

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUN 1, 2011 and ending MAY 31, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIFESOUTH COMMUNITY BLOOD CENTERS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4039 NEWBERRY ROAD City or town, state or country, and ZIP + 4 GAINESVILLE, FL 32607-2342 F Name and address of principal officer: NANCY ECKERT 4039 NEWBERRY RD., GAINESVILLE, FL 32607	D Employer identification number 59-1545914 E Telephone number (352) 224-1600 G Gross receipts \$ 77,916,024. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIFESOUTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: FL

Part I Summary																										
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO COLLECT VOLUNTEER BLOOD DONATIONS AND PROVIDE A SAFE AND ADEQUATE SUPPLY OF BLOOD COMPONENTS</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 1145 6 Total number of volunteers (estimate if necessary) 6 28 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">114,441.</td> <td style="text-align: right;">13,976.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">73,379,946.</td> <td style="text-align: right;">77,627,188.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">28,326.</td> <td style="text-align: right;">-58,683.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">303,567.</td> <td style="text-align: right;">221,294.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">73,826,280.</td> <td style="text-align: right;">77,803,775.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	114,441.	13,976.	9 Program service revenue (Part VIII, line 2g)	73,379,946.	77,627,188.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,326.	-58,683.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	303,567.	221,294.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,826,280.	77,803,775.						
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Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer	Date		
	▶ NANCY ECKERT, CHIEF EXECUTIVE OFFICER			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ROGER SWANGER	Preparer's signature ROGER SWANGER	Date 09/20/12	Check <input type="checkbox"/> if self-employed PTIN P00005485
	Firm's name ▶ JAMES MOORE & CO., P.L.	Firm's EIN ▶ 59-3204548		
	Firm's address ▶ 5931 NW 1 ST. PLACE GAINESVILLE, FL 32607-2063	Phone no. (352) 378-1331		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE A SAFE BLOOD SUPPLY THAT MEETS OR EXCEEDS THE NEEDS IN EACH COMMUNITY WE SERVE, AND TO PROVIDE A VARIETY OF SERVICES IN SUPPORT OF ONGOING AND EMERGING BLOOD-AND TRANSFUSION-RELATED ACTIVITIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 67,688,833. including grants of \$ 100,000.) (Revenue \$ 77,627,188.) LIFESOUTH IS IN THE BUSINESS OF SAVING LIVES BY COLLECTING AND PROCESSING BLOOD AND BLOOD COMPONENTS FROM VOLUNTEER DONORS IN FLORIDA, GEORGIA AND ALABAMA. IT COLLECTED MORE THAN 276,000 DONATIONS IN FY 2012. EACH UNIT COLLECTED IS TESTED TO FULFILL OUR MISSION OF PROVIDING AN ADEQUATE AND SAFE BLOOD SUPPLY TO MORE THAN 100 HOSPITALS IN THE THREE STATES. LIFESOUTH ALSO PROVIDES COMPATIBILITY TESTING AND OTHER IMMUNOHEMATOLOGY REFERENCE LABORATORY SERVICES FOR MANY OF THE HOSPITALS IT SERVES. IT SUPPLIES SPECIAL ANTIGEN BLOOD PRODUCTS AND SPECIALIZED TESTING. LIFESOUTH TESTED MORE THAN 1,030 PATIENT SAMPLES AND PERFORMED MORE THAN 18,540 TESTS. LIFESOUTH ALSO PROVIDED MORE THAN 1,545 CROSS MATCHES AND 721 ANTIBODY SCREENS FOR PATIENTS DURING THE PAST YEAR. IN ADDITION, LIFESOUTH ADMINISTERED MORE THAN 400

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 67,688,833.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PAUL GREBE - (352) 224-1600**
4039 NEWBERRY ROAD, GAINESVILLE, FL 32607-2342

