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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning

07/01/2014, and ending

12/31/2014

B Check if applicable		C Name of organization CENTRAL INDIANA REGIONAL BLOOD CENTER			D Employer identification number 35-0991629	
Address change		Doing business as			E Telephone number (317) 916-5010	
Name change		Number and street (or P O box if mail is not delivered to street address) 3450 NORTH MERIDIAN STREET			F City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46208	
Initial return		G Gross receipts \$ 31,837,737.			H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Final return/terminated		H(b) Are all subordinates included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			If "No," attach a list (see instructions)	
Amended return		H(c) Group exemption number ►				
Application pending		I Tax-exempt status X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527			J Website ► WWW.INDIANABLOOD.ORG	
K Form of organization X Corporation Trust Association Other ►		L Year of formation 1952			M State of legal domicile IN	

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE A CONTINUOUS, SAFE, AND ADEQUATE SUPPLY OF BLOOD PRODUCTS AND TESTING SERVICES FIRST TO OUR OWN COMMUNITIES, THEN WHEREVER OUR PRODUCTS AND SERVICES ARE NEEDED.

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 10.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10.

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 471.

6 Total number of volunteers (estimate if necessary) 6 10.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -37,867.

b Net unrelated business taxable income from Form 990-T, line 34 7b -37,867.

Activities & Governance	Revenue	Prior Year		Current Year	
		8 Contributions and grants (Part VIII, line 1h)	125,555.	9 Program service revenue (Part VIII, line 2g)	16,187.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,480,117.	29,148,968.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	885,352. 40,048.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,491,024.	29,205,203.		0 0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,000.	25,002.	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)	25,961,453.	13,844,706.	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-24e)	33,162,808. 16,988,874.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	59,159,261.	30,858,582.	19 Revenue less expenses Subtract line 18 from line 12	2,331,763. -1,653,379.
SCANNED SEP 02 2015					
Net Assets or Fund Balances					
	20 Total assets (Part X, line 16)	42,497,909.	40,933,582.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,008,403.	7,447,732.		
	22 Net assets or fund balances Subtract line 21 from line 20	37,489,506.	33,485,850.		

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 <i>Donald A. Waxman</i>	Date 8/11/15
	► Type or print name and title <i>Donald A. Waxman, MD, President and CEO</i>	Date

Paid Preparer Use Only	Print/Type preparer's name Nicole B. Fishback	Preparer's signature <i>Nicole B. Fishback</i>	Date 8/11/15	Check <input type="checkbox"/> if self-employed	PTIN P01279475
	Firm's name ► BKD, LLP			Firm's EIN ► 44-0160260	
	Firm's address ► 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204			Phone no	317.383.4000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
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 X No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 16,647,559 Including grants of \$ 25,002.) (Revenue \$ 19,825,641)

THE BLOOD BANKING UNIT HAS ACCOMPLISHED A CONTINUOUS, SAFE, AND ADEQUATE SUPPLY OF BLOOD PRODUCTS BY EDUCATING AND RECRUITING BLOOD DONORS, PROVIDING ACCESSIBLE DONATION SITES, AND ENSURING A HEALTHY DONOR IS DRAWN.

4b (Code _____) (Expenses \$ 7,206,561 Including grants of \$ _____) (Revenue \$ 9,060,953)

THE TESTING UNIT PROVIDES A SAFE SUPPLY OF BLOOD PRODUCTS BY STRICT ADHERENCE TO THE FDA, CLIA, AABB, OSHA, GMP, ETC. GUIDELINES TO RELEASE A COMPLETELY SAFE PRODUCT. ON AN ON-GOING BASIS THE UNIT UPDATES REAGENTS USED TO PERFORM TESTS FOR VIRAL MARKERS.

4c (Code _____) (Expenses \$ _____ Including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ Including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 23,854,120.

