Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2018 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND
SCHEDULE J, COMPENSATION INFORMATION
SCHEDULE M, NONCASH CONTRIBUTIONS
SCHEDULE O, SUPPLEMENTAL INFORMATION
SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE $ 1500.00
## TAX RETURN FILING INSTRUCTIONS

**FORM 990**

**FOR THE YEAR ENDING**

**SEPTEMBER 30, 2019**

| Prepared for                      | SUNCOAST COMMUNITIES BLOOD BANK, INC.  
|                                 | 1760 MOUND ST.  
|                                 | SARASOTA, FL 34236 |
| Prepared by                      | CAVANAUGH & CO. LLP  
|                                 | 2381 FRUITVILLE ROAD  
|                                 | SARASOTA, FL 34237 |
| Amount due or refund             | NOT APPLICABLE |
| Make check payable to           | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions             | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 18, 2020. |
SUNCOAST COMMUNITIES BLOOD BANK, INC.

BEN HATCHER
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 15,497,492.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I also authorize the U.S. Treasury Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X I authorize CAVANAUGH & CO. LLP to enter my PIN 53275

as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature Date

Part III Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65019154806

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature Date 02/11/20
**Form 990**

**Department of the Treasury**

**Internal Revenue Service**

---

**Return of Organization Exempt From Income Tax**

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

---

**For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019**

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**Name of organization**

**SUNCOAST COMMUNITIES BLOOD BANK, INC.**

**Employer identification number**

59-0873275

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**Name and address of principal officer**

**SCOTT BUSH**

1760 MOUND STREET, SARASOTA, FL 34236

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**Briefly describe the organization’s mission or most significant activities:**

**SUNCOAST COMMUNITIES BLOOD BANK PROVIDES A RELIABLE SUPPLY OF QUALITY BLOOD PRODUCTS AND SERVICES TO**

**Summary**

<table>
<thead>
<tr>
<th>Activity &amp; Governance</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>314,734</td>
<td>329,491</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>13,015,898</td>
<td>14,098,851</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>60,586</td>
<td>86,840</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>740,296</td>
<td>982,310</td>
</tr>
<tr>
<td>Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>14,431,514</td>
<td>15,497,492</td>
</tr>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>22,700</td>
<td>16,950</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>6,906,993</td>
<td>7,244,388</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>175</td>
<td>0</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>121,747</td>
<td>121,747</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
<td>7,009,701</td>
<td>7,240,799</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>13,939,394</td>
<td>14,502,137</td>
</tr>
<tr>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>492,120</td>
<td>995,355</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,071,311</td>
<td>13,840,523</td>
</tr>
<tr>
<td>1,027,076</td>
<td>3,841,005</td>
</tr>
<tr>
<td>9,044,235</td>
<td>10,226,518</td>
</tr>
</tbody>
</table>

---

**Signature Block**

**Signature of officer**

BEN HATCHER, TREASURER

**Date**

**Preparer’s signature**

STEPHEN D. SPAGLIER

**Date**

02/11/20

**PTIN**

01224549

---

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

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See Schedule O for Organization Mission Statement Continuation
### Part III: Statement of Program Service Accomplishments

#### 1 Briefly describe the organization’s mission:
SUNCOAST COMMUNITIES BLOOD BANK (SCBB) 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.

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

#### 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
Yes [x] No  
If "Yes," describe these changes on Schedule O.

#### 4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $)</th>
<th>(Revenue $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>13,635,579</td>
<td>16,950</td>
</tr>
<tr>
<td>4b</td>
<td>(Code: ...)</td>
<td>(Revenue: ...)</td>
</tr>
<tr>
<td>4c</td>
<td>(Code: ...)</td>
<td>(Revenue: ...)</td>
</tr>
<tr>
<td>4d</td>
<td>Other program services (Describe in Schedule O.)</td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td>Total program service expenses</td>
<td>13,635,579</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
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<tr>
<td>4</td>
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<td>X</td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>X</td>
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<td>8</td>
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<td>X</td>
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<td>9</td>
<td></td>
<td>X</td>
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<tr>
<td>10</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>e</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
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<td>14a</td>
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<tr>
<td>14b</td>
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<tr>
<td>15</td>
<td></td>
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<td>16</td>
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<td>17</td>
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<td>18</td>
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<td>20a</td>
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<tr>
<td>20b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If “Yes,” complete Schedule L, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If “Yes,” complete Schedule L, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or indirect owner? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If “Yes,” complete Schedule N, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

