0	0	0
SALLY CAGLIOTI	(I)	261,312	112,610	18,370	73,879	938	467,109	0
	(II)	0	0	0	0	0	0	0
PATRICK MCEVOY	(I)	311,666	129,500	49,200	60,646	2,135	553,147	0
	(II)	0	0	0	0	0	0	0
PETER TOMASULO MD	(I)	387,146	130,030	49,200	15,925	3,027	585,328	0
	(II)	0	0	0	0	0	0	0
PATRICK HOLT	(I)	266,504	104,190	18,050	21,751	2,849	413,344	0
	(II)	0	0	0	0	0	0	0
MICHAEL BUSCH MD	(I)	332,381	125,030	48,100	51,642	2,849	560,002	0
	(II)	0	0	0	0	0	0	0
SCOTT NELSON	(I)	220,296	80,360	41,802	38,092	4,452	385,002	0
	(II)	0	0	0	0	0	0	0
JONATHAN HARBER	(I)	197,595	77,100	21,850	14,700	3,027	314,272	0
	(II)	0	0	0	0	0	0	0
DENNIS HARPOOL	(I)	182,129	60,060	24,232	15,891	3,141	285,453	0
	(II)	0	0	0	0	0	0	0
MICHAEL HAYWARD	(I)	176,597	64,730	24,300	15,925	4,250	285,802	0
	(II)	0	0	0	0	0	0	0
HANY KAMEL MD	(I)	250,025	95,740	31,600	57,779	3,141	438,285	0
	(II)	0	0	0	0	0	0	0
LINDA MATTHEWS	(I)	187,202	73,680	45,327	22,811	501	329,521	0
	(II)	0	0	0	0	0	0	0
FRANK NIZZI	(I)	273,234	77,040	26,100	24,070	3,141	403,585	0
	(II)	0	0	0	0	0	0	0
LARRY REESE	(I)	200,974	72,930	31,600	39,431	3,141	348,076	0
	(II)	0	0	0	0	0	0	0
EUGENE ROBERTSON	(I)	191,316	83,970	40,795	33,090	4,452	353,623	0
	(II)	0	0	0	0	0	0	0
DARYL STENSGAARD	(I)	152,853	61,430	39,515	14,533	501	268,832	0
	(II)	0	0	0	0	0	0	0
MARY BETH BASSETT	(I)	252,165	80,850	48,100	47,905	501	429,521	0
	(II)	0	0	0	0	0	0	0
PAULA VILLALOBOS	(I)	149,166	60,640	19,310	11,113	938	241,167	0
	(II)	0	0	0	0	0	0	0
VICKI FINSON	(I)	164,923	56,110	22,000	12,537	2,135	257,705	0
	(II)	0	0	0	0	0	0	0
AUDREY JENNINGS	(I)	157,137	66,360	6,510	11,072	2,135	243,214	0
	(II)	0	0	0	0	0	0	0
BEATA KWIATKOWSKA	(I)	232,343	52,540	32,857	15,925	2,849	336,514	0
	(II)	0	0	0	0	0	0	0
PATRICK OOLEY	(I)	168,125	38,060	12,366	13,396	4,452	236,399	0
	(II)	0	0	0	0	0	0	0
LEON SU MD	(I)	237,834	59,940	14,700	15,925	4,452	332,851	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507FG5	12-23-2004	54,833,136	SERIES 2004A REV BONDS-SEE PART V		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	54,883,136			
4	Gross proceeds in reserve funds	4,615,187			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,100,963			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	33,634,272			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?	X							
c	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 ▶		0 %						
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 ▶		1 200 %						
6	Total of lines 4 and 5		1 200 %						
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		B		C		D	
		Yes	No	Yes	No	Yes	No	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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F)	DESCRIPTION OF BOND PURPOSE	PURCHASE LAND, CONSTRUCT AND EQUIP 11 BLOOD CENTERS IN VARIOUS STATES FOR THE PURPOSE OF RECRUITING, COLLECTING, PROCESSING AND DISTRIBUTING BLOOD PRODUCTS REFUNDING OF ABAG 2002 BOND ISSUE USED TO CONSTRUCT A BLOOD CENTER IN SAN FRANCISCO, CA, REFUNDING OF AHFA 1995 VARIABLE RATE BOND ISSUE USED TO CONSTRUCT AND EQUIP A NATIONAL BLOOD TESTING LABORATORY IN TEMPE, ARIZONA

