

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 SUNCOAST COMMUNITIES BLOOD BANK INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1760 MOUND ST

City or town, state or country, and ZIP + 4
 SARASOTA, FL 34236

D Employer identification number
 59-0873275

E Telephone number
 (941) 954-1600

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWWSCBBORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 8,161,226

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b		104,691	
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d		3,000	
e	Total (add lines 1a through 1d) (cash \$ 40,527 noncash \$ 67,164)	1e			107,691
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			7,772,829
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			97,057
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets	(A) Securities		(B) Other	
	other than inventory		164,291	8a	
b	Less cost or other basis and sales expenses		190,573	8b	
c	Gain or (loss) (attach schedule)		-26,282	8c	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	-26,282
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			19,358
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			7,970,653
13	Program services (from line 44, column (B))	13			7,020,863
14	Management and general (from line 44, column (C))	14			1,070,033
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17			8,090,896
18	Excess or (deficit) for the year Subtract line 17 from line 12	18			-120,243
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			5,909,055
20	Other changes in net assets or fund balances (attach explanation) _____	20			248,272
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			6,037,084

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	12,000	12,000		
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	239,949	191,492	48,457	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b and c	3,360,753	2,688,602	672,151	
27	Pension plan contributions not included on lines 25a, b and c	116,784	93,427	23,357	
28	Employee benefits not included on lines 25a - 27	531,494	398,620	132,874	
29	Payroll taxes	262,440	217,825	44,615	
30	Professional fundraising fees				
31	Accounting fees	9,400		9,400	
32	Legal fees	1,712	1,592	120	
33	Supplies	1,533,191	1,517,859	15,332	
34	Telephone	47,299	43,988	3,311	
35	Postage and shipping	40,216	37,401	2,815	
36	Occupancy	267,664	233,942	33,722	
37	Equipment rental and maintenance	166,132	154,503	11,629	
38	Printing and publications	55,247	51,380	3,867	
39	Travel	71,299	66,308	4,991	
40	Conferences, conventions, and meetings	11,594	10,782	812	
41	Interest	5,810	5,810		
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	287,071	275,588	11,483	
43	Other expenses not covered above (itemize)				
a	See Additional Data Table				
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,090,896	7,020,863	1,070,033	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____





Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ▶ Suncoast Communities Blood Bank provides a reliable supply of quality blood products and services. Our singular purpose is to collect, test, process, match, store and distribute all the blood products required to serve the hospitals and health centers in our community.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a RECEIVES, PROCESSES AND THEN DISTRIBUTES WHOLE BLOOD AND BLOOD COMPONENTS TO HOSPITALS AND MEDICAL CLINICS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>7,020,863</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>7,020,863</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		13,798	45	36,906	
	46 Savings and temporary cash investments		963,801	46	823,742	
	47a Accounts receivable	47a	738,157			
	b Less allowance for doubtful accounts	47b		623,184	47c	738,157
	48a Pledges receivable	48a	3,000			
	b Less allowance for doubtful accounts	48b			48c	3,000
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a	76,467			
	b Less allowance for doubtful accounts	51b			51c	76,467
	52 Inventories for sale or use		90,076	52	327,418	
	53 Prepaid expenses and deferred charges		198,787	53	217,406	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		1,589,623	56	 1,776,845		
57a Land, buildings, and equipment basis	57a	5,082,942				
b Less accumulated depreciation (attach schedule)	57b	2,427,550	2,519,654	57c	 2,655,392	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		534,917	58	 25,047		
59 Total assets (must equal line 74) Add lines 45 through 58		6,533,840	59	6,680,380		
Liabilities	60 Accounts payable and accrued expenses		510,202	60	556,213	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)		114,583	64b	 87,083	
	65 Other liabilities (describe <input type="checkbox"/> _____)			65		
66 Total liabilities Add lines 60 through 65		624,785	66	643,296		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		5,791,969	67	5,949,824	
	68 Temporarily restricted		117,086	68	87,260	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		5,909,055	73	6,037,084	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		6,533,840	74	6,680,380	

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question number, question text, and Yes/No columns. Includes sections 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89f, 89g, 90a-90b, 91a, and 91b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LABORATORY TEST FEES					1,900,626
b PROCESS AND SERVICE FEES					4,385,117
c EXPORT FEES					1,121,633
d PLASMA SALES					365,453
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	97,057	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-26,282	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>VENDOR CREDITS & REBATES</u>					19,358
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				70,775	7,792,187
105 Total (add line 104, columns (B), (D), and (E))					7,862,962

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	THE SUNCOAST COMMUNITIES BLOOD BANK, INC PROVIDES A VITAL COMMUNITY
93	FUNCTION SUPPLYING SARASOTA COUNTY WITH BLOOD SUPPLIES ALL REVENUES
93	ARE GENERATED BY ITS SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2008-02-15 Date
	CAROLINE STRICKLAND TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature STEPHEN D SPANGLER	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CAVANAUGH & CO LLP 2381 FRUITVILLE ROAD SARASOTA, FL 34237			EIN Phone no (941) 366-2983

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization SUNCOAST COMMUNITIES BLOOD BANK INC

Employer identification number

59-0873275

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Rows include RHONDA J PETERS, SCOTT M BUSH, DIANA K BERRY, Christopher A Ebert, and Linda C Flood.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Content is mostly empty with 'None' in column (a).