832004 12-31-18

Form 990 (2018)
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 155
   b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?
   b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
   b. If "Yes," enter the name of the foreign country:


5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
   b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
   c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
   b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).
   a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?
   b. If "Yes," did the organization notify the donor of the value of the goods or services provided?
   c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
   d. If "Yes," indicate the number of Forms 8282 filed during the year

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.
   a. Did the sponsoring organization make any taxable distributions under section 4966?
   b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:
   a. Initiation fees and capital contributions included on Part VIII, line 12
   b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:
   a. Gross income from members or shareholders
   b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
   b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.
   a. Is the organization licensed to issue qualified health plans in more than one state?
   b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
   c. Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?
   b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payments(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?
   If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
   If "Yes," complete Form 4720, Schedule O.
Section A. Governing Body and Management

<table>
<thead>
<tr>
<th></th>
<th>1a Enter the number of voting members of the governing body at the end of the tax year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The governing body</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Section B. Policies

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy?</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization's CEO, Executive Director, or top management official</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td>X</td>
</tr>
</tbody>
</table>

Section C. Disclosure

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the states with which a copy of this Form 990 is required to be filed</td>
<td>FL</td>
</tr>
<tr>
<td>18</td>
<td>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Own website</td>
<td>Other website</td>
</tr>
<tr>
<td>19</td>
<td>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>State the name, address, and telephone number of the person who possesses the organization's books and records</td>
<td></td>
</tr>
</tbody>
</table>

SUNCOAST COMMUNITIES BLOOD BANK, INC. 59-0873275

1750 MOUND STREET, SARASOTA, FL 34236

990 (2018) Form
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ROSS RUSSO</td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) KRISTINE RUSSELL</td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) MARY ANN LEGLER</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT EMERITUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) STEVE BRANHAM</td>
<td>4.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>X X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) KATHLEEN HARGREAVE</td>
<td>4.00</td>
<td>X X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>IMMEDIATE PAST PRESIDENT</td>
<td></td>
<td>X X X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) TERESA KONCICK</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ASSISTANT TREASURER</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) BEN HATCHER</td>
<td>4.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td>X X X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) JUAN VILLAVECES</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) CRAIG TULEY</td>
<td>3.00</td>
<td>X X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td>X X X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) SCOTT BUSH</td>
<td>40.00</td>
<td>X</td>
<td>266,745.</td>
<td>10,214.</td>
<td></td>
</tr>
<tr>
<td>CEO</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) RENALDO LOPEZ, SR.</td>
<td>40.00</td>
<td>X</td>
<td>165,849.</td>
<td>0.</td>
<td>7,743.</td>
</tr>
<tr>
<td>CHIEF OF LABORATORY SER</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) CHRISTOPHER A. EBERT</td>
<td>40.00</td>
<td>X</td>
<td>103,214.</td>
<td>0.</td>
<td>8,943.</td>
</tr>
<tr>
<td>DIRECTOR OF INFORMATION TE</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) LAURA C. WILLIAMS</td>
<td>40.00</td>
<td>X X X</td>
<td>103,539.</td>
<td>0.</td>
<td>8,953.</td>
</tr>
<tr>
<td>DIRECTOR OF HUMAN RESOURCE</td>
<td></td>
<td>X X X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) JOHN F. HALL</td>
<td>40.00</td>
<td>X X X</td>
<td>117,584.</td>
<td>0.</td>
<td>6,850.</td>
</tr>
<tr>
<td>CHIEF OF DONOR OPERATIONS</td>
<td></td>
<td>X X X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and title</td>
<td>Average hours per week (list any hours for related organizations below line)</td>
<td>Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Institutional trustee</td>
<td>Officer</td>
<td>Key employee</td>
</tr>
</tbody>
</table>

1b Sub-total ➤ 756,931. 0. 42,703. 0. 0. 0. 756,931. 0. 42,703. 0. 0. 0.

Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➤ 5

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and business address</td>
<td>Description of services</td>
<td>Compensation</td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➤ 0
**Part VIII Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c 138,196.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 191,295.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $</td>
<td>30,870.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>329,491.</td>
</tr>
<tr>
<td>2 a PROCESS AND SERVICE FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b LABORATORY TEST FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c EXPORT FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d PLASMA SALES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td>14,098,851.</td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td>37,033.</td>
<td>37,033.</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>(i) Real</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td>(ii) Personal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
<td></td>
<td>56,443.</td>
<td>34,719.</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>(ii) Other</td>
<td></td>
<td>0.</td>
<td>41,351.</td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td>56,443.</td>
<td>-6,636.</td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td>49,807.</td>
<td>49,807.</td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td>21,000.</td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a SPECIAL PROJECTS AND RESEARCH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b INFORMATION TECHNOLOGY SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c VENDOR CREDITS &amp; REBATES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td>1,030,467.</td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td></td>
<td></td>
<td>15,497,492.</td>
<td>15,129,310.</td>
</tr>
</tbody>
</table>

**SUNCOAST COMMUNITIES BLOOD BANK, INC. 59-0873275**
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>16,950</td>
<td>16,950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>347,480</td>
<td>322,636</td>
<td>20,464</td>
<td>4,380</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>5,715,566</td>
<td>5,313,929</td>
<td>332,616</td>
<td>69,021</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>79,980</td>
<td>70,616</td>
<td>6,882</td>
<td>2,482</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>659,335</td>
<td>582,326</td>
<td>56,636</td>
<td>20,373</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>442,027</td>
<td>410,428</td>
<td>25,044</td>
<td>6,555</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>423,991</td>
<td>335,940</td>
<td>75,352</td>
<td>12,699</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>46,429</td>
<td>46,429</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>315,516</td>
<td>295,508</td>
<td>16,375</td>
<td>3,633</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>318,680</td>
<td>280,559</td>
<td>37,595</td>
<td>526</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>523,174</td>
<td>438,527</td>
<td>84,647</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>179,011</td>
<td>175,056</td>
<td>2,565</td>
<td>1,390</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>6,342</td>
<td>6,263</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>494,309</td>
<td>463,430</td>
<td>30,879</td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>133,006</td>
<td>103,278</td>
<td>29,728</td>
<td></td>
</tr>
<tr>
<td>24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a BLOOD PROCESSING</td>
<td>2,690,353</td>
<td>2,690,353</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b NATIONAL TESTING SERVICE</td>
<td>1,629,930</td>
<td>1,629,930</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c DONOR AWARDS &amp; RECOGNITION</td>
<td>296,135</td>
<td>295,588</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d FLEET MAINTENANCE</td>
<td>84,244</td>
<td>82,486</td>
<td>1,758</td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>99,679</td>
<td>75,347</td>
<td>24,270</td>
<td>62</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>14,502,137</td>
<td>13,635,579</td>
<td>744,811</td>
<td>121,747</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>773,099</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>249,587</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,564,386</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>75,658</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>820,347</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>12,652,751</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>6,464,333</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>2,913,612</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>377,014</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>219,051</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>10,071,311</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>929,303</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>97,773</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>2,275,522</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,027,076</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>9,044,235</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>9,044,235</td>
</tr>
<tr>
<td>34</td>
<td>Total net assets or fund balances</td>
<td>10,071,311</td>
</tr>
</tbody>
</table>
**Part XI Reconciliation of Net Assets**

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

1. Total revenue (must equal Part VIII, column (A), line 12) ................................................................. 1 15,497,492.
2. Total expenses (must equal Part IX, column (A), line 25) ...................................................................... 2 14,502,137.
3. Revenue less expenses. Subtract line 2 from line 1 .............................................................................. 3 995,355.
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .................. 4 9,044,235.
5. Net unrealized gains (losses) on investments ......................................................................................... 5 186,928.
6. Donated services and use of facilities .................................................................................................. 6
7. Investment expenses .............................................................................................................................. 7
8. Prior period adjustments ......................................................................................................................... 8
9. Other changes in net assets or fund balances (explain in Schedule O) .................................................. 9 0.
10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) ........................................................................................................................................................................ 10 10,226,518.