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ORRIN H CAMP	SPOUSE OF OFFICER	178,213	COMPENSATION - BSI EMPLOYEE		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	49,363	COST/SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VOUCHERS)	X	45	5,750,645	COST/SELLING PRICE
26 Other ► (JEWELRY)	X	2	25,625	COST/SELLING PRICE
27 Other ►( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	ORGANIZATION'S MISSION	THE MISSION OF BLOOD SYSTEMS, INC ("BSI") IS TO MAKE A DIFFERENCE IN PEOPLE'S LIVES BY BRINGING TOGETHER THE BEST PEOPLE, INSPIRING INDIVIDUALS TO DONATE BLOOD, PRODUCING A SAFE AND AMPLE BLOOD SUPPLY, ADVANCING CUTTING-EDGE RESEARCH AND EMBRACING CONTINUOUS QUALITY IMPROVEMENT TO FURTHER ITS MISSION, BSI OPERATES 18 COMMUNITY BLOOD CENTERS THESE CENTERS RECRUIT BLOOD DONORS AND COLLECT, PROCESS AND DISTRIBUTE APPROXIMATELY 1,300,000 BLOOD DONATIONS TO MEET THE BLOOD NEEDS OF PATIENTS IN MORE THAN 500 HOSPITALS THROUGHOUT THE COUNTRY THE STAFF OF NEARLY 3,400 SERVES A GEOGRAPHIC AREA COVERING ONE-THIRD OF THE UNITED STATES, FROM THE GULF COAST TO CALIFORNIA AND FROM THE CANADIAN BORDER TO MEXICO BSI IS KNOWN MORE COMMONLY THROUGHOUT THE UNITED STATES BY THE NAME OF ITS BLOOD BANKING DIVISION, UNITED BLOOD SERVICES BSI IS LICENSED BY THE U S FOOD AND DRUG ADMINISTRATION ("FDA") AS A PROVIDER OF BLOOD AND BLOOD SERVICES THE COMPANY'S THREE OPERATING DIVISIONS ARE (1) THE BLOOD BANKING DIVISION, WHICH INCLUDES UNITED BLOOD SERVICES, (2) THE BIOCARE DIVISION, AND (3) THE BLOOD SYSTEMS RESEARCH INSTITUTE THESE OPERATING DIVISIONS ARE UNINCORPORATED DIVISIONS DOING BUSINESS UNDER REGISTERED TRADENAMES AND SERVICE MARKS BSI CONDUCTS ITS BLOOD BANKING ACTIVITIES THROUGH ITS REGIONAL BLOOD CENTERS LOCATED IN THE FOLLOWING STATES ALABAMA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, LOUISIANA, MISSISSIPPI, MONTANA, NEVADA, NEW MEXICO, NORTH DAKOTA, SOUTH DAKOTA, TEXAS AND WYOMING BSI HAS TWO CENTRALIZED TESTING FACILITIES AT LABORATORIES LOCATED IN BEDFORD, TEXAS AND TEMPE, ARIZONA THE BIOCARE DIVISION DISTRIBUTES PLASMA-DERIVED PRODUCTS THROUGH HOSPITALS, COMMUNITY BLOOD CENTER LOCATIONS AND ALSO DIRECTLY FROM ITS HEADQUARTERS IN TEMPE, ARIZONA BLOOD-RELATED RESEARCH IS CONDUCTED AT THE BLOOD SYSTEMS RESEARCH INSTITUTE LOCATED IN SAN FRANCISCO, CALIFORNIA

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 3	CHANGES IN PROGRAM SERVICES	PRIOR TO 2010, BLOOD TESTING SERVICES WERE PERFORMED UNDER THE BLOOD SYSTEMS LABORATORIES DIVISION OF BSI AS OF JANUARY 1, 2010, THE BSI CREATED A JOINT VENTURE WITH FLORIDA BLOOD SERVICES ("FBS") IN ST PETERSBURG, FLORIDA THE JOINT VENTURE, CREATIVE TESTING SOLUTIONS ("CTS") COMBINED THE BSI'S TWO DONOR TESTING LABORATORIES IN TEMPE, ARIZONA AND BEDFORD, TEXAS WITH FBS' DONOR TESTING LABORATORY IN ST PETERSBURG, FLORIDA BLOOD TESTING SERVICES PREVIOUSLY PERFORMED BY BSI ARE NOW PERFORMED BY CTS CTS HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE IRS AS AN ORGANIZATION THAT IS ORGANIZED AND OPERATED EXCLUSIVELY TO TEST FOR PUBLIC SAFETY UNDER 509(A)(4)

