

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

- 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: 1760 MOUND ST. City or town: SARASOTA, FL 34236

D Employer identification number: 59-0873275. E Telephone number: (941) 954-1600. F Accounting method: Accrual

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: WWW SCBB ORG

J Organization type: 501(c)(3)

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

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: 9,592,229


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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part III 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part 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"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	708,596	566,878	141,718	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
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)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	3,025,043	2,420,034	605,009	
27 Pension plan contributions not included on lines 25a, b and c	27	118,693	87,552	31,141	
28 Employee benefits not included on lines 25a - 27	28	354,061	263,288	90,773	
29 Payroll taxes	29	260,184	215,953	44,231	
30 Professional fundraising fees	30				
31 Accounting fees	31	9,977	5,986	3,991	
32 Legal fees	32	4,513	2,708	1,805	
33 Supplies	33	39,153	36,412	2,741	
34 Telephone	34	50,626	26,832	23,794	
35 Postage and shipping	35	18,605	17,302	1,303	
36 Occupancy	36	292,831	262,212	30,619	
37 Equipment rental and maintenance	37	78,076	69,793	8,283	
38 Printing and publications	38	24,568	22,848	1,720	
39 Travel	39	88,599	82,397	6,202	
40 Conferences, conventions, and meetings	40				
41 Interest	41	5,809	5,809		
42 Depreciation, depletion, etc (attach schedule) 	42	257,185	246,898	10,287	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,637,889	7,567,381	1,069,973	535

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 to hospitals and health centers in need. 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>
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a Suncoast Communities Blood Bank (SCBB) provides a reliable supply of quality blood products and services to hospitals and health centers in need. In FY08 over 14,000 individuals donated more than 28,000 units of blood which was transfused to an estimated 9,400 patients. During FY08 280 individuals organized 1,079 mobile blood drives throughout Sarasota and DeSoto Counties to collect 60% of all blood donations. Over 100 administrative volunteers donated in excess of 3,000 hours of service. SCBB's component laboratory processed nearly 65,000 blood products and prepared 26,000 donor samples for testing. SCBB's transfusion service completed 67,000 patient tests and directly transfused over 4,000 patients.

(Grants and allocations \$) If this amount includes foreign grants, check here 7,567,381

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 7,567,381

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	36,906	45	3,737
	46 Savings and temporary cash investments	823,742	46	1,531,722
	47a Accounts receivable	47a 839,075		
	b Less allowance for doubtful accounts	47b	738,157	47c 839,075
	48a Pledges receivable	48a 13,000		
	b Less allowance for doubtful accounts	48b	3,000	48c 13,000
	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 85,006		
	b Less allowance for doubtful accounts	51b	76,467	51c 85,006
	52 Inventories for sale or use		327,418	52 409,685
	53 Prepaid expenses and deferred charges		217,406	53 450,223
	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)		1,776,845	56 1,559,391	
57a Land, buildings, and equipment basis	57a 5,141,805			
b Less accumulated depreciation (attach schedule)	57b 2,508,399	2,655,392	57c 2,633,406	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		25,047	58 25,003	
59 Total assets (must equal line 74) Add lines 45 through 58		6,680,380	59 7,550,248	
Liabilities	60 Accounts payable and accrued expenses	556,213	60	717,296
	61 Grants payable		61	
	62 Deferred revenue		62	57,333
	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)		87,083	64b 59,583
	65 Other liabilities (describe <input type="checkbox"/> _____)			65
66 Total liabilities Add lines 60 through 65		643,296	66 834,212	
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	5,949,824	67	6,637,460
	68 Temporarily restricted	87,260	68	78,576
	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)		6,037,084	73 6,716,036
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		6,680,380	74 7,550,248

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 142,695
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed FL
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 97
91a The books are in care of SUNCOAST COMMUNITIES BLOOD BANK IN Telephone no (941) 954-1600
1760 MOUND STREET
Located at SARASOTA, FL ZIP + 4 34236
91b 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)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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)*

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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?					

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		2009-05-14 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 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

2007

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 1 of the instructions. List each one. If there are none, enter "None.")

(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
None				
Total number of other employees paid over \$50,000				

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

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>	2a		No
<p>a Sale, exchange, or leasing property?</p>	2b		No
<p>b Lending of money or other extension of credit?</p>	2c		No
<p>c Furnishing of goods, services, or facilities?</p>	2d	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2e		No
<p>e Transfer of any part of its income or assets?</p>	3a	Yes	
<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>	3b	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3c		No
<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>	3d		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4a	Yes	
<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>	4b		
<p>b Did the organization make any taxable distributions under section 4966?</p>	4c		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>			
<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 ▶ 0 _____</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 ▶ 0 _____</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					<input type="checkbox"/>

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	104,691	297,396	113,565	153,420	669,072
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	7,663,856	7,236,161	6,799,056	6,542,857	28,241,930
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	97,057	92,342	48,257	26,874	264,530
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	19,358	25,717			45,075
23 Total of lines 15 through 22	7,884,962	7,651,616	6,960,878	6,723,151	29,220,607
24 Line 23 minus line 17	221,106	415,455	161,822	180,294	978,677
25 Enter 1% of line 23	78,850	76,516	69,609	67,232	

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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 28,241,930 20 _____ 21 _____		27c	28,911,002
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	28,911,002
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f		29,220,607
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	9894 05 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	90 53 %

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?	29	
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?	30	
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)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 11 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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 11 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-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

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.

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 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

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 2 columns: Description, Amount. Rows 14-16.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

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. Rows 19a-i.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

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 depreciation 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 for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 include total miles driven (business, commuting, other) and availability for personal use.