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Content is mostly empty with 'None' in column (a).

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📎</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b	Yes	
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) 📎</p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	297,396	113,565	153,420	10,038	574,419
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	7,236,161	6,799,056	6,542,857	6,740,409	27,318,483
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	92,342	48,257	26,874	27,809	195,282
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	25,717				25,717
23 Total of lines 15 through 22	7,651,616	6,960,878	6,723,151	6,778,256	28,113,901
24 Line 23 minus line 17	415,455	161,822	180,294	37,847	795,418
25 Enter 1% of line 23	76,516	69,609	67,232	67,783	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		26b	0
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____			
c Add Amounts from column (e) for lines 15 _____ 574,419 16 _____ 0 17 _____ 27,318,483 20 _____ 0 21 _____ 0		27c	27,892,902
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	27,892,902
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f		28,113,901
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	9921 39 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	69 46 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Includes SUNCOAST COMMUNITIES BLOOD BANK INC and Form 990 Page 2.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 3 columns: Line number, Description, Amount. Includes lines 1-5 for maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Includes lines 6-13 for listed property, total elected cost, tentative deduction, carryover, and business income limitation.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16 for special allowance, section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Includes lines 17-18 for MACRS deductions and group election.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for class life and 12-year/40-year assets.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23 for listed property, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Additional Data

Software ID:

Software Version:

EIN: 59-0873275

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	126,939	106,629	20,310	
b NATIONAL TESTING SERVICE FEES	43b	469,943	469,943		
c PURCHASED SERVICES	43c	26,005	24,185	1,820	
d EMPLOYEE RELATIONS & TRAINING	43d	32,731	30,440	2,291	
e ADVERTISING AND PROMOTIONAL	43e	71,174	66,192	4,982	
f PROFESSIONAL SERVICES	43f	4,652	2,791	1,861	
g SUBSCRIPTIONS MEMBERSHIPS & LICENSES	43g	42,920	39,916	3,004	
h MISCELLANEOUS	43h	54,939	44,641	10,298	
i DONOR AWARDS AND RECOGNITION	43i	143,929	143,929		
j HAZARDOUS WASTE REMOVAL	43j	16,801	15,625	1,176	
k PAYROLL ADMINISTRATION	43k	13,632	12,678	954	
l COMPUTER SOFTWARE SUPPORT	43l	62,876	58,475	4,401	
m DONOR CHOLESTEROL TESTING	43m	4,300	4,300		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SARA ANTHONY 2636 WOODGATE LANE SARASOTA, FL 34231	BOARD MEMBER 0 00	0	0	0
SARA ALLEN BAGLEY 1435 CEDAR BAY LANE SARASOTA, FL 34231	BOARD MEMBER 0 00	0	0	0
MARY LYNN DESJARLAIS 2750 STICKNEY PT RD SARASOTA, FL 34231	PRESIDENT 0 00	0	0	0
W PETER GRAPER MD 1569 OAK WAY SARASOTA, FL 34232	BOARD MEMBER 0 00	0	0	0
STEPHEN HEESE 8161 15TH STREET EAST SARASOTA, FL 34243	BOARD MEMBER 0 00	0	0	0
WILLIAM HERRON 5590 BEE RIDGE RD STE 3 SARASOTA, FL 34233	V PRESIDENT 0 00	0	0	0
KENNETH JOHNS 6015 RESOURCE LANE BRADENTON, FL 34202	SECRETARY 0 00	0	0	0
DEBRA KROBOTH 144 FIRST ST SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
DON MCDONOUGH 6468 PARKLAND DRIVE SARASOTA, FL 34243	ASST TREASURER 0 00	0	0	0
SHERRI REYNOLDS 446 CAMILLE DRIVE SARASOTA, FL 34229	BOARD MEMBER 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SANDRA ROLLINGS 4567 CAMINO REAL SARASOTA, FL 34231	BOARD MEMBER 0 00	0	0	0
CAROLINE STRICKLAND 1990 MAIN STREET STE 801 SARASOTA, FL 34236	TREASURER 0 00	0	0	0
JEFFREY TOALE 2191 HYDE PARK ST SARASOTA, FL 34239	BOARD MEMBER 0 00	0	0	0
MARK J MAGENHEIM MD 4571 ROBIN HOOD TRAIL SARASOTA, FL 34232	CEO & MEDICAL DIRECTOR 40 00	220,151	19,558	240
CHARLES H BALL 1444 FIRST STREET STE B SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** SUNCOAST COMMUNITIES BLOOD BANK INC**EIN:** 59-0873275**Gross Sales Price:** 164,291**Basis:** 190,573**Sales Expenses:** 0**Total (net):** -26,282