**Part XII Financial Statements and Reporting**

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

1. Accounting method used to prepare the Form 990: □ Cash    □ Accrual    □ Other

   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

   2a. Were the organization’s financial statements compiled or reviewed by an independent accountant?

      If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

      □ Separate basis  □ Consolidated basis  □ Both consolidated and separate basis

   b. Were the organization's financial statements audited by an independent accountant?

      If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

      □ Separate basis  □ Consolidated basis  □ Both consolidated and separate basis

   c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

   3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

      □ Yes    □ No

   b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

   □ Yes    □ No
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state;
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university;
10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations ..................................................

g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**
### Section A. Public Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years.</strong> If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | | | | | | 14 %
| 15 | Public support percentage from 2017 Schedule A, Part II, line 14 | | | | | | 15 %
| 16a | **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization | | | | | | □
| 16b | **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization | | | | | | □
| 17a | **10% - facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | □
| 17b | **10% - facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | □
| 18 | **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | □

---

832022 10-11-18
### Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>669,526</td>
<td>335,774</td>
<td>291,977</td>
<td>314,734</td>
<td>329,491</td>
<td>1,941,502</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td>12,279,958</td>
<td>12,371,517</td>
<td>12,448,433</td>
<td>13,315,898</td>
<td>14,119,851</td>
<td>64,535,657</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>12,949,484</td>
<td>12,707,291</td>
<td>12,740,410</td>
<td>13,630,632</td>
<td>14,449,342</td>
<td>66,477,159</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>12,949,484</td>
<td>12,707,291</td>
<td>12,740,410</td>
<td>13,630,632</td>
<td>14,449,342</td>
<td>66,477,159</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>77,073</td>
<td>99,301</td>
<td>111,751</td>
<td>81,869</td>
<td>37,033</td>
<td>407,027</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>77,073</td>
<td>99,301</td>
<td>111,751</td>
<td>81,869</td>
<td>37,033</td>
<td>407,027</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>27,149</td>
<td>18,563</td>
<td>727,475</td>
<td>780,362</td>
<td>1,030,467</td>
<td>2,584,016</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>13,053,706</td>
<td>12,825,155</td>
<td>13,579,636</td>
<td>14,492,863</td>
<td>15,516,842</td>
<td>69,468,202</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes
- **19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- **19b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Part IV Supporting Organizations

Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV Supporting Organizations (continued)

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b A family member of a person described in (a) above?</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tbody>
</table>

### Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If &quot;No,&quot; describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If &quot;Yes,&quot; then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If &quot;Yes,&quot; explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7 | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization
SUNCOAST COMMUNITIES BLOOD BANK, INC.