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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
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 X	
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 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
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 and XII is optional.	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
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 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, 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.	35b	
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	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.	1a	31
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	X
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	471
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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?	13a	
Note. See the instructions for additional information the organization must report on Schedule O			
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	X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line 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	10
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	<input checked="" type="checkbox"/>
a	The governing body?	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	9	<input checked="" type="checkbox"/>
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		

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

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15a	<input checked="" type="checkbox"/>
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?	15b	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16b	<input checked="" type="checkbox"/>
	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?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN, _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DEBRA QUALENBUSH 3450 N MERIDIAN STREET INDIANAPOLIS, IN 46208 317-916-5010

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

Check if Schedule O contains a response or note to any line in this Part VII. X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) GREGORY N. LARKIN, M.D. DIRECTOR	1.00	X						0	0	0
(2) JAMES F. AUSTIN VICE CHAIRMAN	1.00	X	X					0	0	0
(3) E. RANDALL WRIGHT SECRETARY	1.00	X	X					0	0	0
(4) TIMOTHY P. ROBINSON, J.D. TREASURER	1.00	X	X					0	0	0
(5) NANCY AHLRICHS DIRECTOR	1.00	X						0	0	0
(6) CONNIE DANIELSON, M.D. DIRECTOR	1.00	X						0	0	0
(7) JOHN MYRLAND DIRECTOR	1.00	X						0	0	0
(8) JAMES L. RICE DIRECTOR	1.00	X						0	0	0
(9) L. ALAN WHALEY CHAIRMAN	1.00	X	X					0	0	0
(10) CHARLES MIRAGLIA, M.D. DIRECTOR	1.00	X						0	0	0
(11) BYRON B. BUHNER CEO/PRESIDENT	40.00		X					1,290,404.	0	22,857.
(12) DAN WAXMAN, M.D. CHIEF MEDICAL OFFICER/EVP	40.00			X				276,800.	0	41,205.
(13) MIKE PAREJKO EVP OPERATIONS	40.00			X				312,401.	0	23,825.
(14) JULIE CRUZ, M.D. ASSISTANT MEDICAL DIRECTOR	40.00			X				195,735.	0	17,011.

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Or individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) TIM BRYANT CIO/VP		40.00				X		185,278.	0	17,911.
(16) LORA POORE VP QUALITY ASSURANCE		40.00				X		176,644.	0	22,064.
(17) WENDY MEHRINGER CHIEF MARKETING OFFICER		40.00				X		170,823.	0	23,653.
(18) DEBRA QUALKENBUSH DIRECTOR ACCOUNTING		40.00				X		105,538.	0	13,211.
(19) BILL SHOEMAKER DIRECTOR OF IT		40.00				X		103,120.	0	27,011.
(20) BETH HUGHES DIRECTOR OF QA		40.00				X		101,128.	0	20,861.
(21) LISA FISHBACK DIRECTOR OF HR		40.00				X		100,402.	0	27,621.
(22) LINDA WHITE DIRECTOR OF CLINICAL SERVICES		40.00				X		100,439.	0	27,098.
1b Sub-total							►	2,075,340.	0	104,898.
c Total from continuation sheets to Part VII, Section A							►	1,043,372.	0	179,430.
d Total (add lines 1b and 1c)							►	3,118,712.	0	284,328.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 16

	Yes	No
3	...	X
4	X	...
5	...	X

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

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

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

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
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 ► 1		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	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	16,187			
	g Noncash contributions included in lines 1a-1f \$		6,030			
	h Total. Add lines 1a-1f ►		16,187			
Program Service Revenue		Business Code				
	2a BLOOD BANKING FEES	900099	20,041,747	20,041,747		
	b TESTING SERVICE FEES	621500	9,060,953	9,060,953		
	c MISCELLANEOUS INCOME	900099	46,268	46,268		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		29,148,968			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		188,297		-37,867 226,164	
	4 Income from investment of tax-exempt bond proceeds . ►		0			
	5 Royalties ►		0			
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►			0		
	7a Gross amount from sales of assets other than inventory ►	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	2,466,285	18,000				
c Gain or (loss)	2,352,160	280,374				
d Net gain or (loss) ►	114,125	-262,374				
			-148,249	-262,374	114,125	
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			0			
c Net income or (loss) from fundraising events ►						
9a Gross income from gaming activities See Part IV, line 19 a			0			
b Less direct expenses b			0			
c Net income or (loss) from gaming activities ►						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b			0			
c Net income or (loss) from sales of inventory ►						
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ►		0				
12 Total revenue. See instructions ►		29,205,203	28,886,594	-37,867	340,289	

