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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLOOD SYSTEMS INC
% SUSAN BARNES
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
SCOTTSDALE, AZ 85252

D Employer identification number
86-0098929

E Telephone number
(480) 946-4201

G Gross receipts $ 772,736,486

F Name and address of principal officer
J DANIEL CONNOR
SAME AS C ABOVE
SCOTTSDALE, AZ 85252

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

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

H(c) Group exemption number ▶ 6167

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

J Website: ▶ www.bloodsystems.org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1943

M State of legal domicile AZ

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	2,877
6	Total number of volunteers (estimate if necessary)	**6**	1,100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	171,758,981
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	785,626

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,365,565	7,622,066
9	Program service revenue (Part VIII, line 2g)	488,666,748	578,648,022
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,190,677	48,639,119
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-128,815	4,991,255
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	502,094,175	639,900,462
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	235,610	226,593
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)	176,835,161	171,596,686
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)	350,819,704	437,305,133
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	527,890,475	609,128,412
19	Revenue less expenses Subtract line 18 from line 12	-25,796,300	30,772,050

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	401,630,955	382,520,351
21	Total liabilities (Part X, line 26)	200,115,938	192,026,029
22	Net assets or fund balances Subtract line 21 from line 20	201,515,017	190,494,322

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2016-11-14

SUSAN L BARNES EXECUTIVE VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRENDA GRIESEMER	BRENDA GRIESEMER			P00264669

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ TWO NORTH CENTRAL AVENUE STE 2300
PHOENIX, AZ 85004

Phone no (602) 322-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 259,056,955 including grants of $ 226,593) (Revenue $ 255,156,634)

UNITED BLOOD SERVICES BLOOD BANKING - SEE SCHEDULE O

4b (Code) (Expenses $ 293,562,436 including grants of $ 0) (Revenue $ 304,884,979)

BIOCARE BIOLOGICALS - SEE SCHEDULE O

4c (Code) (Expenses $ 16,112,696 including grants of $ 0) (Revenue $ 15,625,732)

BLOOD SYSTEMS RESEARCH INSTITUTE - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 12,150,300 including grants of $ 0) (Revenue $ 8,067,289)

4e **Total program service expenses ▶** 580,882,387

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

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**	Yes	
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**		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**	Yes	
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	462		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,877		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
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		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9a	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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	19		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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 ▶ SUSAN BARNES 6210 E OAK STREET SCOTTSDALE, AZ 85257 (480) 675-5696

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if 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			
See Additional Data Table										

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,001,021	1,284,228	732,752

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 ▶ 200

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
Manpower Inc, 21271 NETWORK PLace CHICAGO, IL 60673	CONSULTANT	2,247,096
mak systems, 2720 river road suite 225 DES PLAINES, IL 60018	CONSULTANT	1,710,824
aerotek, 2689 collections center way CHICAGO, IL 60693	CONSULTANT	1,353,849
TOLIN MECHANICAL SYSTEMS COMPANY, 12005 EAST 45TH AVENUE DENVER, CO 80239	MAINTENANCE SERVICE	1,181,359
Federal Express, PO Box 7221 PASADENA, CA 91109	DELIVERY SERVICE	1,071,651

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 49

Part VIII Statement of Revenue

Check 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	5,576				
	b Membership dues					
	c Fundraising events	130,716				
	d Related organizations	2,041,311				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	5,444,463				
	g Noncash contributions included in lines 1a-1f $	5,294,229				
	h **Total.** Add lines 1a-1f		7,622,066			
Program Service Revenue		Business Code				
	2a PHARMACEUTICAL SALES	446110	305,092,002	133,333,021	171,758,981	
	b BLOOD AND COMPONENTS SERVICE FEES	541900	235,845,924	235,845,924		
	c PLASMA FOR FRACTIONATION	541900	12,791,492	12,791,492		
	d LABORATORY SERVICES	621500	12,623,283	12,623,283		
	e RESEARCH CONTRACTS	541700	10,718,774	10,718,774		
	f All other program service revenue		1,576,547	1,576,547		
	g **Total.** Add lines 2a-2f		578,648,022			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,211,529			3,211,529
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		21,020			21,020
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	178,138,226	-18,797			
	b Less cost or other basis and sales expenses	132,691,839				
	c Gain or (loss)	45,446,387	-18,797			
	d Net gain or (loss)		45,427,590			45,427,590
	8a Gross income from fundraising events (not including $ 130,716 of contributions reported on line 1c) See Part IV, line 18 a	27,808				
	b Less direct expenses b	144,185				
	c Net income or (loss) from fundraising events		-116,377			-116,377
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	900099	3,827,077	3,827,077		
	b NON-OPERATING MISCELLANEOUS INCOME	900099	1,259,535	1,259,535		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		5,086,612			
	12 **Total revenue.** See Instructions		639,900,462	411,975,653	171,758,981	48,543,762

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	226,593	226,593		
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	7,279,713		7,279,713	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	506,438	89,686	416,752	
7 Other salaries and wages	125,061,605	107,310,387	17,751,218	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,283,416	10,647,772	-1,364,356	
9 Other employee benefits	20,657,955	16,348,051	4,309,904	
10 Payroll taxes	8,807,559	6,740,552	2,067,007	
11 Fees for services (non-employees)				
a Management	0			
b Legal	665,633		665,633	
c Accounting	500,983		500,983	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	117,887		117,887	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,204,746	1,312,227	2,892,519	
12 Advertising and promotion	174,352	174,352		
13 Office expenses	16,601,386	12,634,089	3,967,297	
14 Information technology	3,738,277	9,025,124	-5,286,847	
15 Royalties	0			
16 Occupancy	12,353,916	11,156,867	1,197,049	
17 Travel	11,381,128	9,048,813	2,332,315	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	1,863,717	1,142	1,862,575	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,690,688	6,440,972	8,249,716	
23 Insurance	1,234,238	876,489	357,749	
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 PHARM PRODUCTS PURCHASED	286,890,074	286,890,074		
b OPERATING & TESTING SUPPLIES	76,880,957	76,880,957		
c DONOR RECOGNITION & PROMO	9,787,803	9,787,803		
d INCOME TAX	35,950	35,950		
e All other expenses	-3,816,602	15,254,487	-19,071,089	
25 **Total functional expenses.** Add lines 1 through 24e	609,128,412	580,882,387	28,246,025	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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		0	1	-8,639,484
	2	Savings and temporary cash investments		126,392,934	2	87,351,623
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		80,644,268	4	122,779,113
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		150,000	5	125,000
	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	0
	7	Notes and loans receivable, net		6,863,645	7	5,983,051
	8	Inventories for sale or use		61,649,285	8	69,301,188
	9	Prepaid expenses and deferred charges		8,842,694	9	6,527,770
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 205,420,753			
	b	Less accumulated depreciation	10b 139,306,659	79,235,672	10c	66,114,094
	11	Investments—publicly traded securities		27,081,572	11	25,097,431
	12	Investments—other securities See Part IV, line 11		9,290,011	12	6,743,105
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		480,000	14	360,000
	15	Other assets See Part IV, line 11		1,000,874	15	777,460
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		401,630,955	16	382,520,351
Liabilities	17	Accounts payable and accrued expenses		106,814,464	17	107,239,610
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		26,175,000	20	23,620,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		23,417,911	23	16,014,465
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		43,708,563	25	45,151,954
	26	**Total liabilities.** Add lines 17 through 25		200,115,938	26	192,026,029
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		201,515,017	27	190,494,322
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		201,515,017	33	190,494,322
	34	Total liabilities and net assets/fund balances		401,630,955	34	382,520,351