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP BAKER CHAIRMAN, BOARD OF DIRECTORS	2.00	X		X			0.	0.	0.	
(2) REEVES BYRD VICE CHAIRMAN, BOARD	2.00	X		X			0.	0.	0.	
(3) GREG GRISSON TREASURER, BOARD	2.00	X		X			0.	0.	0.	
(4) RONALD SPITZNAGEL SECRETARY, BOARD	2.00	X		X			0.	0.	0.	
(5) CARROLL BENNETT BOARD MEMBER	1.00	X					0.	0.	0.	
(6) HERB BEVIS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) GARY BROOKS BOARD MEMBER	1.00	X					0.	0.	0.	
(8) RONALD BROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DAN BUNDY BOARD MEMBER	1.00	X					0.	0.	0.	
(10) AVIS CRAIG BOARD MEMBER	1.00	X					0.	0.	0.	
(11) GEORGIANN ELLIS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) TIMOTHY FLYNN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MERRITT FORE III BOARD MEMBER	1.00	X					0.	0.	0.	
(14) DANIEL GALASSO BOARD MEMBER	1.00	X					0.	0.	0.	
(15) KATHERINE LAURENZANO BOARD MEMBER	1.00	X					0.	0.	0.	
(16) LENNART LILIEHOLM BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MICHAEL LUKOWSKI BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MALLORY BOARD MEMBER	1.00	X					0.	0.	0.	
(19) PERRY MCGRIFF BOARD MEMBER	1.00	X					0.	0.	0.	
(20) GARY MOODY BOARD MEMBER	1.00	X					0.	0.	0.	
(21) WILLIAM NORTH CUTT BOARD MEMBER	1.00	X					0.	0.	0.	
(22) DONALD ROTHWELL BOARD MEMBER	1.00	X					0.	0.	0.	
(23) EVERETT SCROGGIE BOARD MEMBER	1.00	X					0.	0.	0.	
(24) WILLARD SHAFER BOARD MEMBER	1.00	X					0.	0.	0.	
(25) MARK SHERTZER BOARD MEMBER	1.00	X					0.	0.	0.	
(26) CARL SMITH BOARD MEMBER	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,242,262.	0.	133,101.	
d Total (add lines 1b and 1c)							1,242,262.	0.	133,101.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY AIR CENTER 4701 NE 40TH TERRACE, GAINESVILLE, FL 32609	AIR COURIER	1,195,775.
ADP, INC 1 ADP BLVD, ROSELAND, NJ 07068	PAYROLL AND BENEFIT ADMINISTRATION	299,908.
LLOYD GRAY & WHITEHEAD PC, 2501 TWENTIETH PLACE SOUTH, STE 300, BIRMINGHAM, AL 35223	LEGAL	242,592.
CREATIVE TESTING SOLUTIONS PO BOX 29871, PHOENIX, AZ 85038	EXTERNAL DONOR TESTING LAB	197,946.
JAMES MOORE & CO., P.L. 5931 NW 1ST PLACE, GAINESVILLE, FL 32607	FINANCIAL AUDIT/TAX PREP	119,323.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like Rob Smith, Richard Staab, Joe Stough III, Mike Wofford, Nancy E. Eckert, Kathleen J. Szama, Thomas H. Wurzbach III, Paul T. Grebe, Jill Ann Evans, Theresa M Boyd, JB Bowles, and Kimberly E. Kinsell.