Employer identification number
59-0873275

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA  For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
### Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | SOVIERO FOUNDATION  
24 COMMONWEALTH AVE., UNIT #2  
BOSTON, MA 02116 | $5,000 | Person \(\square\)  
Payroll \(\square\)  
Noncash \(\square\) |
| 2   | EILEEN ROSENZWEIG  
1209 S. OSPREY AVE.  
SARASOTA, FL 34239 | $10,000 | Person \(\square\)  
Payroll \(\square\)  
Noncash \(\square\) |
| 3   | FLORIDA CANCER SPECIALISTS  
4371 VERONICA SHOEMAKER BLVD.  
FT. MYERS, FL 33916 | $10,000 | Person \(\square\)  
Payroll \(\square\)  
Noncash \(\square\) |
| 4   | IAN BLACK REAL ESTATE  
1419 5TH ST.  
SARASOTA, FL 34236 | $10,000 | Person \(\square\)  
Payroll \(\square\)  
Noncash \(\square\) |
| 5   | HARROD DEVELOPMENT  
5550 W. EXECUTIVE DR. SUITE 550  
TAMPA, FL 33609 | $5,000 | Person \(\square\)  
Payroll \(\square\)  
Noncash \(\square\) |
| 6   | BATTERIES PLUS BULBS  
6240 14TH STREET W.  
BRADENTON, FL 34207 | $5,000 | Person \(\square\)  
Payroll \(\square\)  
Noncash \(\square\) |
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>ENCOMPASS HEALTH 6400 RIDGELAKE DR. SARASOTA, FL 34240</td>
<td>$5,000.</td>
<td>Person ☑ Payroll Noncash</td>
</tr>
<tr>
<td>8</td>
<td>SCOTT RITTER 5915 WILDWOOD AVE. SARASOTA, FL 34231</td>
<td>$7,000.</td>
<td>Person ☑ Payroll Noncash</td>
</tr>
<tr>
<td>9</td>
<td>H &amp; R BLOCK 8547 S. TAMIAI TRAIL SARASOTA, FL 34238</td>
<td>$6,740.</td>
<td>Person ☑ Payroll Noncash</td>
</tr>
<tr>
<td>10</td>
<td>KEVIN BELANGER 1533 WRIGHTSBORO RD. AUGUSTA, GA 30904</td>
<td>$5,300.</td>
<td>Person ☑ Payroll Noncash</td>
</tr>
<tr>
<td>11</td>
<td>DAVID KOTOK 908 BLVD. OF THE ARTS SARASOTA, FL 34236</td>
<td>$5,000.</td>
<td>Person ☑ Payroll Noncash</td>
</tr>
<tr>
<td>12</td>
<td>ED MIHEVIC 1709 CHEROKEE DRIVE SARASOTA, FL 34239</td>
<td>$5,000.</td>
<td>Person ☑ Payroll Noncash</td>
</tr>
</tbody>
</table>
### Part II  Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Part II Conservation Easements.

Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (c)</td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

#### 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

#### 4 Number of states where property subject to conservation easement is located.

#### 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes | No |

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

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

#### 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

#### 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

#### 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

#### 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - [ ] Public exhibition
   - [ ] Scholarly research
   - [ ] Preservation for future generations
   - [ ] Loan or exchange programs
   - [ ] Other

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

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  
   - [ ] Yes  
   - [ ] No

---

### Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  
   - [ ] Yes  
   - [ ] No

b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
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<tr>
<td>1e</td>
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</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

### Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a. Beginning of year balance  
1b. Contributions  
1c. Net investment earnings, gains, and losses  
1d. Grants or scholarships  
1e. Other expenditures for facilities and programs  
1f. Administrative expenses  
1g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   - [ ] Board designated or quasi-endowment  
   - [ ] Permanent endowment  
   - [ ] Temporarily restricted endowment

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

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   - [ ] Unrelated organizations  
   - [ ] Related organizations

b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  
   - [ ] Yes  
   - [ ] No

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

---

### Part VI Land, Buildings, and Equipment

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>793,648</td>
<td></td>
<td>793,648</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>2,436,560</td>
<td>1,987,571</td>
<td>448,989</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>6,008,548</td>
<td>4,476,762</td>
<td>1,531,786</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>3,413,995</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>6,188,418</td>
</tr>
</tbody>
</table>

Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### Part VII | Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
<td></td>
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<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII | Investments - Program Related.

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

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX | Other Assets.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

### Part X | Other Liabilities.

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

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

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

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

[ ]

Schedule D (Form 990) 2018

832053 10-29-18
[Part XI] Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements 1 15,684,420.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments 2a 186,928.
   b Donated services and use of facilities 2b
   c Recoveries of prior year grants 2c
   d Other (Describe in Part XIII.) 2d
   e Add lines 2a through 2d 2e 186,928.

3 Subtract line 2e from line 1 3 15,497,492.

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b 4a
   b Other (Describe in Part XIII.) 4b
   c Add lines 4a and 4b 4c 0.

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 15,497,492.

[Part XII] Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements 1 14,502,137.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities 2a
   b Prior year adjustments 2b
   c Other losses 2c
   d Other (Describe in Part XIII.) 2d
   e Add lines 2a through 2d 2e 0.

3 Subtract line 2e from line 1 3 14,502,137.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b 4a
   b Other (Describe in Part XIII.) 4b
   c Add lines 4a and 4b 4c 0.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 14,502,137.