Part XI Reconcilliation of Net Assets

Check 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	639,900,462
2	Total expenses (must equal Part IX, column (A), line 25)	2	609,128,412
3	Revenue less expenses Subtract line 2 from line 1	3	30,772,050
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,515,017
5	Net unrealized gains (losses) on investments	5	-50,846,004
6	Donated services and use of facilities	6	847,773
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,205,486
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	190,494,322

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
HEATHER ALLEN MD TRUSTEE	30 00	X						26,000	0	0
James R Allen MD Trustee	30 00	X						24,000	0	0
Linda Blessing PhD Trustee	30 10	X						30,250	0	0
William A Dittman MD Trustee	20 10	X						21,000	0	0
Armando B Flores Trustee	50 10	X						23,500	0	0
Bill Gates Trustee	20 00	X						17,000	0	0
William G Green Trustee	20 00	X						26,500	0	0
Michael C Jensen Trustee	20 00	X						21,000	0	0
F Leonard Johnson MD Trustee	20 00	X						18,000	0	0
John Lewis Trustee/Chair	30 10	X		X				50,750	0	0

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

(A) Name and Title	(B) Average hours per week (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			
Pierre Noel MD Trustee	20 00	X						23,000	0	0
James Peterson Trustee (AS OF 4/15)	20 00	X						16,000	0	0
Kathleen S Pushor Trustee	30 00	X						23,250	0	0
Antonio Ruiz Trustee (thru 11/15)	20 10	X						18,000	0	0
Mark T Schieble Trustee	20 10	X						21,000	0	0
Steven L Seiler Trustee (thru 4/15)	30 00	X						5,250	0	0
Richard G Spurlock Trustee	20 00	X						21,000	0	0
Paul E Stander MD Trustee	20 00	X						20,000	0	0
Ron Waeckerlin MD Trustee/Vice Chair	30 10	X		X				36,000	0	0
Gary K Wilde Trustee/Secretary/Treasurer	30 10	X		X				25,250	0	0

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

(A) Name and Title	(B) Average hours per week (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			
Nancy L Wollen Trustee (as of 11/15)	2 0 1 0	X						0	0	0
J Daniel Connor President/CEO	38 0 2 0			X				672,854	0	39,344
Susan Barnes Executive VP and CFO	30 0 20 0			X				716,067	0	21,092
David Green Pres Blood Centers Division	40 0 0 0			X				513,262	0	38,317
Bhavi Shah EVP/General Counsel	30 0 10 0			X				242,326	0	24,425
Ralph Vassallo EVP Chief Med & Scient Offcr	40 0 0 0			X				469,132	0	13,833
Mary Beth Bassett EVP Chief Quality Officer	40 0 0 0				X			436,023	0	35,518
Michael Busch MD SVP Research & Scientific Prog	40 0 0 0				X			423,100	0	38,845
Tom Choi VP Inv Mngmt & Hosp Srvcs	40 0 0 0				X			211,784	0	12,687
Vicki Finson VP Corporate Integration	40 0 0 0				X			224,204	0	18,497

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

(A) Name and Title	(B) Average hours per week (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			
Dennis Harpool SVP Oper Policies & Processes	40 0 0 0				X			229,445	0	20,775
Robert Hartmann VP Info Technology	40 0 0 0				X			241,477	0	23,306
Hany Kamel MD VP Corporate Medical Director	40 0 0 0				X			340,865	0	46,142
Linda Matthews President BioCARE	40 0 0 0				X			485,472	0	44,963
PETER MICHAELSON VP HUMAN RESOURCES	40 0 0 0				X			275,975	0	42,437
Connie L Morris VP Manufacturing & Lab Srvs	40 0 0 0				X			180,532	0	20,480
Phillip Norris VP Research & Scientific Prog	40 0 0 0				X			259,474	0	41,056
Frank Nizzi MD VP Clinical Services	40 0 0 0				X			330,851	0	20,741
Paula Villalobos VP Field Operations	40 0 0 0				X			234,534	0	12,591
Charles E Wilcox III VP Ops/Blood Centers Division	40 0 0 0				X			263,394	0	20,688

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

(A) Name and Title	(B) Average hours per week (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			
Kevin Land MD Sr Medical Director	40 0 0 0					X		320,414	0	20,567
Andrew Kirk vp sales	40 0 0 0					X		281,984	0	32,785
pedro cano MD sr medical DIR (thru 12/2015)	40 0 0 0					X		277,433	0	8,917
ROBIN CUSICK CHIEF MEDICAL OFFICER	40 0 0 0					X		272,590	0	30,661
MARY TOWNSEND MD SR MEDICAL DIRECTOR	40 0 0 0					X		272,349	0	33,256
Patrick Holt EVP Business Services	40 0 0 0						X	358,730	0	0
SALLY CAGLIOTI PRESIDENT CTS	0 0 40 0						X	0	1,089,016	36,623
EUGENE Robertson PHD VICE PRESIDENT CTS	0 0 0 0						X	0	195,212	34,206

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,850,022	9,272,139	8,382,904	8,365,565	7,622,066	41,492,696
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	485,095,730	483,844,494	476,310,348	488,608,480	583,584,663	2,517,443,715
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	492,945,752	493,116,633	484,693,252	496,974,045	591,206,729	2,558,936,411
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)						2,558,936,411

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	492,945,752	493,116,633	484,693,252	496,974,045	591,206,729	2,558,936,411
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,163,810	3,987,530	3,621,490	4,295,796	3,232,549	19,301,175
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	15,544	47,343	67,686	47,439	74,585	252,597
c Add lines 10a and 10b	4,179,354	4,034,873	3,689,176	4,343,235	3,307,134	19,553,772
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)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	497,125,106	497,151,506	488,382,428	501,317,280	594,513,863	2,578,490,183

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99 242 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99 226 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 758 %
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 773 %

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV 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	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
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		

Part IV Supporting Organizations (continued)

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).