Total to Part VII, Section A, line 1c 1,242,262. 133,101.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,976.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		13,976.				
	Program Service Revenue	2 a <u>BLOOD PROCESSING AND C</u>	Business Code 541900	77627188.	77627188.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			77627188.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9.			9.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	53,557.				
		b Less: cost or other basis and sales expenses		112,249.			
		c Gain or (loss)		-58,692.			
	d Net gain or (loss)		-58,692.			-58,692.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>DEFERRED REVENUE RECOG</u>	900099	139,664.	139,664.				
b <u>EXCISE TAX REFUNDS</u>	900099	81,017.	81,017.				
c <u>FINANCE CHARGES</u>	900099	613.	613.				
d All other revenue							
e Total. Add lines 11a-11d		221,294.					
12 Total revenue. See instructions.		77803775.	77848482.	0.	-58,683.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	100,000.	100,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	901,556.		901,556.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,312,058.	23,319,896.	1,992,162.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	1,086,801.	882,314.	204,487.	
9 Other employee benefits	1,921,389.	1,809,360.	112,029.	
10 Payroll taxes	2,068,499.	1,863,973.	204,526.	
11 Fees for services (non-employees):				
a Management	109,867.	103,547.	6,320.	
b Legal	265,163.		265,163.	
c Accounting	103,293.	6,000.	97,293.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	510,022.	451,071.	58,951.	
12 Advertising and promotion	306,344.	304,684.	1,660.	
13 Office expenses	3,383,755.	3,109,100.	274,655.	
14 Information technology	676,986.	624,969.	52,017.	
15 Royalties				
16 Occupancy	2,886,193.	2,096,512.	789,681.	
17 Travel	2,471,853.	2,302,383.	169,470.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,147.	61,834.	18,313.	
20 Interest				
21 Payments to affiliates	149,844.	88,365.	61,479.	
22 Depreciation, depletion, and amortization	2,868,492.	1,704,328.	1,164,164.	
23 Insurance	381,353.	351,382.	29,971.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCO	-3,570.		-3,570.	
b OPERATION SUPPLIES	19,125,439.	19,125,439.		
c DONOR TESTING	5,527,940.	5,527,940.		
d EQUIPMENT	1,244,511.	1,228,336.	16,175.	
e All other expenses	3,033,525.	2,627,400.	406,125.	
25 Total functional expenses. Add lines 1 through 24e	74,511,460.	67,688,833.	6,822,627.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,990,946.	1	3,775,238.	
	2 Savings and temporary cash investments	1,196.	2	1,165.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	8,068,145.	4	8,152,778.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	3,293,354.	8	2,703,714.	
	9 Prepaid expenses and deferred charges	1,468,526.	9	1,194,303.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 60,124,656.			
	b Less: accumulated depreciation	10b 22,572,059.	25,643,529.	10c	37,552,597.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	760,506.	14	727,352.	
	15 Other assets. See Part IV, line 11	8,137,635.	15	2,918,281.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	50,363,837.	16	57,025,428.		
Liabilities	17 Accounts payable and accrued expenses	9,150,428.	17	6,877,972.	
	18 Grants payable		18		
	19 Deferred revenue	428,809.	19	300,167.	
	20 Tax-exempt bond liabilities	17,656,720.	20	23,385,988.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	41,106.	
	26 Total liabilities. Add lines 17 through 25	27,235,957.	26	30,605,233.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	23,127,880.	27	26,420,195.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	23,127,880.	33	26,420,195.	
34 Total liabilities and net assets/fund balances	50,363,837.	34	57,025,428.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

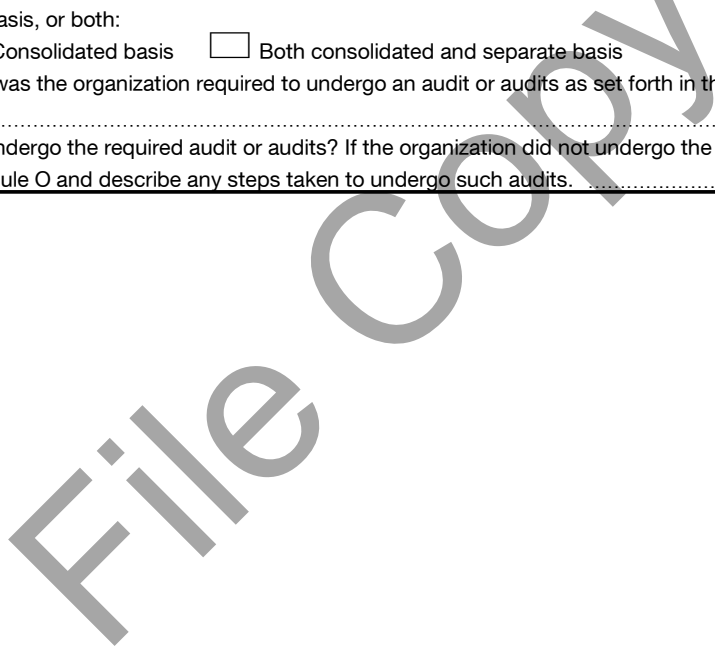
1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,803,775.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,511,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,292,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,127,880.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,420,195.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization LIFESOUTH COMMUNITY BLOOD CENTERS, INC.	Employer identification number 59-1545914
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169,451.	557,004.	247,109.	114,441.	13,976.	1101981.
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	63848223.	71680732.	73746900.	73379946.	77627188.	360282989
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	64017674.	72237736.	73994009.	73494387.	77641164.	361384970
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						361384970