[Part XIII] Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE BLOOD BANK HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2019. THE BLOOD BANK'S FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.
### Part I: Fundraising Activities

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

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

   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total

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

### LHA

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other Events</th>
<th>Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>145,790</td>
<td>13,406</td>
<td></td>
<td>159,196</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>131,165</td>
<td>7,031</td>
<td></td>
<td>138,196</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>14,625</td>
<td>6,375</td>
<td></td>
<td>21,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event Type</th>
<th>Other Gaming</th>
<th>Total Gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct expense summary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gaming income summary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Does the organization conduct gaming activities with nonmembers? [ ] Yes [ ] No

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

Indicate the percentage of gaming activity conducted in:

a) The organization's facility

b) An outside facility

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

Gaming manager information:

Name ▶

Gaming manager compensation ▶ $.

Description of services provided ▶

[ ] Director/officer [ ] Employee [ ] Independent contractor

Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (iv); and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
## Part I: General Information on Grants and Assistance

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

## Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered “Yes” on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section (if applicable)</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3 Enter total number of other organizations listed in the line 1 table
### Part III Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOLARSHIPS</td>
<td>35</td>
<td>16,950.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV Supplemental Information

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

**PART I, LINE 2:**

WE RECORD AND VERIFY AMOUNTS GIVEN AND RECEIVED BY THE INDIVIDUAL UNIVERSITY. WE ALSO RUN A REPORT OF THOSE AWARDED SCHOLARSHIPS TO SEE IF THE RECIPIENTS ARE RETURNING TO US AS DONORS OR AS VOLUNTEERS AFTER RECEIVING THEIR SCHOLARSHIPS.
### Part I: Questions Regarding Compensation

<table>
<thead>
<tr>
<th>1a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1b</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |
|----|-----------------------------------------------------------------
|    | Compensation committee                                         |
|    | Written employment contract                                   |
|    | Independent compensation consultant                           |
|    | Compensation survey or study                                  |
|    | Approval by the board or compensation committee                |

<table>
<thead>
<tr>
<th>4</th>
<th>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td>b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td>c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4a</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>X</td>
</tr>
<tr>
<td>4c</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part II: Compensation Information

<table>
<thead>
<tr>
<th>5</th>
<th>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The organization?</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>5a</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>5b</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The organization?</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>6a</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If &quot;Yes,&quot; describe in Part III</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
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</tbody>
</table>

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SCOTT BUSH</td>
<td>(i) 200,470. (ii) 60,000. (iii) 6,275. (i) 3,364. (ii) 6,850.</td>
<td>276,959.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>CEO</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>(2) RENALDO LOPEZ, SR.</td>
<td>(i) 154,133. (ii) 10,716. (iii) 1,000. (i) 1,750. (ii) 5,993.</td>
<td>173,592.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>CHIEF OF LABORATORY SER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>
PART I, LINE 4B:

SUNCOAST COMMUNITIES BLOOD BANK'S NON-QUALIFIED DEFERRED COMPENSATION PLAN

AND THE 403(B) PLAN ARE FOR EMPLOYEE CONTRIBUTIONS ONLY. THESE PLANS DO NOT INCLUDE EMPLOYER CONTRIBUTIONS.
## SCHEDULE M (Form 990) 2018

**Noncash Contributions**

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

**Attach to Form 990.**

**Go to www.irs.gov/Form990 for instructions and the latest information.**

**Name of the organization:** SUNCOAST COMMUNITIES BLOOD BANK, INC.  
**Employer identification number:** 59-0873275

### Part I  Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art · Works of art</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 Art · Historical treasures</td>
<td></td>
<td></td>
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<tr>
<td>3 Art · Fractional interests</td>
<td></td>
<td></td>
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<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
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<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities · Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities · Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities · Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities · Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution · Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution · Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate · Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate · Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate · Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other ► (GIFT CARDS)</td>
<td>X</td>
<td>29,370 .FAIR VALUE</td>
<td></td>
</tr>
<tr>
<td>26 Other ► (OTHER ITEMS)</td>
<td>X</td>
<td>1,500 .FAIR VALUE</td>
<td></td>
</tr>
<tr>
<td>27 Other ►</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other ►</td>
<td></td>
<td></td>
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</tbody>
</table>

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

**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?**

**31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?**

**32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?**

**33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.**

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

**Schedule M (Form 990) 2018**
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Name of the organization: SUNCOAST COMMUNITIES BLOOD BANK, INC.