Identifier	Return Reference	Explanation
FORM 990, PART III, LINES 4A-C	PROGRAM SERVICE ACCOMPLISHMENTS	4A) UNITED BLOOD SERVICES THE BLOOD BANKING DIVISION OPERATES UNDER THE NAME UNITED BLOOD SERVICES (UBS) THE PRIMARY PURPOSE OF UBS IS TO PROVIDE A SAFE AND STABLE SUPPLY OF BLOOD AND BLOOD COMPONENTS TO HOSPITALS AND MEDICAL FACILITIES THE STRENGTH OF UBS IS THAT IT OPERATES AS LOCAL BLOOD CENTERS THAT ARE PART OF THE COMMUNITY AND YET HAS ACCESS TO A LARGE NETWORKED ORGANIZATION WITH ALL THE ADVANTAGES AND EFFICIENCIES THAT ARE REALIZED THROUGH STANDARDIZATION AND ECONOMIES OF SCALE UBS 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 4B) BIOCARE THE BIOCARE DIVISION PROVIDES PHARMACEUTICAL PRODUCTS, PRIMARILY HUMAN-PLASMA DERIVED PRODUCTS, THAT SERVE AS ADJUNCT THERAPIES IN TRANSFUSION MEDICINE AND HEALTHCARE PLASMA DERIVATIVES ARE BASICALLY PROTEIN THERAPIES PROVIDED FROM PLASMA LEFT OVER FROM WHOLE BLOOD DONATIONS EXAMPLES OF SUCH PLASMA DERIVATIVES INCLUDE INTRAVENOUS IMMUNE GLOBULINS, COAGULATION FACTORS, ALBUMIN AND FIBRIN SEALANTS THESE PRODUCTS ARE USED AS THERAPIES FOR IMMUNE SYSTEM DISORDERS, BLEEDING DISORDERS AND WOUND MANAGEMENT 4C) BLOOD SYSTEMS RESEARCH INSTITUTE BLOOD SYSTEMS RESEARCH INSTITUTE ("BSRI") FACILITATES RESEARCH PRIMARILY FUNDED BY EXTRAMURAL GRANTS (NIH AND OTHERS) THE RESEARCH IS IN TRANSFUSION MEDICINE EPIDEMIOLOGY, HEALTH POLICY, VIROLOGY, VIRAL DISCOVERY, THE IMMUNE REACTION TO TRANSFUSION AND TO TRANSFUSION-TRANSMITTED INFECTIOUS AGENTS, CELL THERAPY AND GENETIC EPIDEMIOLOGY AREAS STUDIED INCLUDE IMPLICATIONS OF RECEIVING COMPONENTS AT DIFFERENT STORAGE AGES, MECHANISM OF VIRUS ENTRY INTO CELLS, HOW TRANSFUSION TRANSMITTED VIRUSES CAUSE SYMPTOMS, THE USE OF COMMERCIALLY AVAILABLE OR LOCALLY-DEVELOPED DONOR TESTS, THE FACTORS LEADING TO CHIMERISM, ETC BSRI SUPPORTS TRAINING PROGRAMS FOR SPECIALISTS IN TRANSFUSION MEDICINE AND THE DEVELOPMENT OF EPIDEMIOLOGY RESEARCH SCIENTISTS BSRI INVESTIGATORS PUBLISH MORE THAN 45 PAPERS EACH YEAR IN THE PEER-REVIEWED SCIENTIFIC LITERATURE THERE ARE 7 PRINCIPAL INVESTIGATORS AND 2 CLINICAL INVESTIGATORS ALONG WITH A NUMBER OF RESEARCH ASSOCIATES AND OTHER SUPPORT STAFF