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	64017674.	72237736.	73994009.	73494387.	77641164.	361384970
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,954.	4,240.	2,014.	166.	9.	58,383.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	14,772.	14,451.	12,661.	13,592.		55,476.
c Add lines 10a and 10b	66,726.	18,691.	14,675.	13,758.	9.	113,859.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		341,528.	293,167.	278,607.	221,295.	1134597.
13 Total support (Add lines 9, 10c, 11, and 12.)	64084400.	72597955.	74301851.	73786752.	77862468.	362633426

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.66 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.06 %

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Employer identification number

59-1545914

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,032,714.		7,032,714.
b Buildings		28,150,992.	7,380,293.	20,770,699.
c Leasehold improvements		332,510.	256,288.	76,222.
d Equipment		24,608,440.	14,935,478.	9,672,962.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,552,597.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	562,732.
(2) CONSTRUCTION IN PROGRESS	2,355,549.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,918,281.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO FIVE POINTS OF LIFE	
(3) FOUNDATION	41,106.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	41,106.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77,803,775.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	74,511,460.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,292,315.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,292,315.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	78,091,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	229,143.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	229,143.
3	Subtract line 2e from line 1	3	77,862,467.
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 XIV.)	4b	-58,692.
c	Add lines 4a and 4b	4c	-58,692.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	77,803,775.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	74,799,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	229,143.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	58,692.
e	Add lines 2a through 2d	2e	287,835.
3	Subtract line 2e from line 1	3	74,511,460.
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 XIV.)	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	74,511,460.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM THE PAYMENT OF FEDERAL

AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND FLORIDA STATUTES; EXCEPT FOR BEING SUBJECT TO A TAX ON INCOME

FROM ANY UNRELATED BUSINESS ACTIVITIES.

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES. AS OF MAY

31, 2012, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX

POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY

Part XIV Supplemental Information (continued)

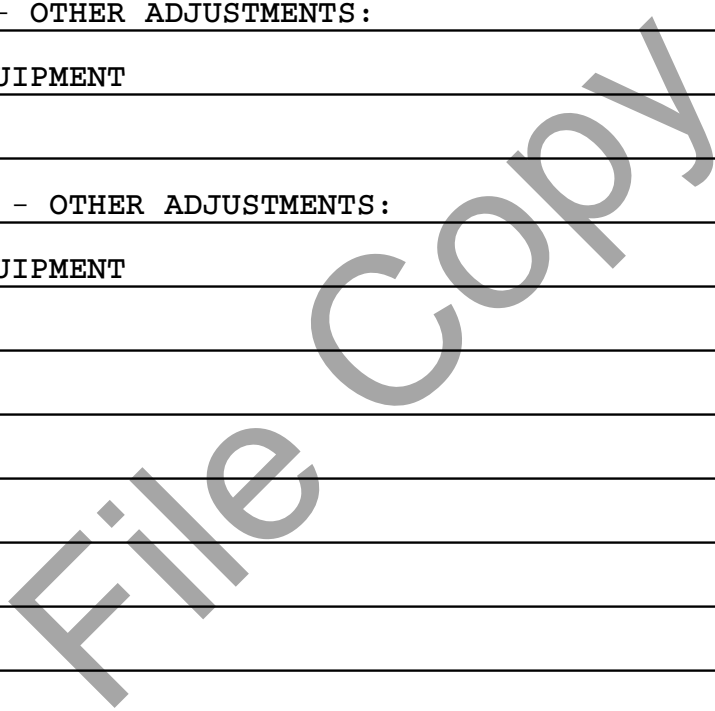
NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS. AS OF MAY 31, 2012, THE ORGANIZATION'S FEDERAL TAX RETURNS GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT -58,692.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF EQUIPMENT 58,692.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

**Employer identification number
59-1545914**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIVE POINTS OF LIFE FOUNDATION, INC - 4039 NEWBERRY ROAD - GAINESVILLE, FL 32607	27-2091960	501(C)(3)	100,000.	0.			SUPPORT FOR THE FIVE POINTS OF LIFE FOUNDATION, INC.