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 for Section C with columns Yes/No. Rows 37-41 include questions about written policies, employee use, and qualified demonstration use.

Part VI Amortization

Table for Section C with 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 of costs.

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 ADVERTISING AND PROMOTIONAL	43a	58,692	54,584	3,573	535
b COMPUTER SOFTWARE SUPPORT	43b	22,838	21,239	1,599	
c DONOR AWARDS AND RECOGNITION	43c	221,135	221,135		
d DUES SUBSCRIPTIONS MEMBERSHIPS & LICENSES	43d	45,077	41,922	3,155	
e EMPLOYEE RELATIONS & TRAINING	43e	24,484	22,770	1,714	
f INSURANCE	43f	121,090	101,764	19,326	
g MISCELLANEOUS	43g	5,299	4,928	371	
h NATIONAL TESTING SERVICE FEES	43h	1,346,251	1,346,251		
i PAYROLL ADMINISTRATION	43i	16,271	15,132	1,139	
j PROFESSIONAL SERVICES	43j	8,858	5,315	3,543	
k PURCHASED SERVICES	43k	45,185	27,111	18,074	
l BLOOD PROCESSING	43l	1,386,190	1,372,328	13,862	

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
ALICE RAU 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
CAROLINE STRICKLAND 1760 Mound Street SARASOTA, FL 34236	TREASURER 0 00	0	0	0
CHARLES H BALL 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
DIANA K BERRY 1760 Mound Street SARASOTA, FL 34236	DIRECTOR OF QUILITY ASSURANCE 40 00	76,490	12,399	0
JAMES F GABBERT 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
JEFFREY TOALE 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
KENNETH M JOHNS 1760 Mound Street SARASOTA, FL 34236	SECRETARY 0 00	0	0	0
LAURA C WILLIAMS 1760 Mound Street SARASOTA, FL 34236	DIRECTOR OF HUMAN RESOURCES 40 00	76,181	12,307	0
LINDA C FLOOD 1760 Mound Street SARASOTA, FL 34236	DIRECTOR OF LABORATORY SERVICES 40 00	82,832	10,121	0
MARGARET VEENEMAN 1760 Mound Street SARASOTA, FL 34236	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
MARK J MAGENHEIM MD 1760 Mound Street SARASOTA, FL 34236	CEO & MEDICAL DIRECTOR 40 00	214,758	18,366	0
MARY E JOHNSON 1760 Mound Street SARASOTA, FL 34236	DIRECTOR OF FINANCE 40 00	75,345	10,701	0
MARY LYNN DESJARLAIS 1760 Mound Street SARASOTA, FL 34236	IMMEDIATE PAST PRESIDENT 0 00	0	0	0
SARA ALLEN BAGLEY 1760 Mound Street SARASOTA, FL 34236	VICE PRESIDENT 0 00	0	0	0
SCOTT M BUSH 1760 Mound Street SARASOTA, FL 34236	CHIEF OF TECHNICAL OPERATIONS 40 00	108,497	10,599	0
SHERRI REYNOLDS 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
STEPHEN F HEESE 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER - RESIGNED 0 00	0	0	0
W PETER GRAPER MD 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
WAYNE G JOHNSON 1760 Mound Street SARASOTA, FL 34236	BOARD MEMBER 0 00	0	0	0
WILLIAM D HERRON 1760 Mound Street SARASOTA, FL 34236	PRESIDENT 0 00	0	0	0

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** SUNCOAST COMMUNITIES BLOOD BANK INC**EIN:** 59-0873275

Gross Sales Price:	0
Basis:	7,422
Sales Expenses:	0
Total (net):	-7,422

TY 2007 Investments - Other Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Book Value	Cost/FMV
FIXED INCOME SECURITIES	701,598	F
EQUITY INCOME SECURITIES	675,859	F
MONEY MARKET FUNDS	181,934	F

TY 2007 Land etc. Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
building and improvements	1,492,401	847,889	644,512
VEHICLES	798,109	344,168	453,941
OFFICE FURNITURE & EQUIPMENT	214,786	189,887	24,899
COMPUTER EQUIPMENT & SOFTWARE	693,406	155,414	537,992
LAND	508,648		508,648
CONSTRUCTION IN PROGRESS	11,581		11,581
critical EQUIPMENT	194,050	130,053	63,997
LEASEHOLD IMPROVEMENTS	463,074	435,869	27,205
non critical equipment	765,750	405,119	360,631

TY 2007 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	59583
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 2007 Other Assets Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS	25,047	25,003

TY 2007 Other Changes in Net Assets Schedule**Name:** SUNCOAST COMMUNITIES BLOOD BANK INC**EIN:** 59-0873275

Description	Amount
UNREALIZED INVESTMENT GAIN (loss) DURING THE YEAR	-267,966

TY 2007 Other Expenses Included Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Amount
REALIZED LOSS ON ASSET DISPOSAL	7,422

TY 2007 Other Revenues Included Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Amount
IN KIND CONTRIBUTIONS	142,945
rounding	1
deferred revenue from advertising	57,333

**TY 2007 Other Revenues
Not Included Schedule**

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	Amount
LOSS ON ASSET SALES	-7,422

TY 2007 Other Income Schedule

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

Description	2006	2005	2004	2003	Total
OTHER		25,717			25,717
vendor credits and rebates	19,358				19,358

TY 2007 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 2007 Self Dealing Statement

Name: SUNCOAST COMMUNITIES BLOOD BANK INC

EIN: 59-0873275

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.