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)

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments See Part IV, line 21	25,002.	25,002.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	1,828,135.	1,168,900.	659,235.	
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	9,291,384.	5,940,863.	3,350,521.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	425,257.	306,469.	118,788.	
9 Other employee benefits	1,583,200.	1,140,962.	442,238.	
10 Payroll taxes	716,730.	516,022.	200,708.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	184,220.		184,220.	
c Accounting	69,047.		69,047.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees	30,722.		30,722.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	446,977.	204,785.	242,192.	
12 Advertising and promotion	167,635.	117,687.	49,948.	
13 Office expenses	11,312,490.	10,951,731.	360,759.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,919,491.	1,337,913.	581,578.	
17 Travel	306,168.	265,087.	41,081.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	338.		338.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,066,583.	519,634.	546,949.	
23 Insurance	200,945.	171,368.	29,577.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>DONOR EDUCATION & RECRUITMENT</u>	460,677.	459,878.	799.	
b <u>DELIVERY SERVICES</u>	642,987.	642,750.	237.	
c <u>EMPLOYEE TRAINING & EDUCATION</u>	30,175.	5,931.	24,244.	
d <u>EMPLOYEE RECOGNITION</u>	19,902.	5,221.	14,681.	
e All other expenses	130,517.	73,917.	56,600.	
25 Total functional expenses. Add lines 1 through 24e	30,858,582.	23,854,120.	7,004,462.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	500.	1	
	2 Savings and temporary cash investments	5,086,678.	2	
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	8,401,504.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	
	6 Loans and other 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) Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	8,290.	7	
	8 Inventories for sale or use	2,873,121.	8	
	9 Prepaid expenses and deferred charges	1,168,558.	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	37,204,460.	
	b Less accumulated depreciation	10b	26,756,311.	10c
	11 Investments - publicly traded securities	12,938,500.	11	
	12 Investments - other securities See Part IV, line 11	438,424.	12	
	13 Investments - program-related See Part IV, line 11	469,316.	13	
	14 Intangible assets	0	14	
	15 Other assets See Part IV, line 11	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,497,909.	16		
Liabilities	17 Accounts payable and accrued expenses	5,008,403.	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	
	26 Total liabilities. Add lines 17 through 25	5,008,403.	26	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	37,354,238.	27	
	28 Temporarily restricted net assets	75,252.	28	
	29 Permanently restricted net assets	60,016.	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	37,489,506.	33	
	34 Total liabilities and net assets/fund balances	42,497,909.	34	

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	29,205,203.
2 Total expenses (must equal Part IX, column (A), line 25)	2	30,858,582.
3 Revenue less expenses Subtract line 2 from line 1	3	-1,653,379.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,489,506.
5 Net unrealized gains (losses) on investments	5	384,349.
6 Donated services and use of facilities	6	0
7 Investment expenses	7	0
8 Prior period adjustments	8	-2,734,626.
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,485,850.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
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	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

35-0991629

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B
 b Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C
 c Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E
 d Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 f Enter the number of supported organizations
 g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	269,710	69,969	85,941	125,555	16,187	567,362
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						
	59,925,574	63,865,634	63,098,734	60,480,117	29,148,968	276,519,027
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total Add lines 1 through 5	60,195,284	63,935,603	63,184,675	60,605,672	29,165,155	277,086,389
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						277,086,389