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

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

Schedule I (Form 990) (2011)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: LIFESOUTH MONITORS THE USE OF THE GRANT FUNDS ON A REGULAR BASIS DUE TO THE NATURE OF THE RELATIONSHIP BETWEEN THE TWO RELATED ORGANIZATIONS. NO OTHER GRANT FUNDS WERE AWARDED THAT WOULD REQUIRE SUCH MONITORING FOR THE YEAR ENDED MAY 31, 2012.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Employer identification number

59-1545914

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
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. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
4a		X
4b		X
4c		X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		
5a		X
5b		X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		
6a		X
6b		X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

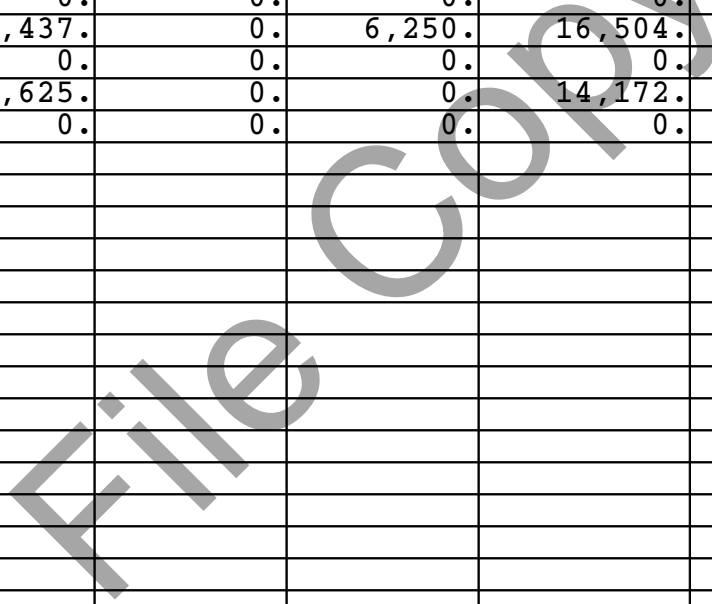
Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY E. ECKERT	(i)	234,878.	0.	22,000.	23,881.	10,225.	290,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KATHLEEN J. SAZAMA	(i)	208,773.	0.	0.	6,942.	8,343.	224,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 THOMAS H. WURZBACH III	(i)	158,437.	0.	6,250.	16,504.	5,605.	186,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PAUL T. GREBE	(i)	133,625.	0.	0.	14,172.	9,986.	157,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



Supplemental Information on Tax-Exempt Bonds

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

Name of the organization

LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Employer identification number
59-1545914

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A ALACHUA COUNTY HEALTH FACILITIES AUTHORITY	59-2442398	NONE	12/22/09	30000000.	PURCHASE & CONSTRUCTION OF R		X		X		X
B											
C											
D											

Part II Proceeds									
	A	B	C	D					
1 Amount of bonds retired	388,355.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	30,000,000.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	200,000.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	23,574,343.								
11 Other spent proceeds									
12 Other unspent proceeds	6,225,657.								
13 Year of substantial completion	2012								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X								
15 Were the bonds issued as part of an advance refunding issue?		X							
16 Has the final allocation of proceeds been made?		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: ALACHUA COUNTY HEALTH FACILITIES AUTHORITY

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(F) DESCRIPTION OF PURPOSE:

PURCHASE & CONSTRUCTION OF REAL PROPERTY & EQUIPMENT/RETIREMENT OF OLD DEBT

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization **LIFESOUTH COMMUNITY BLOOD CENTERS, INC.** Employer identification number **59-1545914**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
UNIVERSITY AIR CENTER	AN ENTITY MORE THAN	1,195,775.	COURIER FEE		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