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS	JOHN LEWIS, HEATHER ALLEN AND ARMANDO FLORES HAVE A BUSINESS RELATIONSHIP UNRELATED TO BLOOD SYSTEMS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11	FORM 990 REVIEW PROCESS	A COPY OF THE DRAFT FORM 990 AND SCHEDULES IS SUPPLIED TO ALL BOARD MEMBERS PRIOR TO THE MEETING HELD TO ACCEPT THE RETURNS THE AUDIT AND GOVERNANCE COMMITTEE OF THE BOARD ALSO RECEIVES A COPY OF ALL SUPPORTING DOCUMENTATION SUCH AS W-2S AND 1099S FOR REVIEW THE PAID PREPARER, ERNST & YOUNG, AND MEMBERS OF MANAGEMENT REVIEW THE FORM 990 WITH THE COMMITTEES AND ARE AVAILABLE FOR ANSWERING QUESTIONS ANY COMMENTS FROM THE BOARD ARE CONSIDERED PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C	ENFORCEMENT OF CONFLICT OF INTEREST POLICY	EACH YEAR, THE BOARD OF TRUSTEES AND SENIOR MANAGEMENT ARE REQUIRED TO SIGN AND RETURN A CONFLICT OF INTEREST FORM TO COMPANY COUNSEL ANY CONFLICTS DISCLOSED ARE DISCUSSED IN EXECUTIVE SESSION WITH THE BOARD AND RESOLVED IN ADDITION, IN PREPARATION FOR THE FORM 990 FILING, THE TRUSTEES, OFFICERS AND KEY EMPLOYEES IDENTIFIED ARE REQUIRED TO RESPOND TO A COMPREHENSIVE CONFLICT OF INTEREST AND FAMILY RELATIONSHIP QUESTIONNAIRE ANY CONFLICTS DISCLOSED ARE DISCUSSED WITH THE BOARD AND DISCLOSED APPROPRIATELY ON THE FORM 990

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PROCESS USED TO DETERMINE COMPENSATION	THE BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN RESOURCE COMMITTEE WHOSE PURPOSE, AMONG OTHER THINGS, IS TO HIRE AN INDEPENDENT CONSULTING FIRM ONCE EVERY 2-3 YEARS TO PROVIDE DATA ON COMPETITIVENESS OF SALARIES AND BENEFITS FOR THE CEO AND OTHER OFFICERS OF THE CORPORATION THE HUMAN RESOURCE DEPARTMENT COLLECTS INFORMATION THROUGH SURVEYS AND OTHER SOURCES IN ADDITION TO THE INDEPENDENT CONSULTING FIRM THE MEMBERS OF THE HUMAN RESOURCE AND COMPENSATION COMMITTEE OF THE BOARD ARE ALL INDEPENDENT TRUSTEES AND INCLUDE NO MEMBERS OF MANAGEMENT THE RECOMMENDATIONS OF THE COMMITTEE ARE REVIEWED BY THE ENTIRE BOARD PRIOR TO APPROVAL COMPENSATION FOR THESE INDIVIDUALS IS SET AND APPROVED BY THE BOARD EACH YEAR THE RESULTS OF THESE DISCUSSIONS, REVIEWS AND APPROVALS ARE DOCUMENTED IN THE EXECUTIVE MINUTES OF THE BOARD MEETINGS THIS PROCESS WAS LAST COMPLETED IN 2010

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC	THE FORM 990 IS MADE AVAILABLE ON THE COMPANY'S INTRA-NET FOR ALL OPERATING LOCATIONS TO ACCESS UPON REQUEST, THE FORM CAN BE PRINTED OR VIEWED ON-LINE UPON WRITTEN REQUEST TO THE CHIEF FINANCIAL OFFICER, A COPY OF THE FORM 990 WILL BE MAILED TO THE REQUESTOR THE FORM 990 FOR CURRENT AND PAST YEARS IS ALSO POSTED ON GUIDESTAR FOR ORGANIZATIONS TO ACCESS THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC THE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS ARE MADE PUBLIC VIA THE ANNUAL REPORT POSTED ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	UNREALIZED GAINS ON INVESTMENTS $8,280,486 PENSION EXPENSES OTHER THAN PERIODIC COST (3,227,136) ACTUARIAL LOSS IN BENEFIT PLAN ASSETS (1,891,038) --------- TOTAL $3,162,312 ==========