TY 2006 General Explanation Attachment

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Identifier	Return Reference	Explanation
	FUNCTIONAL EXPENSES PART II FORM 990 LINE 22A	<p>Sarasota-Suncoast Communities Blood Bank (SCBB) has awarded \$12,000 worth of scholarships to outstanding graduating high school students and current college/technical students for 2007. Scholarship winners were selected by a committee based on participation in their schools blood drives, academic excellence, commitment to the community and support of the Blood Bank. The committee included Dr. Mark J. Magenheim, CEO and Medical Director of SCBB, Debra Kroboth, Board of Director for SCBB, Sherri Reynolds, Board of Director for SCBB and Supervisor of Pupil Support Services for the School Board of Sarasota County, Joanne Sergio, blood drive recruiter, Mary Johnson, Director of Finance for SCBB and Julie Platt, Public Relations and Marketing Manager. Awards were given to 24 students in the amount of \$500 per student, resulting in 12 schools represented by the students. The Blood Bank invests considerable effort in recruiting young adults at high school and college/technical school blood drives because they have a lifetime of blood donation opportunities ahead of them. The Blood Bank also appreciates the support of many private and public schools, the DeSoto County and Sarasota County School Districts, and school administrators and staff who support blood drives at participating private and public schools.</p>

TY 2006 Individual Assistance Schedule**Name:** SUNCOAST COMMUNITIES BLOOD BANK INC**EIN:** 59-0873275

Class of Activity	Amount
SCHOLARSHIPS - SEE STATEMENTS ATTACHED	12,000

TY 2006 Investments - Other Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Book Value	Cost/FMV
FIXED INCOME SECURITIES	602,225	F
EQUITY INCOME SECURITIES	907,357	F
MONEY MARKET FUNDS	267,263	F

TY 2006 Land etc. Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDINGS AND LEASEHOLD IMPROVEMENTS	1,955,475	1,027,359	928,116
LABORATORY EQUIPMENT	950,812	549,530	401,282
AUTOMOTIVE EQUIPMENT	832,102	492,025	340,077
OFFICE FURNITURE & EQUIPMENT	212,802	191,467	21,335
COMPUTER EQUIPMENT & SOFTWARE	623,103	167,169	455,934
LAND	508,648		508,648

TY 2006 Mortgages and Notes Payable Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Total Mortgage Amount: 0

Item No.	1
Lender's Name	key equipment finance
Lender's Title	
Relationship to Insider	none
Original Amount of Loan	165000
Balance Due	87083
Date of Note	2005-04
Maturity Date	2011-04
Repayment Terms	monthly principal and interest \$2776
Interest Rate	6.5000
Security Provided by Borrower	2005 blue bird re 40 blood bank conversion
Purpose of Loan	purchase blood mobile
Description of Lender Consideration	security
Consideration FMV	

TY 2006 Other Assets Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS		25,047

TY 2006 Other Changes in Net Assets Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Amount
UNREALIZED INVESTMENT GAIN DURING THE YEAR	144,043
GIFTS IN KIND	104,230
ROUNDING	-1

TY 2006 Other Expenses Included Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Amount
REALIZED LOSS ON ASSET DISPOSAL	26,282

TY 2006 Other Revenues Included Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Amount
IN KIND CONTRIBUTIONS	104,230
REALIZED LOSS ON SECURITIES SALES	26,282

TY 2006 Other Income Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	2003	2002	2001	2000	Total
OTHER	25,717				25,717

TY 2006 Scholarship Award Statement

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Statement: SEE STATEMENT ATTACHED TO RETURN. SCHOLARSHIPS TOTALED
\$12,000 FOR THE YEAR.

TY 2006 Self Dealing Statement

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Line Number	Explanation
2b	SCOTT BUSH, CHIEF TECHNICAL OFFICER, WAS GIVEN AN ADVANCE SECURED BY HIS ACCUMULATED PAID TIME OFF IN THE AMOUNT OF \$4,000 ON 02/20/06. THE ADVANCE WAS REPAID IN FULL ON 02/15/07

Line Number	Explanation
2d	THE ORGANIZATION REIMBURSES EMPLOYEES FOR USE OF THEIR PERSONAL AUTOS BASED ON IRS MILEAGE ALLOWANCE RATES. BUSINESS USE OF PERSONAL CELL PHONES ARE REIMBURSED BASED ON A STANDARD ORGANIZATION RATE. ALL REIMBURSED EXPENSES MUST BE FULLY DOCUMENTED AND REQUIRE ORIGINAL RECEIPTS AS REQUIRED BY INTERNAL REVENUE SERVICE TAX CODE AND REGULATIONS.