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	60,195,284	63,935,603	63,184,675	60,605,672	29,165,155	277,086,389
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	174,031	269,099	340,997	358,869	226,164	1,369,160
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					-37,867	-37,867
c Add lines 10a and 10b	174,031	269,099	340,997	358,869	188,297	1,331,293
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	60,369,315	64,204,702	63,525,672	60,964,541	29,353,452	278,417,682
14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.52 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.48 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.41 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>
b 33 1/3% support tests - 2013 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a The organization satisfied the Activities Test Complete line 2 below
- b The organization is the parent of each of its supported organizations Complete line 3 below
- c The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015 Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

35-0991629

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► -----	
4 Number of states where property subject to conservation easement is located ► -----	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► -----	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ -----	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenue included in Form 990, Part VIII, line 1 ► \$ -----
(ii)	Assets included in Form 990, Part X ► \$ -----
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a	Revenue included in Form 990, Part VIII, line 1 ► \$ -----
b	Assets included in Form 990, Part X ► \$ -----

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Schedule D (Form 990) 2014

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

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

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

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

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 XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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	60,016.	59,834.	59,552.	59,296.	58,678.
b Contributions	91.	182.	282.	256.	618.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	60,107.	60,016.	59,834.	59,552.	59,296.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.0000 %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			1,380,724.		1,380,724.
b Buildings			19,805,121.	13,124,402.	6,680,719.
c Leasehold improvements					
d Equipment			14,627,158.	12,373,868.	2,253,290.
e Other			1,391,457.	1,258,041.	133,416.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►					10,448,149.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(1) (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	29,589,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	384,349.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	384,349.
3	Subtract line 2e from line 1	3	29,205,203.
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	29,205,203.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	30,858,582.
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 XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	30,858,582.
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	30,858,582.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)**SCHEDULE D, PART V, LINE 4**

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PERPETUATE
THE MISSION OF CENTRAL INDIANA REGIONAL BLOOD CENTER.

SCHEDULE D, PART X**FIN 48 DISCLOSURE:**

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE
FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)**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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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 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) INDIANA STATE UNIVERSITY 200 N 7TH ST TERRE HAUTE, IN 47809	35-6001570	501(C)(3)	5,310.				SCHOLARSHIPS
(2) PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	5,841				SCHOLARSHIPS
(3) IUVY TECH COMMUNITY COLLEGE 50 W FALL CREEK PKWY INDIPLS, IN 46206	35-1180631	501(C)(3)	5,841				SCHOLARSHIPS
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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JSA

► 3

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 1

PROCESS OF MONITORING THE DISBURSEMENTS OF GRANTS: ONCE A HIGH SCHOOL STUDENT QUALIFIES AND IS SELECTED TO BE A RECIPIENT OF A SCHOLARSHIP, PAPERWORK IS SUBMITTED TO THE BLOOD CENTER THAT DETAILS THE INDIANA COLLEGE OF CHOICE THE STUDENT WILL ATTEND IN THE FALL TO BEGIN THEIR FRESHMAN YEAR. THE FUNDING OF THE SCHOLARSHIPS ARE PAID AND MAILED DIRECTLY TO THE BURSAR OFFICE OF EACH INDIANA COLLEGE SELECTED BY THE STUDENT.

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" on Form 990, Part IV, line 23

► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

35-0991629

Part I Questions Regarding Compensation

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

<input type="checkbox"/>	First-class or charter travel
<input type="checkbox"/>	Travel for companions
<input type="checkbox"/>	Tax indemnification and gross-up payments
<input type="checkbox"/>	Discretionary spending account

<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/>	Compensation committee
<input checked="" type="checkbox"/>	Independent compensation consultant
<input type="checkbox"/>	Form 990 of other organizations

<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Approval by the board or compensation committee

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?
b Any related organization?