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

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.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AND HEALTH CENTERS IN OUR COMMUNITY.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

SUNCOAST COMMUNITIES BLOOD BANK IS FULLY-ACCREDITED BY THE AABB (FORMERLY THE AMERICAN ASSOCIATION OF BLOOD BANKS), EXCEEDS ALL STANDARDS SET FORTH BY THE FDA (FOOD AND DRUG ADMINISTRATION) AND IS CERTIFIED BY CLIA (CLINICAL LABORATORY IMPROVEMENT AMENDMENTS). WE ARE PROUD OF THESE ACCREDITATIONS AND CERTIFICATIONS BECAUSE IT MEANS THAT OUR BLOOD BANK RANKS AMONG THE BEST IN THE NATION WHEN IT COMES TO QUALITY AND SAFETY.

**FORM 990, PART VI, SECTION A, LINE 8B:**

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE FORM 990 IS REVIEWED BY THE CEO, TREASURER, FINANCE MANAGER, AND DIRECTOR OF HUMAN RESOURCES, PRIOR TO FILING. ALL MEMBERS OF THE BOARD OF
DIRECTORS ARE GIVEN A COPY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
ALL MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW, COMPLETE AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF THE ORGANIZATION’S OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE PROCESS INCLUDES REVIEWING COMPENSATION SURVEY DATA FROM NATIONAL AND LOCAL SOURCES, INCLUDING INDUSTRY SPECIFIC DATA. THE GOVERNANCE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY RECORDED IN THE MINUTES OF THE COMMITTEE'S MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION’S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE THROUGH AN ANNUAL REPORT ISSUED BY THE ORGANIZATION AND UPON REQUEST.

PART XII, LINE 2C
THERE WAS NO CHANGE TO THE PROCESS OF THE AUDIT COMMITTEE DURING THE YEAR.

INVESTMENTS IN MEMBERSHIP ORGANIZATIONS
ON MARCH 26, 2014, SCBB ENTERED INTO AN AGREEMENT WITH ALLIANCE FOR
COMMUNITY TRANSFUSION SERVICES, LLC (ACTS) TO LEVERAGE THE GROUP PURCHASING BUYING POWER, STRATEGICALLY ALIGN FOR HOSPITAL CONTRACTING AND SHARING OF BEST PRACTICES. SCBB'S INITIAL INVESTMENT WAS $42,110 AND REPRESENTS APPROXIMATELY 4% OF ACTS' TOTAL MEMBERSHIP. SCBB'S INVESTMENT IN ACTS AS OF 9/30/19 IS $45,195.

ON JUNE 24, 2014, SCBB ENTERED INTO AN AGREEMENT WITH BLOOD CENTERS OF AMERICA, INC. TO LEVERAGE THE GROUP PURCHASING BUYING POWER, STRATEGICALLY ALIGN FOR HOSPITAL CONTRACTING AND SHARING OF BEST PRACTICES. SCBB'S INITIAL INVESTMENT WAS $350,000 AND REPRESENTS APPROXIMATELY 3% OF BCA'S TOTAL MEMBERSHIP. SCBB'S INVESTMENT IN BCA AS OF 9/30/19 IS $350,000.

SCBB INVESTED IN BIO-PARTNERS NETWORK, LLC WITH AN INITIAL INVESTMENT OF $49,500. SCBB'S INVESTMENT REPRESENTS APPROXIMATELY 24% OF BIO-PARTNER'S TOTAL MEMBERSHIP.