			Yes	No
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*	2a		
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*	2b		
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*	3a		
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*	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)	1		
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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319122166

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	26,960,483	29,650,105	27,010,166	25,294,973	21,171,221
b	Contributions	483				4,060,473
c	Net investment earnings, gains, and losses	-561,129	1,268,538	3,712,762	2,769,261	68,277
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,302,406	3,958,160	1,072,823	1,044,881	0
f	Administrative expenses				9,187	4,998
g	End of year balance	25,097,431	26,960,483	29,650,105	27,010,166	25,294,973

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 0 %

The percentages on 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
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land	0	6,802,117		6,802,117
b Buildings	0	62,013,050	40,160,406	21,852,644
c Leasehold improvements	0	14,003,819	12,510,239	1,493,580
d Equipment	0	69,647,071	57,807,724	11,839,347
e Other	0	52,954,696	28,828,290	24,126,406
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				66,114,094

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
CURRENT LINE OF CREDIT	45,000,000
LONG TERM RENT STEP UP	147,296
LT TENANT IMPROVEMENT ALLOWANCE	4,658
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	45,151,954

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE BLOOD SYSTEMS BOARD RESTRICTED ENDOWMENT FUNDS ARE RESERVED FOR THE PURPOSES OF PROVIDING RESEARCH FUNDS TO BLOOD SYSTEMS RESEARCH INSTITUTE TO SUPPORT THE BLOOD TRANSFUSION RESEARCH EFFORTS OF THAT DIVISION

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Program Services	CAPTIVE INSURANCE	534,761
(2)					
(3)					
(4)					
(5)					
3a Sub-total					534,761
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					534,761

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 LUNCHEON (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	80,094	36,219	42,211	158,524
	2 Less Contributions	74,017	24,459	32,240	130,716
	3 Gross income (line 1 minus line 2)	6,077	11,760	9,971	27,808
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	17,645		2,345	19,990
	6 Rent/facility costs		27,366	3,009	30,375
	7 Food and beverages	10,682	7,000	3,009	20,691
	8 Entertainment	25,000			25,000
	9 Other direct expenses	15,978	22,479	9,672	48,129
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				144,185
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-116,377

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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

(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
See Additional Data Table							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	SPONSORSHIPS AND DONATIONS TO OTHER TAX-EXEMPT ENTITIES ARE MADE IN SUPPORT OF THEIR MISSIONS AND ARE MONITORED VIA THE GOVERNANCE PRACTICES OF THOSE ENTITIES

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICA'S BLOOD CENTERS 725 15TH STR NW STE 700 WASHINGTON,DC 200052100	86-6052376	501(C)(6)	27,500				2015 PLEDGE Support
AMERICAN ASSOCIATION OF BLOOD BANKS 8101 GLENBROOK ROAD BETHESDA,MD 20814	36-2384118	501(C)(3)	75,000				CORD BLOOD PLEDGE
GLOBAL BLOOD FUND 1001 N LINCOLN BLVD OKLAHOMA CITY,OK 73104	39-2071848	501(C)(3)	10,000				2015 PLEDGE Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FLIGHTS FOR LIFE PO BOX 26485 PHOENIX,AZ 85068	74-2453899	501(C)(3)	16,000				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" 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

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4a	PATRICK HOLT received severance payments of $300,593 during 2015 This amount is taxable and is included in Schedule J, Part II, Column b(III) SCHEDULE J, PART I, LINE 4B CERTAIN EMPLOYEES RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DURING 2015 AS FOLLOWS SALLY CAGLIOTI $616,309 (RESULTING FROM ALMOST 27 YEARS OF SERVICE) MARY BETH BASSETT $952 (RESULTING FROM ALMOST 20 YEARS OF SERVICE) MICHAEL BUSCH, MD $4,263 (RESULTING FROM ALMOST 17 YEARS OF SERVICE) HANY KAMEL, MD $1,980 (RESULTING FROM ALMOST 20 YEARS OF SERVICE) LINDA MATTHEWS $3,532 (RESULTING FROM ALMOST 16 YEARS OF SERVICE) SUSAN L BARNES $384,361 (RESULTING FROM ALMOST 26 YEARS OF SERVICE) THESE AMOUNTS WERE INCLUDED IN TAXABLE WAGES AND ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(III) AND ALSO IN COLUMN F SINCE THESE AMOUNTS HAVE PREVIOUSLY BEEN REPORTED AS DEFERRED COMPENSATION ON A PRIOR FORM 990 THIS PLAN WAS FROZEN AS OF DECEMBER 31, 2011
SCHEDULE J, PART I, LINE 7	BLOOD SYSTEMS HAS AN INCENTIVE BONUS PLAN FOR MANAGEMENT AND EXECUTIVES AWARDS UNDER THE PROGRAM ARE AT THE DISCRETION OF THE BOARD OF TRUSTEES THE PLAN MEASURES PERFORMANCE AGAINST MULTIPLE METRICS WHICH CARRY VARIOUS WEIGHTINGS, THE MOST HEAVILY WEIGHTED BEING QUALITY, SAFETY AND CUSTOMER SERVICE TO ASSURE FINANCIAL STABILITY OF THE COMPANY, ONE OF THE METRICS IS ALSO A MEASUREMENT OF NET MARGIN FINANCIAL PERFORMANCE AS A PERCENT OF REVENUES
SCHEDULE J, PART II	David Green, Ralph Vassallo, Andrew Kirk and Pedro Cano received payments for relocation expenses This amount is taxable and is included in Schedule J, Part II, Column B(III) DAVID GREEN, BHAVI SHAH, RALPH VASSALLO, AND ANDREW KIRK RECIEVED HIRING BONUSES, WHICH ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) MARY BETH BASSETT RECIEVED A RETRENTION BONUS, WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) LINDA MATTHEWS IS THE PRESIDENT OF THE BIOCARE DIVISION OF BLOOD SYSTEMS THIS DIVISION PERFORMED WELL ABOVE ITS BUDGETED EXPECTATION AND WAS GRANTED AN INCENTIVE BONUS UNDER THE COMPANY'S PLAN