Identifier	Return Reference	Explanation
ATTACHMENT TO 12/31/2010 FORM 926 AND FORM 5471	FORM 926, PART III - INFORMATION REGARDING TRANSFERS OF PROPERTY	INFORMATION REQUIRED PURSUANT TO REGULATION SECTION 1 6038B-1(C) (1) TRANSFEROR NAME BLOOD SYSTEMS, INC FEIN 86-0098929 ADDRESS P O BOX 1867 SCOTTSDALE, AZ 85252 (2) TRANSFEREE (I) NAME CANYON STATE INSURANCE COMPANY FEIN N/A ADDRESS GRAND PAVILION COMMERCIAL CENTRE, WEST BAY ROAD, P O BOX 10073 APO, GRAND CAYMAN, CAYMAN ISLANDS COUNTRY OF INCORPORATION OF TRANSFEREE FOREIGN CORPORATION CAYMAN ISLANDS (II) A GENERAL DESCRIPTION OF THE TRANSFER CASH AND DEEMED CASH CONTRIBUTIONS OF $4,094,734 ADDITIONAL PAID IN CAPITAL (3) CONSIDERATION RECEIVED BEFORE AND AFTER THE EXCHANGE, BLOOD SYSTEMS, INC OWNED 100% OF CANYON STATE INSURANCE COMPANY (4) PROPERTY TRANSFERRED, INCLUDING THE ESTIMATED FAIR MARKET VALUE ("FMV") AND ADJUSTED BASIS ("AB") OF THE PROPERTY (I) ACTIVE BUSINESS PROPERTY CASH, FMV AND AB OF $4,094,734 (II) STOCK OR SECURITIES N/A (III) DEPRECIATED PROPERTY N/A (IV) PROPERTY TO BE LEASED N/A (V) PROPERTY TO BE SOLD N/A (VI) TRANSFERS TO FSCS N/A (VII) TAINTED PROPERTY N/A (VIII) FOREIGN LOSS BRANCH N/A (IX) OTHER INTANGIBLES N/A (5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES (I) BRANCH OPERATION N/A (II) BRANCH PROPERTY N/A (III) PREVIOUSLY DEDUCTED LOSSES N/A (IV) CHARACTER OF GAIN N/A (6) APPLICATION OF SECTION 367(A)(5) N/A

Identifier	Return Reference	Explanation
ATTACHMENT TO 12/31/2010 FORM 5471	FORM 926, PART III - INFORMATION REGARDING TRANSFERS OF PROPERTY	TRANSFEREE CORPORATION'S INFORMATION STATEMENT FILED IN ACCORDANCE WITH REG 1 351-3(B) TRANSFEROR NAME BLOOD SYSTEMS, INC TAXABLE YEAR ENDED 12/31/2010 FEIN 86-0098929 TRANSFEREE NAME CANYON STATE INSURANCE COMPANY EIN N/A TRANSFEREE ADDRESS GRAND PAVILION COMMERCIAL CENTRE, WEST BAY ROAD P O BOX 10073 APO GRAND CAYMAN, CAYMAN ISLANDS THIS STATEMENT IS BEING FILED WITH CANYON STATE INSURANCE COMPANY, THE TRANSFEREE, FORM 5471, INFORMATION RETURN OF U S PERSONS, WITH RESPECT TO THE TRANSFEREE, FOR THE TAXABLE YEAR ENDED 12/31/2010 THIS STATEMENT IS FILED IN ACCORDANCE WITH REG 1 351-3(B) TO DISCLOSE THE DETAILS OF PROPERTY TRANSFERRED TO THE ABOVE CONTROLLED CORPORATION 1 PROPERTY RECEIVED AT VARIOUS TIMES THROUGHOUT THE YEAR, THE TAXPAYER RECEIVED CASH AND DEEMED CASH CONTRIBUTIONS IN THE AMOUNT OF USD $4,094,734 FROM BLOOD SYSTEMS, INC 2 ADJUSTED BASIS OF PROPERTY BLOOD SYSTEMS, INC 'S BASIS IN THE PROPERTY TRANSFERRED ON THE DATE OF THE EXCHANGE WAS USD $4,094,734 3 CAPITAL STOCK OF CONTROLLED CORPORATION CLASS IMMEDIATELY PRIOR ISSUED IN IMMEDIATELY OF STOCK TO THE EXCHANGE EXCHANGE AFTER THE EXCHANGE (I) TOTAL SHARES ISSUED AND OUTSTANDING CLASS A COMMON 500,000 NONE 500,000 (II) TOTAL SHARES ISSUED AND OUTSTANDING FOR CANYON STATE INSURANCE COMPANY CLASS A COMMON 500,000 NONE 500,000 (III) THE FAIR MARKET VALUE OF THE CAPITAL ISSUED TO BLOOD SYSTEMS, INC ON THE DATE OF EXCHANGE $4,094,734 4 SECURITIES OF THE TRANSFEREE CORPORATION N/A 5 AMOUNT OF MONEY PAID IN THE EXCHANGE TO THE TRANSFEROR(S) N/A 6 OTHER PROPERTY PASSING TO THE TRANSFEROR(S) IN THE EXCHANGE N/A 7 EACH OF THE TRANSFEROR'S LIABILITIES ASSUMED BY THE TRANSFEREE CORPORATION N/A