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

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

a The organization?
b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2014

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation				
BYRON B. BUEHNER 1 CEO/PRESIDENT	(i) 1,280,404. (ii) 0	(i) 10,000. (ii) 0	(i) 0 (ii) 0	(i) 14,383. (ii) 0	(i) 8,474. (ii) 0	(i) 1,313,261. (ii) 0	(i) 0 (ii) 0
DAN WAXMAN, M.D. 2 CHIEF MEDICAL OFFICER/EVP	(i) 266,800. (ii) 0	(i) 10,000. (ii) 0	(i) 0 (ii) 0	(i) 13,420. (ii) 0	(i) 27,785. (ii) 0	(i) 318,005. (ii) 0	(i) 0 (ii) 0
MIKE PAREJKO 3 EVP OPERATIONS	(i) 312,401. (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 8,989. (ii) 0	(i) 14,836. (ii) 0	(i) 336,226. (ii) 0
JULIE CRUZ, M.D. 4 ASSISTANT MEDICAL DIRECTOR	(i) 185,735. (ii) 0	(i) 10,000. (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 9,306. (ii) 0	(i) 7,705. (ii) 0	(i) 212,746. (ii) 0
TIM BRYANT 5 CIO/VP	(i) 175,278. (ii) 0	(i) 10,000. (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 9,945. (ii) 0	(i) 7,966. (ii) 0	(i) 203,189. (ii) 0
LORA POORE 6 VP QUALITY ASSURANCE	(i) 166,644. (ii) 0	(i) 10,000. (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 8,180. (ii) 0	(i) 13,884. (ii) 0	(i) 198,708. (ii) 0
WENDY MEHRINGER 7 CHIEF MARKETING OFFICER	(i) 160,823. (ii) 0	(i) 10,000. (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 9,423. (ii) 0	(i) 14,230. (ii) 0	(i) 194,476. (ii) 0
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

SCHEDULE J, PART I, LINE 4A

BYRON A. BUHNER RECEIVED A SERVERANCE AND SERVICE PAYMENT IN DECEMBER 2014 IN THE AMOUNT OF \$870,814. THIS AMOUNT HAS BEEN INCLUDED IN HIS BASE COMPENSATION FOR THE CURRENT YEAR.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b
 ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990**2014**Open To Public
Inspection

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

35-0991629

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ► \$ _____

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

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) Share of organization's revenues?	
				Yes	No
(1) DAN WAXMAN	CONSULTANT - TERUMO BCT	1,771,586	VENDOR		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART IV, COLUMN B

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

DAN WAXMAN, CHIEF MEDICAL OFFICER, IS A CONSULTANT FOR TERUMO BCT, A VENDOR THAT THE BLOOD CENTER PURCHASES DONOR KITS FROM. IBC PURCHASES, THROUGH A BUYING GROUP, PRODUCTS FROM TERUMO BCT. THE BUYING GROUP USED PLACES PRICE CONSIDERATIONS, IN THE HANDS OF THE EMPLOYEES OF THE BUYING GROUP AND THE EXECUTIVE STAFF OF IBC. THE ACTUAL DECISION TO PURCHASE FROM TERUMO AND THE VOLUME OF THOSE PURCHASES IS A COLLABORATIVE EFFORT BY IBC STAFF OTHER THAN D. WAXMAN.

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

35-0991629

FORM 990, PART VI, QUESTION 11B

PROCESS TO REVIEW THE FORM 990:

A FINAL VERSION OF THE 990 TAX RETURN IS REVIEWED BY THE CEO, DIRECTOR OF ACCOUNTING, AND AN INDEPENDENT CPA FIRM. THE RETURN IS EMAILED TO EACH INDIVIDUAL BOARD MEMBER OR POSTED TO A SECURE WEBSITE TO ALLOW EACH BOARD MEMBER ACCESS TO THE DOCUMENTS. THE BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO REVIEW THE ENTIRE DRAFT RETURN AND ASK QUESTIONS REGARDING THE RETURN. AFTER ALL QUESTIONS ARE SATISFACTORILY ANSWERED, BOARD MEMBERS ARE REQUESTED TO AFFIRM THEIR INDIVIDUAL REVIEW IS COMPLETE AND THE RETURN MAY BE FILED WITH THE IRS. AFFIRMATIVE NOTICES FROM ALL BOARD MEMBERS ARE RECEIVED PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, QUESTION 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