Additional Data

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

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

(A) Name 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)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J Daniel Connor President/CEO	(I)	660,704	0	12,150	28,600	10,744	712,198	0
	(II)	0	0	0	0	0	0	0
1 Susan Barnes Executive VP and CFO	(I)	320,595	0	395,472	10,600	10,492	737,159	384,361
	(II)	0	0	0	0	0	0	0
2 David Green Pres Blood Centers Division	(I)	394,091	61,875	57,296	23,364	14,953	551,579	0
	(II)	0	0	0	0	0	0	0
3 Bhavi Shah EVP/General Counsel	(I)	216,214	15,000	11,112	10,113	14,312	266,751	0
	(II)	0	0	0	0	0	0	0
4 Mary Beth Bassett EVP Chief Quality Officer	(I)	298,959	125,000	12,064	28,600	6,918	471,541	952
	(II)	0	0	0	0	0	0	0
5 Michael Busch MD SVP Research & Scientific Prog	(I)	408,868	0	14,232	28,600	10,245	461,945	4,263
	(II)	0	0	0	0	0	0	0
6 Tom Choi VP Inv Mngmt & Hosp Srvcs	(I)	201,815	0	9,969	6,352	6,335	224,471	0
	(II)	0	0	0	0	0	0	0
7 Vicki Finson VP Corporate Integration	(I)	223,466	0	738	8,086	10,411	242,701	0
	(II)	0	0	0	0	0	0	0
8 Dennis Harpool SVP Oper Policies & Processes	(I)	219,476	0	9,969	3,716	17,059	250,220	0
	(II)	0	0	0	0	0	0	0
9 Robert Hartmann VP Info Technology	(I)	231,508	0	9,969	9,489	13,817	264,783	0
	(II)	0	0	0	0	0	0	0
10 Hany Kamel MD VP Corporate Medical Director	(I)	328,916	0	11,949	28,600	17,542	387,007	1,980
	(II)	0	0	0	0	0	0	0
11 Linda Matthews President BioCARE	(I)	300,364	170,464	14,644	28,600	16,363	530,435	3,532
	(II)	0	0	0	0	0	0	0
12 PETER MICHAELSON VP HUMAN RESOURCES	(I)	266,006	0	9,969	28,600	13,837	318,412	0
	(II)	0	0	0	0	0	0	0
13 Connie L Morris VP Manufacturing & Lab Srvs	(I)	170,563	0	9,969	6,849	13,631	201,012	0
	(II)	0	0	0	0	0	0	0
14 Phillip Norris VP Research & Scientific Prog	(I)	259,474	0	0	27,681	13,375	300,530	0
	(II)	0	0	0	0	0	0	0
15 Frank Nizzi MD VP Clinical Services	(I)	320,882	0	9,969	10,600	10,141	351,592	0
	(II)	0	0	0	0	0	0	0
16 Ralph Vassallo EVP Chief Med & Scient Offcr	(I)	341,680	15,000	112,452	7,950	5,883	482,965	0
	(II)	0	0	0	0	0	0	0
17 Paula Villalobos VP Field Operations	(I)	224,565	0	9,969	6,181	6,410	247,125	0
	(II)	0	0	0	0	0	0	0
18 Charles E Wilcox III VP Ops/Blood Centers Division	(I)	253,425	0	9,969	10,600	10,088	284,082	0
	(II)	0	0	0	0	0	0	0
19 Patrick Holt EVP Business Services	(I)	57,725	0	301,005	0	0	358,730	0
	(II)	0	0	0	0	0	0	0

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

(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)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Kevin Land MD Sr Medical Director	(I)	320,414	0	0	6,686	13,881	340,981	0
	(II)	0	0	0	0	0	0	0
1 Andrew Kirkvp sales	(I)	141,614	88,385	51,985	7,078	25,707	314,769	0
	(II)	0	0	0	0	0	0	0
2 pedro cano MD sr medical DIR (thru 12/2015)	(I)	265,984	0	11,449	7,950	967	286,350	0
	(II)	0	0	0	0	0	0	0
3 ROBIN CUSICK CHIEF MEDICAL OFFICER	(I)	272,590	0	0	28,500	2,161	303,251	0
	(II)	0	0	0	0	0	0	0
4 MARY TOWNSEND MD SR MEDICAL DIRECTOR	(I)	272,349	0	0	10,600	22,656	305,605	0
	(II)	0	0	0	0	0	0	0
5 SALLY CAGLIOTI PRESIDENT CTS	(I)	0	0	0	0	0	0	0
	(II)	364,615	96,980	627,421	28,600	8,023	1,125,639	616,309
6 EUGENE Robertson PHD VICE PRESIDENT CTS	(I)	0	0	0	0	0	0	0
	(II)	122,561	68,220	4,431	25,689	8,517	229,418	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292		01-06-2014	27,005,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,385,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	27,005,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	41,114			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	26,963,886			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2014			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 700 %						
6	Total of lines 4 and 5		0 700 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X							
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
	Schedule K, Part I, Line A, Column F REFUNDING OF AHFA 2004 BOND ISSUE WHICH WAS USED FOR THE PURCHASE OF LAND AND TO CONSTRUCT AND EQUIP 11 BLOOD CENTERS IN VARIOUS STATES FOR THE PURPOSE OF RECRUITING, COLLECTING, PROCESSING AND DISTRIBUTING BLOOD PRODUCTS, REFUNDING OF ABAG 2002 BOND ISSUE USED TO CONSTRUCT A BLOOD CENTER IN SAN FRANCISCO, CA, AND, REFUNDING OF AHFA 1995 VARIABLE RATE BOND ISSUE USED TO CONSTRUCT AND EQUIP A NATIONAL BLOOD TESTING LABORATORY IN TEMPE, ARIZONA

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Excess Benefit Transactions (section 501(c)(3), 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

2 Enter the amount of tax incurred by 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) DAVID GREEN	OFFICER	HOUSE		X	150,000	125,000		No	Yes		Yes	
Total		▶ $				125,000						