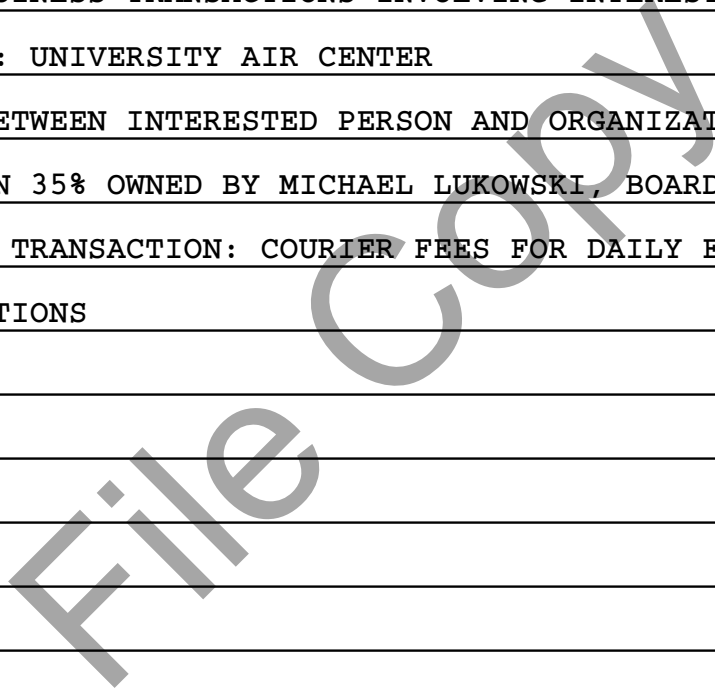
(A) NAME OF PERSON: UNIVERSITY AIR CENTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AN ENTITY MORE THAN 35% OWNED BY MICHAEL LUKOWSKI, BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: COURIER FEES FOR DAILY EXEMPT

ORGANIZATION OPERATIONS



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Employer identification number

59-1545914

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

TO HOSPITALS IN OUR COMMUNITIES. SEE ADDITIONAL STATEMENT BELOW.

FORM 990, PART I, LINE 1, THE ORG'S MISSION AND MOST SIGNIFICANT ACTIVITIES:

LIFESOUTH'S PRIMARY ACTIVITY IS TO COLLECT AND PROCESS WHOLE BLOOD AND

BLOOD COMPONENTS FOR THE PATIENTS IN APPROXIMATELY 100 HOSPITALS AND

MEDICAL FACILITIES THROUGHOUT FLORIDA, ALABAMA, AND GEORGIA. THE BLOOD

PRODUCTS ARE COLLECTED FROM VOLUNTEER DONORS THAT ARE RECRUITED

PRIMARILY FROM THE COMMUNITIES WE SERVE. EACH UNIT DONATED IS TESTED

FOR SAFETY AND EACH DONOR RECEIVES A FREE CHOLESTEROL SCREENING.

LIFESOUTH PROVIDES A BLOOD DONOR BENEFIT PROGRAM WHICH PROVIDES

COVERAGE FOR OUT-OF-POCKET EXPENSES RELATED TO PROCESSING FEES RELATED

TO BLOOD COMPONENTS TO DONORS AND THEIR IMMEDIATE FAMILY. BLOOD DRIVES

PERFORMED AT SCHOOLS INCLUDE A FREE EDUCATIONAL COMPONENT THAT EXPLAINS

THE DONATION PROCESS. IN THE FISCAL YEAR ENDED MAY 31, 2012, LIFESOUTH

COLLECTED AND TESTED OVER 276,000 VOLUNTEER BLOOD DONATIONS.

LIFESOUTH PROVIDES A MEDICAL TECHNOLOGY TRAINING PROGRAM OFFERING

SPECIALIZED TRAINING IN IMMUNOHEMATOLOGY AND BLOOD BANKING THAT

PREPARES STUDENTS FOR STATE LICENSING. DURING THE PAST FISCAL YEAR, NO

STUDENTS WERE ENROLLED IN THE PROGRAM. LIFESOUTH PAYS ALL EXAMINATION

FEES AND PAYS THE STUDENTS A STIPEND WHILE THEY ARE ENROLLED IN THE

PROGRAM. LIFESOUTH PROVIDES FREE LABORATORY TRAINING TO COLLEGE

STUDENTS ENROLLED IN LOCAL COMMUNITY COLLEGES AND UNIVERSITIES.