ANNUAL CONFLICT OF INTEREST LETTERS ARE SENT BY CORPORATE COUNSEL TO THE BOARD OF DIRECTORS AND KEY EMPLOYEES. ANSWERS ARE RECEIVED AND REVIEWED BY CORPORATE COUNSEL AND A SUMMARIZED RESPONSE IS SENT TO THE AUDIT COMMITTEE AND CEO FOR REVIEW. ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST ABSTAINS FROM VOTING ON THE RELATED ISSUE.

FORM 990, PART VI, QUESTIONS 15A & 15B

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

THE COMPENSATION COMMITTEE REVIEWS COMPARATIVE DATA FROM TWO DIFFERENT OUTSIDE CONSULTANTS AND RECOMMENDS THE CEO'S COMPENSATION. THE EXECUTIVE

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

COMMITTEE REVIEWS AND APPROVES COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THE COMPENSATION POLICY IS THEN SUBMITTED AS A RECOMMENDATION BY THE COMPENSATION COMMITTEE TO THE BOARD FOR APPROVAL. COMPENSATION WAS LAST REVIEWED AND APPROVED BY THE BOARD IN MAY 2014.

FORM 990, PART VI, LINE 16A & 16B

JOINT VENTURE: THE COMMUNITY BLOOD CENTERS' EXCHANGE RRG: ADVENT OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), WHICH CAUSES ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), IN THE LATE 1980'S, THE INSURANCE INDUSTRY BECAME VERY RELUCTANT TO INSURE BLOOD CENTERS AGAINST RISKS ASSOCIATED WITH TAINTED BLOOD. IF INSURANCE COULD BE FOUND, THE PRICING BECAME EXTREMELY PROHIBITIVE EVEN WITH THE IMPLEMENTATION OF TESTS REQUIRED BY THE FOOD AND DRUG ADMINISTRATION. INDEPENDENT BLOOD CENTERS SUCH AS THE INDIANA BLOOD CENTER (IBC), WHICH SUPPLY ABOUT ONE-HALF OF THE BLOOD IN THE UNITED STATES, WERE FEARFUL OF CONDUCTING BUSINESS WITHOUT PROFESSIONAL LIABILITY INSURANCE COVERAGE DUE TO COST OR LACK OF AVAILABILITY AND ORGANIZED A RISK RETENTION GROUP TO SELF INSURE BLOOD CENTERS. IBC IS ONE OF THE ORIGINAL ORGANIZERS AND OWNERS OF THE COMMUNITY BLOOD CENTER'S EXCHANGE RRG (BCX). AS A HEALTH CARE PROVIDER AS DEFINED BY INDIANA LAW, IBC ACQUIRES ITS PROFESSIONAL LIABILITY INSURANCE FROM BCX. BCX IS A FOR-PROFIT CORPORATION DOMICILED IN THE STATE OF INDIANA. IN ASSESSING AN ANNUAL PREMIUM, BCX ALSO COLLECTS THE SURCHARGE WHICH IBC MUST PAY INTO THE INDIANA PATIENT COMPENSATION FUND. MARGINS FOR BCX REMAIN IN THE CORPORATION AS RESERVE FUNDS FOR PAYMENT OF CLAIMS. THE INSURANCE COMMISSION OF THE STATE OF INDIANA HAS TO APPROVE RELEASE OF FUNDS (SURPLUS) BY BCX TO ITS OWNERS FOR ANY DISTRIBUTION TO