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) orrin h camp	spouse of officer	89,686	COMPENSATION - BSI EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (RECOGNITION)	X	352	5,275,493	COST/SELLING PRICE
26 Other ▶ (REFRESHMENT)	X	63	18,313	COST/SELLING PRICE
27 Other ▶ (OTHER)	X	4	423	COST/SELLING PRICE
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE MISSION OF BLOOD SYSTEMS, INC ("BSI") IS TO MAKE A DIFFERENCE IN PEOPLE'S LIVES BY BRINGING TOGETHER THE BEST PEOPLE, INSPIRING INDIVIDUALS TO DONATE BLOOD, PRODUCING A SAFE AND AMPLE BLOOD SUPPLY, ADVANCING CUTTING-EDGE RESEARCH AND EMBRACING CONTINUOUS QUALITY IMPROVEMENT TO FURTHER ITS MISSION, BSI OPERATES 17 COMMUNITY BLOOD CENTERS THESE CENTERS RECRUIT BLOOD DONORS AND COLLECT, PROCESS AND DISTRIBUTE APPROXIMATELY 860,000 BLOOD DONATIONS TO MEET THE BLOOD NEEDS OF PATIENTS IN MORE THAN 500 HOSPITALS THROUGHOUT THE COUNTRY THE STAFF OF NEARLY 2,300 SERVES A GEOGRAPHIC AREA COVERING THE UNITED STATES, FROM THE EAST COAST TO CALIFORNIA AND FROM THE CANADIAN BORDER TO MEXICO BSI IS KNOWN MORE COMMONLY THROUGHOUT THE UNITED STATES BY THE NAME OF ITS BLOOD BANKING DIVISION, UNITED BLOOD SERVICES BSI IS LICENSED BY THE U S FOOD AND DRUG ADMINISTRATION ("FDA") AS A PROVIDER OF BLOOD AND BLOOD SERVICES THE COMPANY'S THREE OPERATING DIVISIONS ARE (1) THE BLOOD BANKING DIVISION, WHICH INCLUDES UNITED BLOOD SERVICES, (2) THE BIOCARE DIVISION, AND (3) THE BLOOD SYSTEMS RESEARCH INSTITUTE. THESE OPERATING DIVISIONS ARE UNINCORPORATED DIVISIONS DOING BUSINESS UNDER REGISTERED TRADENAMES AND SERVICE MARKS BSI CONDUCTS ITS BLOOD BANKING ACTIVITIES THROUGH ITS REGIONAL BLOOD CENTERS LOCATED IN THE FOLLOWING STATES ARIZONA, CALIFORNIA, COLORADO, LOUISIANA, MISSISSIPPI, MONTANA, NEVADA, NEW MEXICO, NORTH DAKOTA, SOUTH DAKOTA, TEXAS, OHIO, NEW JERSEY, AND WYOMING THE BIOCARE DIVISION DISTRIBUTES PLASMA-DERIVED PRODUCTS THROUGH HOSPITALS, COMMUNITY BLOOD CENTER LOCATIONS AND ALSO DIRECTLY FROM ITS HEADQUARTERS IN TEMPE, ARIZONA BLOOD-RELATED RESEARCH IS CONDUCTED AT THE BLOOD SYSTEMS RESEARCH INSTITUTE LOCATED IN SAN FRANCISCO, CALIFORNIA FORM 990, PART III, LINE 2 ON JANUARY 1, 2015 BSI EFFECTED A MEMBER SUBSTITUTION (ACQUIRED) WITH LIFESHARE COMMUNITY BLOOD SERVICES, INC ("IIFESHARE") LIFESHARE IS A COMMUNITY-FOCUSED NONPROFIT ORGANIZATION COMMITTED TO PROVIDING A SAFE AND ADEQUATE BLOOD SUPPLY AND COMPONENT SUPPLY FOR PATIENT HEALTHCARE IN NORTHEAST OHIO ON FEBRUARY 1, 2015 BSI EFFECTED A MEMBER SUBSTITUTION (ACQUIRED) WITH BERGEN COMMUNITY REGIONAL BLOOD CENTER, INC ("cOMMUNITY BLOOD SERVICES") COMMUNITY BLOOD SERVICES PROMOTeS THE HEALTH OF THE COMMUNITY BY PROVIDING HIGH-QUALITY BLOOD AND TISSUE SERVICES ON NOVEMBER 1, 2015 BSI EFFECTED A MEMBER SUBSTITUTION (ACQUIRED) WITH MID-SOUTH REGIONAL BLOOD CENTER, INC ("MID-SOUTH") MID-SOUTH IS A COMMUNITY-FOCUSED NONPROFIT ORGANIZATION COMMITTED TO PROVIDING A SAFE AND ADEQUATE BLOOD SUPPLY FOR PATIENT HEALTHCARE IN THE MID-SOUTH REGION

Return Reference	Explanation
FORM 990, PART III, LINES 4A-D	4A) UNITED BLOOD SERVICES - BLOOD BANKING THE BLOOD BANKING DIVISION OPERATES UNDER THE NAME UNITED BLOOD SERVICES ("UBS") THE PRIMARY PURPOSE OF UBS IS TO PROVIDE A SAFE AND STABLE SUPPLY OF BLOOD AND BLOOD COMPONENTS TO HOSPITALS AND MEDICAL FACILITIES THE STRENGTH OF UBS IS THAT IT OPERATES AS LOCAL BLOOD CENTERS THAT ARE PART OF THE COMMUNITY AND YET HAS ACCESS TO A LARGE NETWORKED ORGANIZATION WITH ALL THE ADVANTAGES AND EFFICIENCIES THAT ARE REALIZED THROUGH STANDARDIZATION AND ECONOMIES OF SCALE UBS COLLECTS BLOOD FROM VOLUNTEER DONORS, PERFORMS SCREENING AND TESTING ON THE DONATED BLOOD, AND PROCESSES THE WHOLE BLOOD INTO BLOOD COMPONENTS SUCH AS RED CELLS, PLATELETS AND PLASMA BLOOD AND BLOOD COMPONENTS ARE THEN STORED AND DISTRIBUTED TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS 4B) BIOCARE - BIOLOGICALS THE BIOCARE DIVISION PROVIDES BIOLOGICAL PRODUCTS, BOTH HUMAN-PLASMA DERIVED AND RECOMBINANT PRODUCTS, THAT SERVE AS ADJUNCT THERAPIES IN TRANSFUSION MEDICINE AND HEALTHCARE PLASMA DERIVATIVES ARE BASICALLY PROTEIN THERAPIES PROVIDED FROM PLASMA LEFT OVER FROM WHOLE BLOOD DONATIONS EXAMPLES OF SUCH PLASMA DERIVATIVES INCLUDE INTRAVENOUS IMMUNE GLOBULINS, COAGULATION FACTORS, ALBUMIN AND FIBRIN SEALANTS THESE PRODUCTS ARE USED AS THERAPIES FOR IMMUNE SYSTEM DISORDERS, BLEEDING DISORDERS AND WOUND MANAGEMENT RECOMBINANT-BASED PRODUCTS ARE PRODUCTS THAT ARE NOT MADE FROM FRACTIONATED HUMAN PLASMA INSTEAD, THESE PRODUCTS ARE GENETICALLY ENGINEERED THE RESULTING PRODUCT HAS THE STRUCTURAL AND FUNCTIONAL CHARACTERISTICS SIMILAR TO THE COMPONENT FOUND IN HUMAN PLASMA (OR BASED ON A PROTEIN IN HUMAN PLASMA) THAT THE DRUG WAS SYNTHESIZED TO IMITATE RECOMBINANT-BASED PRODUCTS ARE OFTEN STABILIZED WITH ALBUMIN (CONCENTRATE OF PLASMA PROTEINS FROM HUMAN PLASMA), BUT THESE PRODUCTS ARE NOT MANUFACTURED FROM HUMAN PLASMA THESE RECOMBINANT PRODUCTS, SIMILAR TO THE PLASMA-DERIVATIVE PRODUCTS, ARE USED TO TREAT DISEASES AND MEDICAL CONDITIONS THAT ARE CONNECTED WITH OR RELATED TO BLOOD OR BLOOD-BORNE MEDICAL CONDITIONS 4C) BLOOD SYSTEMS RESEARCH INSTITUTE BLOOD SYSTEMS RESEARCH INSTITUTE ("BSRI") FACILITATES RESEARCH PRIMARILY FUNDED BY EXTRAMURAL GRANTS (NIH AND OTHERS) THE RESEARCH IS IN TRANSFUSION MEDICINE EPIDEMIOLOGY, HEALTH POLICY, VIROLOGY, VIRAL DISCOVERY, THE IMMUNE REACTION TO TRANSFUSION AND TO TRANSFUSION-TRANSMITTED INFECTIOUS AGENTS, CELL THERAPY AND GENETIC EPIDEMIOLOGY AREAS STUDIED INCLUDE IMPLICATIONS OF RECEIVING COMPONENTS AT DIFFERENT STORAGE AGES, MECHANISM OF VIRUS ENTRY INTO CELLS, HOW TRANSFUSION TRANSMITTED VIRUSES CAUSE SYMPTOMS, THE USE OF COMMERCIALLY AVAILABLE OR LOCALLY-DEVELOPED DONOR TESTS, THE FACTORS LEADING TO CHIMERISM, ETC BSRI SUPPORTS TRAINING PROGRAMS FOR SPECIALISTS IN TRANSFUSION MEDICINE AND THE DEVELOPMENT OF EPIDEMIOLOGY RESEARCH SCIENTISTS BSRI INVESTIGATORS PUBLISH MORE THAN 45 PAPERS EACH YEAR IN THE PEER-REVIEWED SCIENTIFIC LITERATURE THE RESEARCH FACILITY IS STAFFED WITH 12 INVESTIGATORS, 24 RESEARCH ASSOCIATES, 16 STAFF SCIENTISTS AND VARIOUS OTHER POSITIONS AS WELL AS ADMINISTRATIVE SUPPORT 4D) OTHER PROGRAM SERVICES CONSIST OF LABORATORY SERVICES AND OTHER PROGRAM ACTIVITIES