SCBB INVESTED IN NATIONAL BLOOD TESTING COOPERATIVE WITH AN INITIAL INVESTMENT OF $82,758. SCBB'S INVESTMENT REPRESENTS APPROXIMATELY 3% OF THE NBTC'S TOTAL MEMBERSHIP.
**Related Organizations and Unrelated Partnerships**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

### Part I Identification of Disregarded Entities

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

### Part II Identification of Related Tax-Exempt Organizations

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLIANCE FOR COMMUNITY TRANSFUSION - 45-4624346, 2205 HIGHWAY 121, BEDFORD, TX</td>
<td>PROMOTE STANDARDIZATION, 76021 EFFICIENCY</td>
<td>TEXAS</td>
<td>501 (C)(3)</td>
<td>12B - TYPE 2</td>
<td>N/A</td>
<td>X</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Disproportionate allocations?</td>
<td>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</td>
<td>General or managing partner?</td>
</tr>
<tr>
<td>BIOPARTNERS NETWORK, LLC - 83-2871243, 901 NORTH LINCOLN BLVD., OKLAHOMA CITY, OK</td>
<td>CELLULAR THERAPY SERVICES</td>
<td>OK</td>
<td>N/A</td>
<td>RELATED</td>
<td>0.</td>
<td>0.</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Type of entity (C corp, S corp, or trust)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Percentage ownership</td>
<td>Section 512(b)(13) controlled entity?</td>
</tr>
<tr>
<td>BLOOD CENTERS OF AMERICA, INC.-COOPERATIVE - 36-3439996, 1300 DIVISION ROAD, SUITE 102, GROUP PURCHASING</td>
<td>ACTIVITES-COOPERATIVE</td>
<td>RI</td>
<td>N/A</td>
<td>C CORP</td>
<td>4,501.</td>
<td>1,019,137.</td>
<td>3.00%</td>
<td>X</td>
</tr>
<tr>
<td>WEST WARWICK, DE 02893</td>
<td></td>
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</tr>
<tr>
<td>NATIONAL BLOOD TESTING COOPERATIVE - 83-2029203, 1625 ROCK MOUNTAIN BVLD., STONE MOUNTAIN, GA 30083</td>
<td>BLOOD TESTING</td>
<td>GA</td>
<td>N/A</td>
<td>C CORP</td>
<td></td>
<td></td>
<td>3.00%</td>
<td>X</td>
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</table>

Schedule R (Form 990) 2018  SUNCOAST COMMUNITIES BLOOD BANK, INC.  59-0873275  Page 2
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</td>
</tr>
<tr>
<td>1a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
</tr>
<tr>
<td>1b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
</tr>
<tr>
<td>1c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
</tr>
<tr>
<td>1d</td>
<td>Loans or loan guarantees to or for related organization(s)</td>
</tr>
<tr>
<td>1e</td>
<td>Loans or loan guarantees by related organization(s)</td>
</tr>
<tr>
<td>1f</td>
<td>Dividends from related organization(s)</td>
</tr>
<tr>
<td>1g</td>
<td>Sale of assets to related organization(s)</td>
</tr>
<tr>
<td>1h</td>
<td>Purchase of assets from related organization(s)</td>
</tr>
<tr>
<td>1i</td>
<td>Exchange of assets with related organization(s)</td>
</tr>
<tr>
<td>1j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
</tr>
<tr>
<td>1k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
</tr>
<tr>
<td>1l</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
</tr>
<tr>
<td>1m</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
</tr>
<tr>
<td>1n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
</tr>
<tr>
<td>1o</td>
<td>Sharing of paid employees with related organization(s)</td>
</tr>
<tr>
<td>1p</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
</tr>
<tr>
<td>1q</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
</tr>
<tr>
<td>1r</td>
<td>Other transfer of cash or property to related organization(s)</td>
</tr>
<tr>
<td>1s</td>
<td>Other transfer of cash or property from related organization(s)</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Name of related organization</td>
</tr>
<tr>
<td>(b)</td>
<td>Transaction type (a-s)</td>
</tr>
<tr>
<td>(c)</td>
<td>Amount involved</td>
</tr>
<tr>
<td>(d)</td>
<td>Method of determining amount involved</td>
</tr>
</tbody>
</table>

<p>| |</p>
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations Yes No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No | (j) General or managing partner? Yes No | (k) Percentage ownership |
|------------------------------------|----------------------|------------------------------------------|-------------------------------|------------------------------------------|------------------|-----------------------------|--------------------------|--------------------------|-------------------------|----------------------|-------------------|
| SUNCOAST COMMUNITIES BLOOD BANK, INC. 59-0873275 |

Schedule R (Form 990) 2018
Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.