THE IMMUNOHEMATOLOGY REFERENCE LABORATORY (IRL) IS DEDICATED TO

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization LIFESOUTH COMMUNITY BLOOD CENTERS, INC.	Employer identification number 59-1545914
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PROVIDING RARE SPECIAL ANTIGEN UNITS TO SPECIAL NEED PATIENTS THAT POSSESS SIMPLE, MULTIPLE OR COMPLEX ALLO OR AUTOANTIBODY PROBLEMS. THE IRL ALSO PROVIDES MOLECULAR AND SEROLOGICAL DONOR TESTING AS WELL AS PATIENT TESTING. THE IRL SERVES AS A REFERENCE LABORATORY FOR 100 HOSPITALS IN FLORIDA, ALABAMA AND GEORGIA. THIS FISCAL YEAR, LIFESOUTH RECEIVED 1,030 PATIENT SAMPLES TO TEST AND COMPLETED 18,540 TESTS TO CARE FOR THESE PATIENTS. IN ADDITION THE IRL PERFORMED 1,545 CROSS MATCHES AND 721 ANTIBODY SCREENS REQUESTED FOR PATIENTS.

LIFESOUTH, IN CONJUNCTION WITH THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE AND SHANDS AT UF, HAVE DEVELOPED A PUBLIC CORD BANK CALLED THE LIFECORD UMBILICAL CORD BLOOD BANK. LIFECORD INCLUDES COLLECTION AND TESTING OF CORD BLOOD DONATIONS AND CORD BLOOD CRYOPRESERVATION. LIFECORD'S MISSION IS TO PROVIDE HEMATOPOIETIC STEM CELLS THAT MEET OR EXCEED INDUSTRY STANDARDS FOR CLINICAL TRANSPLANTATION WORLDWIDE. LAST FISCAL YEAR, LIFECORD CRYOPRESERVED 189 CORD BLOOD UNITS AND REGISTERED 353 UNITS ON THE NATIONAL MARROW DONOR REGISTRY. SEVENTEEN CORD BLOOD UNITS WERE SHIPPED FOR TRANSPLANT. IN TOTAL, THE LIFECORD PROGRAM HAS 4,496 CORD BLOOD UNITS AVAILABLE FOR TRANSPLANT.

LIFESOUTH PERFORMS MARROW RECRUITMENT AND PERFORMED DONOR MANAGEMENT FUNCTIONS FOR THE NATIONAL MARROW DONOR PROGRAM (NMDP) THROUGH JANUARY 2012. AS A DONOR CENTER, LIFESOUTH MANAGED ALL SEARCH REQUESTS AND WORK-UPS FOR POTENTIAL DONORS IN THE NMDP DATABASE. DONORS MAY BE ASKED TO DONATE STEM CELLS VIA THE MARROW COLLECTION PROCESS OR THROUGH THE PERIPHERAL BLOOD STEM CELL (PBSC) COLLECTION PROCESS BASED ON THE NEEDS OF THE PATIENT. THIS FISCAL YEAR, LIFESOUTH RECRUITED 898 DONORS TO JOIN THE NMDP REGISTRY AND, COLLECTIVELY, PAID ALMOST \$17,179 FOR

Name of the organization LIFESOUTH COMMUNITY BLOOD CENTERS, INC.	Employer identification number 59-1545914
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APPROXIMATELY 340 OF THOSE DONORS TO BE TYPED. LIFESOUTH RECEIVED AND COMPLETED FOUR REQUESTS FOR WORK-UPS FOR DONATION OF PBSC OR MARROW.

LIFESOUTH PROVIDES THERAPEUTIC APHERESIS AT SELECT HOSPITALS WHICH INVOLVES THE REMOVAL OF A BLOOD COMPONENT FROM A PATIENT TO REMOVE DEFECTIVE CELLS OR DEplete A DISEASE MEDIATOR. THE PROCEDURES ARE PERFORMED TO ATTAIN A CURATIVE STATE OR MAINTAIN A PALLIATIVE STATE IN A NUMBER OF DISEASE PROCESSES. LAST FISCAL YEAR, LIFESOUTH DID 413 THERAPEUTIC APHERESIS PROCEDURES INCLUDING THERAPEUTIC PLASMA EXCHANGE, RED BLOOD CELL EXCHANGE AND WHITE BLOOD CELL DEPLETION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THERAPEUTIC PROCEDURES FOR PATIENTS DURING THE YEAR. LIFESOUTH'S UMBILICAL CORD BANK PROVIDES UNITS FOR TRANSPLANTATION WORLDWIDE. IN 2012, LIFESOUTH SAFELY ADDED AND CRYOPRESERVED 189 NEW CORD BLOOD UNITS. LIFESOUTH ALSO RECRUITS MARROW DONORS FOR THE BE THE MATCH REGISTRY, AND OPERATES A MEDICAL TECHNOLOGY TRAINING PROGRAM.