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE EXECUTIVE COMMITTEE HAS THE POWERS OF THE BOARD OF TRUSTEES BETWEEN BOARD MEETINGS, UNLESS PROHIBITED BY LAW OR THE ARTICLES OF INCORPORATION THE EXECUTIVE COMMITTEE IS COMPOSED OF 6 OR MORE TRUSTEES, INCLUDING THE CHAIR, VICE CHAIR, SECRETARY-TREASURER, ONE TRUSTEE SELECTED BY BLOOD CENTERS OF THE PACIFIC, AND TWO OR MORE TRUSTEES SELECTED BY THE BOARD

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT, INCLUDING CONFIRMATION OF COMPENSATION DISCLOSURES AGAINST W-2 AND 1099 REPORTING A COPY OF THE DRAFT FORM 990 AND ALL SCHEDULES IS SUPPLIED TO ALL BOARD MEMBERS PRIOR TO THE MEETING HELD TO ACCEPT THE RETURNS THE W-2S AND 1099S ARE AVAILABLE FOR BOARD REVIEW UPON REQUEST THE PAID PREPARER, ERNST & YOUNG, AND MEMBERS OF MANAGEMENT REVIEW THE FORM 990 WITH THE COMMITTEES AND ARE AVAILABLE FOR ANSWERING QUESTIONS ANY COMMENTS FROM THE BOARD ARE CONSIDERED PRIOR TO FILING WITH THE IRS

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

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	THE BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN RESOURCE COMMITTEE WHOSE PURPOSE, AMONG OTHER THINGS, IS TO HIRE AN INDEPENDENT CONSULTING FIRM ONCE EVERY 2-3 YEARS TO PROVIDE DATA ON COMPETITIVENESS OF SALARIES AND BENEFITS FOR THE CEO AND OTHER OFFICERS OF THE CORPORATION THE MEMBERS OF THE HUMAN RESOURCE AND COMPENSATION COMMITTEE OF THE BOARD ARE ALL INDEPENDENT TRUSTEES AND INCLUDE NO MEMBERS OF MANAGEMENT THE RECOMMENDATIONS OF THE COMMITTEE ARE REVIEWED BY THE ENTIRE BOARD PRIOR TO APPROVAL COMPENSATION FOR THESE INDIVIDUALS IS SET AND APPROVED BY THE BOARD EACH YEAR THE RESULTS OF THESE DISCUSSIONS, REVIEWS AND APPROVALS ARE DOCUMENTED IN THE EXECUTIVE MINUTES OF THE BOARD MEETINGS THIS PROCESS WAS LAST COMPLETED IN 2015

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

Return Reference	Explanation
FORM 990, PART VII	IN 2012, SALLY CAGLIOTI AND EUGENE ROBERTSON WERE REPORTED AS AN OFFICER AND KEY EMPLOYEE, RESPECTIVELY, OF BLOOD SYSTEMS, INC ("BSI") CREATIVE TESTING SOLUTIONS ("CTS"), A RELATED 501(C)(3) ORGANIZATION, LEASED THEIR EMPLOYEES FROM BSI IN 2012, INCLUDING SALLY CAGLIOTI AND EUGENE ROBERTSON IN 2013 CTS HIRED THEIR OWN EMPLOYEES, INCLUDING SALLY CAGLIOTI AND EUGENE ROBERTSON THUS, THEY ARE NO LONGER CONSIDERED AN OFFICER OR KEY EMPLOYEE OF BSI FOR THIS REASON, THEY ARE BEING REPORTED AS FORMER