Identifier	Return Reference	Explanation
ACTIVITIES PREVIOUSLY NOT REPORTED TO IRS	FORM 990EZ PART V LINE 33	1) BLOOD SYSTEMS FOUNDATION, AN AFFILIATE OF BLOOD SYSTEMS, INC WAS DISSOLVED DURING THE YEAR THE NET ASSETS OF BLOOD SYSTEMS FOUNDATION WERE MERGED INTO BLOOD SYSTEMS, INC DURING THE YEAR SEE LINE 20 2) BLOOD SYSTEMS, INC WAS THE PARENT ORGANIZATION OF GROUP RULING UNDER EXEMPTION NUMBER 2635 UPON DISSOLUTION OF BLOOD SYSTEMS FOUNDATION, THE GROUP CEASED TO EXIST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BLOOD CENTERS OF THE PACIFIC 270 MASONIC AVENUE SAN FRANCISCO, CA 94118 94-1156555	BLOOD BANKING	CA	501(C)3	9	NA		
(2) INLAND NORTHWEST BLOOD CENTER 210 W CATALDO AVENUE SPOKANE, WA 99201 91-0499130	BLOOD BANKING	WA	501(C)3	9	NA		
(3) CREATIVE TESTING SOLUTIONS 6210 EAST OAK STREET SCOTTSDALE, AZ 85257 27-1120123	SAFETY TEST	AZ	501(C)(3)	10	NA		

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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, 35A, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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	(d) Method of determining 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) Disproprtionate 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 86-0098929
Name: BLOOD SYSTEMS INC

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	BLOOD CENTERS OF THE PACIFIC	J	1,107,515	
(2)	CANYON STATE INSURANCE COMPANY	Q	4,094,734	
(3)	CREATIVE TESTING SOLUTIONS	A	3,456,883	
(4)	CREATIVE TESTING SOLUTIONS	B	11,250,000	
(5)	BLOOD CENTERS OF THE PACIFIC	K	9,047,705	
(6)	BLOOD CENTERS OF THE PACIFIC	I	65,447	
(7)	INLAND NORTHWEST BLOOD CENTER	L	857,359	
(8)	CREATIVE TESTING SOLUTIONS	L	36,478,309	
(9)	CREATIVE TESTING SOLUTIONS	K	261,167	

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TY 2010 Investment in Subsidiaries Statement

Name: BLOOD SYSTEMS INC

EIN: 86-0098929

Description	Beginning Amount	Ending Amount
INVESTMENTS	19,029,830	22,160,777

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TY 2010 Itemized Other Current Assets Schedule

Name: BLOOD SYSTEMS INC

EIN: 86-0098929

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		INSURANCE BALANCES RECEIVABLE	3,481,354	3,068,035
		LOSS ESCROW ACCOUNT	0	46,000
		PREPAID MANAGEMENT FEES	21,707	21,963

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TY 2010 Other Deductions Schedule

Name: BLOOD SYSTEMS INC

EIN: 86-0098929

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MANAGEMENT FEES		40,000
LOSS CONTROL GRANTS		25,000
MEETING EXPENSES		23,564
LEGAL FEES		21,208
AUDIT FEES		21,085
GOVERNMENT FEES		11,767
CHAIRMAN'S AWARD		8,000
ACTUARY FEES		3,950
OTHER EXPENSES		4,573

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TY 2010 Itemized Other Liabilities Schedule

Name: BLOOD SYSTEMS INC

EIN: 86-0098929

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSSES AND LOSS-ADJUSTMENT EXP	6,254,582	6,705,000
		UNEARNED PREMIUM RESERVE	3,790,677	3,316,459
		UNREALIZED GAIN/LOSS	1,448,518	3,048,245
		DUE TO PARENT	42,254	16,324

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TY 2010 Other Income Statement

Name: BLOOD SYSTEMS INC

EIN: 86-0098929

Description	Foreign Amount	Amount
REALIZED GAIN/LOSS		30,503