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

BE MADE. GROUP SERVICES FOR AMERICA'S BLOOD CENTERS (GSABC) IS A MEMBER OF AMERICAS BLOOD CENTERS (ABC), A TRADE ORGANIZATION DEDICATED TO THE MEDICAL, SCIENTIFIC, AND EDUCATIONAL INTERESTS OF INDEPENDENT BLOOD CENTERS THROUGHOUT THE UNITED STATES. THOSE INDEPENDENT BLOOD CENTERS PROVIDE ABOUT ONE-HALF OF THE SUPPLY OF BLOOD AND BLOOD PRODUCTS NEEDED BY PATIENTS IN THE U.S. ABC FORMED GROUP SERVICES FOR AMERICAS' BLOOD CENTERS AS A SUBCHAPTER T FOR-PROFIT COOPERATIVE ORGANIZED UNDER THE LAWS OF DELAWARE IN ORDER TO NEGOTIATE WITH VENDORS ON BEHALF OF ITS MEMBERS TO ACHIEVE VOLUME PRICING FOR THE PURCHASE OF FOOD AND DRUG ADMINISTRATION (FDA) REQUIRED TESTING REAGENTS, AND RELATED BLOOD BANKING MEDICAL SUPPLIES, MEDICAL EQUIPMENT, ETC. THIS ASSISTS IBC TO KEEP THE COSTS OF PROVIDING BLOOD AND BLOOD TO PATIENTS AT THE LOWEST LEVEL REASONABLY POSSIBLE.

GROUP SERVICES FOR AMERICA'S BLOOD CENTERS (GSABC) MERGED WITH BLOOD CENTERS OF AMERICA, INC. (BCA) IN APRIL OF 2014. GSABC HAS BECOME A SUBSIDIARY OF BCA AND AS A RESULT OF THE MERGER, THE COMBINED MEMBERSHIP OF INDEPENDENT BLOOD CENTERS NOW REPRESENTS THE LARGEST BLOOD SUPPLY NETWORK IN THE U.S.

FORM 990, PART VI, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, & F/S: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

CENTRAL INDIANA REGIONAL BLOOD CENTER

Employer identification number

FORM 990, PART XI, LINE 8

PRIOR PERIOD ADJUSTMENTS

THE BEGINNING NET ASSETS OF THE DECEMBER 31, 2014 FINANCIAL STATEMENTS

WERE RESTATED TO ACCOUNT FOR REIMBURSEMENTS DUE TO THE CENTER FOR

MEDICARE AND MEDICAID SERVICES FOR TESTING PERFORMED IN PREVIOUS YEARS.

THE RESTATEMENT RESULTED IN A \$2,734,626 DECREASE TO BEGINNING NET ASSETS

ON THE FINANCIAL STATEMENTS AND IS REFLECTED ON THE FORM 990 AS A PRIOR

PERIOD ADJUSTMENT.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

STEWARDS OF INDIANA'S BLOOD SUPPLY, LINKING VOLUNTEER DONORS TO

HOOSIER PATIENTS IN NEED BY RECRUITING, COLLECTING, PROCESSING,

TESTING, LABELING AND DISTRIBUTING BLOOD TO HOSPITALS EVERY DAY. A

COMMUNITY BLOOD PROGRAM, SUPPLYING FIRST IN INDIANA THEN WHEREVER THE

LIFE-SAVING RESOURCE IS NEEDED.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BUILDSMART CONSTRUCTION, LLC 599 INDUSTRIAL DRIVE CARMEL, IN 46032	CONSTRUCTION	322,844.

Application for Extension of Time To File an
Exempt Organization Return► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions CENTRAL INDIANA REGIONAL BLOOD CENTER	Employer identification number (EIN) or 35-0991629
	Number, street, and room or suite no. If a P O box, see instructions 3450 NORTH MERIDIAN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions INDIANAPOLIS, IN 46208	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ►DEBRA QUALKENBUSH, 3450 N. MERIDIAN STREET INDIANAPOLIS, IN 46208

Telephone No ► 317 916-5010 FAX No ►
 • If the organization does not have an office or place of business in the United States, check this box ►
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► calendar year 20 ____ or
 ► tax year beginning 07/01, 2014, and ending 12/31, 2014

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2014)