Return Reference	Explanation
FORM 990, PART VIII, LINE 2A	AS DESCRIBED IN THE NARRATIVE FOR PART III, LINE 4B, BIOCARE IS A DIVISION OF BLOOD SYSTEMS INC THE BIOCARE DIVISION WAS CONCEIVED TO PROVIDE BLOOD BANK REAGENTS AND TRANSFUSION MEDICINE-RELATED, PLASMA-DERIVED PHARMACEUTICAL DERIVATIVES TO EXISTING HOSPITAL CUSTOMERS AS A CONVENIENT, VALUE-ADDED SERVICE. CURRENTLY, BIOCARE FUNCTIONS AS A SPECIALTY DISTRIBUTOR OF THERAPEUTIC PLASMA-DERIVATIVE PRODUCTS AND, INCREASINGLY, RECOMBINANT-BASED PRODUCTS TO BLOOD SYSTEMS TRADITIONAL CUSTOMER BASE OF HOSPITALS, AS WELL AS OUT-PATIENT SURGERY CENTERS, SPECIALTY PHARMACIES AND PHYSICIAN PRACTICES THE MAJORITY OF PRODUCTS SOLD ARE USED TO TREAT DISEASES AND MEDICAL CONDITIONS THAT ARE CONNECTED WITH OR RELATED TO BLOOD OR BLOOD-BORNE MEDICAL CONDITIONS ALL OF THE PRODUCTS SOLD BY BIOCARE ARE MANUFACTURED BY COMMERCIAL BIO-PHARMACEUTICAL COMPANIES THE SIGNIFICANT DIFFERENCE BETWEEN BIOCARE AND ITS FOR-PROFIT COMPETITORS IN TERMS OF PRICING IS THAT IN THE EVENT THERE IS A SHORTAGE OF CERTAIN PRODUCT, THE FOR-PROFIT COMPETITORS MAY RAISE THEIR PRICING UP TO TWO OR THREE TIMES NORMAL PRICING, WHILE BIOCARE MAINTAINS ITS PRICING VERY CLOSE TO ORIGINAL LEVELS, ONLY INCREASING PRICING TO OFFSET INCREASED ACQUISITION COSTS THE REASON BIOCARE HAS TAKEN THIS APPROACH IS DUE TO BSIS EXEMPT PURPOSE TO DELIVER PRODUCTS FOR TRANSFUSION AND TREATMENT PURPOSES BIOCARE ALSO DIFFERS FROM ITS FOR-PROFIT COMPETITORS IN THAT BIOCARES DISTRIBUTION SERVICES OFFER SAME-DAY AND STAT DELIVERY OPTIONS OVER THE WEEKEND OR AFTER HOURS FOR A MUCH LOWER COST THAN ITS FOR-PROFIT COMPETITORS BIOCARE REPRESENTS THE FASTEST POSSIBLE OPTION OF GETTING LIFE-SAVING PLASMA-DERIVED AND RECOMBINANT-BASED PRODUCTS TO ITS TRADITIONAL CUSTOMER BASE OVER THE WEEKEND (FRIDAY, SATURDAY AND SUNDAY) MOST FOR-PROFIT COMPETITORS DO PROVIDE 24 HOUR ORDERING SERVICES, HOWEVER, UNLESS AN ORDER IS RECEIVED PRIOR TO THE CLOSE OF BUSINESS ON THURSDAY, THE PRODUCT WILL NOT BE DELIVERED UNTIL THE FOLLOWING WEEK BIOCARE ALSO USES APPROXIMATELY 20 ORDERING LOCATIONS (FACILITIES) NATIONWIDE THAT ARE CAPABLE OF STORING AND DISTRIBUTING PRODUCT, WHILE MOST COMPETITORS ONLY HAVE A FEW IT SHOULD BE NOTED THAT THE ACTIVITIES UNDERTAKEN BY BLOOD SYSTEMS RELATED TO ITS EXEMPT PURPOSES AS A WHOLE ARE SUBSTANTIAL AS COMPARED TO THE ACTIVITIES OF THE BIOCARE DIVISION WHILE BIOCARE COMPRISES A SIGNIFICANT PORTION OF BSIS OVERALL REVENUE, THE NUMBER OF EMPLOYEES (APPROXIMATELY 43) AND HOURS PRODUCING THIS REVENUE IS VERY SMALL, AS COMPARED TO THE TOTAL NUMBER OF BSI EMPLOYEES (APPROXMATELY 2,800) AND HOURS PRODUCING THE RELATED EXEMPT PURPOSE REVENUE. PLASMA-DERIVATIVE PRODUCTS TREATED AS RELATED (COL B) - PLASMA-DERIVATIVE PRODUCTS ARE PRODUCTS THAT ARE MANUFACTURED FROM PROTEINS FOUND IN HUMAN PLASMA AND ARE USED TO TREAT DISEASES AND MEDICAL CONDITIONS THAT ARE CONNECTED WITH OR RELATED TO BLOOD OR BLOOD BORNE MEDICAL CONDITIONS IT IS BLOOD SYSTEMS POSITION THAT PROVIDING BLOOD-DERIVED PRODUCTS, WHICH ARE MANUFACTURED BY BIO-PHARMACEUTICAL COMPANIES USING HUMAN BLOOD/PLASMA, TO HOSPITALS AND OTHER HEALTHCARE PROVIDERS FOR USE IN TREATING MEDICAL CONDITIONS OF PATIENTS IS DIRECTLY RELATED TO BLOOD SYSTEMS EXEMPT PURPOSES AS THE PRODUCTS SOLD ARE MADE FROM AND CONTAIN HUMAN BLOOD/PLASMA AND PROTEIN, THERE IS A SUBSTANTIAL NEXUS BETWEEN THE SALE OF THESE PRODUCTS AND BLOOD SYSTEMS EXEMPT PURPOSES IT SHOULD BE NOTED THAT OTHER NON-PROFIT COMPETITORS ALSO TREAT SIMILAR REVENUE AS RELATED, THUS MAKING IT AN INDUSTRY STANDARD ACCORDINGLY, THE SALE OF PLASMA-DERIVATIVE PRODUCTS IS BEING TREATED AS RELATED REVENUE (SEE PART VIII, LINE 2A, COLUMN (B)) RECOMBINANT-BASED PRODUCTS TREATED AS UNRELATED (COL C) - RECOMBINANT-BASED PRODUCTS ARE PRODUCTS THAT ARE NOT MADE FROM FRACTIONATED HUMAN PLASMA INSTEAD, THESE PRODUCTS ARE GENETICALLY ENGINEERED THE RESULTING PRODUCT HAS THE STRUCTURAL AND FUNCTIONAL CHARACTERISTICS SIMILAR TO THE COMPONENT FOUND IN HUMAN PLASMA (OR BASED ON A PROTEIN IN HUMAN PLASMA) THAT THE DRUG WAS SYNTHESIZED TO IMITATE. IT IS BSIS POSITION THAT THE PROVISION OF RECOMBINANT-BASED DRUG PRODUCTS, WHICH ARE MANUFACTURED THROUGH GENETIC ENGINEERING BY BIO-PHARMACEUTICAL COMPANIES NOT USING HUMAN BLOOD/PLASMA, TO HOSPITALS AND OTHER HEALTHCARE PROVIDERS USED TO TREAT MEDICAL CONDITIONS IS NOT DIRECTLY RELATED TO BLOOD SYSTEMS PURPOSES ACCORDINGLY, THE SALE OF RECOMBINANT-BASED PRODUCTS IS BEING TREATED AS UNRELATED BUSINESS INCOME (SEE PART VIII, LINE 2A, COLUMN (C)) DUE TO THE GROWTH IN AND EXPANSION OF THE BIOCARE DIVISION, AND THE POSITION RECENTLY TAKEN TO TREAT RECOMBINANT PRODUCTS AS UNRELATED BUSINESS INCOME, BLOOD SYSTEMS INC FORMED BIOCARE, INC , AN ARIZONA FOR-PROFIT C CORPORATION EFFECTIVE SEPTEMBER 15, 2016 IT IS INTENDED THAT THE BIOCARE DIVISION OF BLOOD SYSTEMS, INC , IN ITS ENTIRETY, WILL BE TRANSFERRED TO AND OPERATED BY BIOCARE, INC EFFECTIVE JANUARY 1, 2017

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CTS DISTRIBUTION OF EARNINGS $ 6,500,000 CSIC DISTRIBUTION OF EARNINGS $ 5,000,000 PENSION RECAPTURE EXP OTHER THAN NET PERIODIC COST $(3,294,514) ---------- TOTAL $ 8,205,486