FORM 990, PART VI, SECTION A, LINE 4: THE FOLLOWING IS A SUMMARY OF CHANGES: SECTION 2.2.8 WAS ADDED TO DOCUMENT POLICIES AND PROCEDURES REGARDING SELECTION, GENERAL RESPONSIBILITIES, AND COMPENSATION OF BOARD COUNSEL. SECTION 4.2.4 WAS REVISED IN ORDER TO PROVIDE FOR TERM LIMITS OF BOARD MEMBERS WHICH SHALL BE (3) CONSECUTIVE 3-YEAR TERMS AT WHICH POINT THE DIRECTOR MUST NOT PARTICIPATE FOR ONE YEAR BEFORE RE-APPLYING FOR BOARD MEMBERSHIP. SECTION 4.5 WAS ADDED TO CREATE THE STATUS OF DIRECTOR EMERITUS. SECTION 6.4 WAS REVISED TO ADD THAT THE BOARD WILL REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION TO THE IRS.

Name of the organization LIFESOUTH COMMUNITY BLOOD CENTERS, INC.	Employer identification number 59-1545914
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FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. THE MEMBERS OF THE ORGANIZATION CONVENE ONCE A YEAR TO ELECT THE BOARD OF DIRECTORS. THE NOMINEES ARE SELECTED BY THE BOARD OF DIRECTORS NOMINATING COMMITTEE. THERE ARE NO MEMBERSHIP CLASSES.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION CONVENE ONCE A YEAR TO ELECT THE BOARD OF DIRECTORS. THE NOMINEES ARE SELECTED BY THE BOARD OF DIRECTORS NOMINATING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS' FINANCE AND AUDIT COMMITTEE AND THE BOARD OF DIRECTORS AT THE ANNUAL MEETING FOR REVIEW AND ACCEPTANCE AS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND TO COMPLETE AND RETURN THE CONFLICT OF INTEREST DISCLOSURE FORM. EACH BOARD MEMBER HAS A CONTINUING OBLIGATION TO DISCLOSE ANY REAL OR APPARENT CONFLICTS THROUGHOUT THE YEAR. THESE DISCLOSURES ARE ANNUALLY RECEIVED BY THE GOVERNANCE COMMITTEE FOR REVIEW AND APPROVAL AND THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL AS DICTATED BY THE POLICY AND PROCEDURES MANUAL.

FORM 990, PART VI, SECTION B, LINE 15A: CEO COMPENSATION RECOMMENDED TO THE EXECUTIVE COMMITTEE BY THE COMPENSATION COMMITTEE AFTER COMPARATIVE SALARY REVIEW. OTHER OFFICERS' AND KEY EMPLOYEES' COMPENSATION RANGES BASED ON COMPARATIVE SALARY RESEARCH AND REVIEWED AND APPROVED BY COMPENSATION COMMITTEE. THE PRESIDENT AND CEO DETERMINES THE COMPENSATION WITHIN THOSE

Name of the organization
LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Employer identification number
59-1545914

APPROVED RANGES.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL DOCUMENTS ARE AVAILABLE
IN THE ORGANIZATION'S ANNUAL REPORT TO THE COMMUNITY AND UPON REQUEST.
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST
POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **LIFESOUTH COMMUNITY BLOOD CENTERS, INC.** Employer identification number **59-1545914**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FIVE POINTS OF LIFE FOUNDATION, INC - 27-2091960, 4039 W NEWBERRY RD, GAINESVILLE, FL 32607	EDUCATION AND ADVOCACY	FLORIDA	501(C)(3)	LINE 7	NA		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

1 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)	X	
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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