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLOOD SYSTEMS INC

Employer identification number
86-0098929

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

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) IT SYNERGISTICS LLC 115 TREE ST FLOWOOD, MS 39232 20-2570319	SOFTWARE DEV	MS	LS & BCRBC	RELATED	0	0		No	0		No	0 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CANYON STATE INSURANCE COMPANY WEST BAY ROAD GRAND CAYMAN CJ 98-1084327	INVESTMENT	CJ	BSI	FOREIGN	9,045,046	27,629,825	100 000 %	Yes	
(2) TRANSFUSION TECHNOLOGY INC 102 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645 22-3494865	INACTIVE	NJ	BCRBC	C CORP	0	0	0 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CREATIVE TESTING SOLUTIONS 6210 EAST OAK STREET SCOTTDALE, AZ 85257 27-1120123	SAFETY TEST	AZ	501(C)(3)	10	BSI	Yes	
BLOOD CENTERS OF THE PACIFIC 270 MASONIC AVENUE SAN FRANCISCO, CA 94118 94-1156555	BLOOD BANKING	CA	501(C)(3)	9	BSI	Yes	
INLAND NORTHWEST BLOOD CENTER 210 W CATALDO AVENUE SPOKANE, WA 99201 91-0499130	BLOOD BANKING	WA	501(C)(3)	9	BSI	Yes	
BLOOD CENTER FND OF THE INLAND NORTHWEST 210 W CATALDO AVENUE SPOKANE, WA 99201 46-4347438	FUNDRAISING	WA	501(C)(3)	7	INBC	Yes	
BELLE BONFILS MEMORIAL BLOOD CENTER 717 YOSEMITE STREET DENVER, CO 80230 84-0411209	BLOOD BANKING	CO	501(C)(3)	9	BSI	Yes	
BONFILS BLOOD CENTER FOUNDATION 717 YOSEMITE STREET DENVER, CO 80230 74-2787586	FUNDRAISING	CO	501(C)(3)	7	BBMBC	Yes	
BLOOD BANK OF SAN BERNARDINO & RIVERSIDE PO BOX 1429 SAN BERNARDINO, CA 92402 95-1708743	BLOOD BANKING	CA	501(C)(3)	9	BSI	Yes	
BLOOD BANK SAN BERNARDINORIVERSIDE FDN PO BOX 1429 SAN BERNARDINO, CA 92402 20-8911074	FUNDRAISING	CA	501(C)(3)	11-TYPE I	BBSBRC	Yes	
MID-SOUTH REGIONAL BLOOD CENTER INC 1040 MADISON AVENUE MEMPHIS, TN 38104 62-0719021	BLOOD BANKING	TN	501(C)(3)	9	BSI	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BLOOD CENTERS OF THE PACIFIC	C	399,326	ACCRUAL
(1)	BLOOD CENTERS OF THE PACIFIC	G	3,488,226	ACCRUAL
(2)	BLOOD CENTERS OF THE PACIFIC	H	126,615	ACCRUAL
(3)	BLOOD CENTERS OF THE PACIFIC	K	1,616,582	ACCRUAL
(4)	BLOOD CENTERS OF THE PACIFIC	L	3,103,464	ACCRUAL
(5)	BLOOD CENTERS OF THE PACIFIC	M	186,289	ACCRUAL
(6)	BLOOD CENTERS OF THE PACIFIC	Q	296,849	ACCRUAL
(7)	BLOOD CENTERS OF THE PACIFIC	S	293,813	ACCRUAL
(8)	CANYON STATE INSURANCE COMPANY	F	5,000,000	ACCRUAL
(9)	CANYON STATE INSURANCE COMPANY	R	534,761	ACCRUAL
(10)	CREATIVE TESTING SOLUTIONS	M	30,993,748	ACCRUAL
(11)	CREATIVE TESTING SOLUTIONS	L	5,981,821	ACCRUAL
(12)	CREATIVE TESTING SOLUTIONS	A	1,108,506	ACCRUAL
(13)	CREATIVE TESTING SOLUTIONS	J	1,554,338	ACCRUAL
(14)	CREATIVE TESTING SOLUTIONS	C	1,084,804	ACCRUAL
(15)	CREATIVE TESTING SOLUTIONS	Q	277,727	ACCRUAL
(16)	CREATIVE TESTING SOLUTIONS	S	6,500,000	ACCRUAL
(17)	INLAND NORTHWEST BLOOD CENTER	H	625,953	ACCRUAL
(18)	INLAND NORTHWEST BLOOD CENTER	L	1,639,318	ACCRUAL
(19)	INLAND NORTHWEST BLOOD CENTER	Q	92,563	ACCRUAL
(20)	INLAND NORTHWEST BLOOD CENTER	P	112,500	ACCRUAL
(21)	INLAND NORTHWEST BLOOD CENTER	C	83,204	ACCRUAL
(22)	belle BONFILS memorial BLOOD CENTER	G	128,718	ACCRUAL
(23)	belle BONFILS memorial BLOOD CENTER	H	614,634	ACCRUAL
(24)	belle BONFILS memorial BLOOD CENTER	L	1,435,429	ACCRUAL

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	belle BONFILS memorial BLOOD CENTER	M	127,599	ACCRUAL
(1)	belle BONFILS memorial BLOOD CENTER	Q	516,878	ACCRUAL
(2)	belle BONFILS memorial BLOOD CENTER	C	110,000	ACCRUAL
(3)	BLOOD BANK OF SAN BERNARDINO & RIVERSIDE	G	12,879,205	ACCRUAL
(4)	BLOOD BANK OF SAN BERNARDINO & RIVERSIDE	H	751,314	ACCRUAL
(5)	BLOOD BANK OF SAN BERNARDINO & RIVERSIDE	L	1,231,717	ACCRUAL
(6)	BLOOD BANK OF SAN BERNARDINO & RIVERSIDE	Q	476,017	ACCRUAL
(7)	LIFESHARE community blood services	G	1,464,268	ACCRUAL
(8)	LIFESHARE community blood services	H	116,542	ACCRUAL
(9)	LIFESHARE community blood services	L	464,350	ACCRUAL
(10)	LIFESHARE community blood services	Q	131,694	ACCRUAL
(11)	LIFESHARE community blood services	C	129,472	ACCRUAL
(12)	BERGEN COMMUNITY REGIONAL BLOOD CENTER	G	871,690	ACCRUAL
(13)	BERGEN COMMUNITY REGIONAL BLOOD CENTER	L	240,628	ACCRUAL
(14)	BERGEN COMMUNITY REGIONAL BLOOD CENTER	Q	131,493	ACCRUAL
(15)	BERGEN COMMUNITY REGIONAL BLOOD CENTER	C	234,504	ACCRUAL
(16)	Mid-South Regional Blood CenteR INC	Q	105,965	ACCRUAL