#### \*\*PUBLIC DISCLOSURE COPY\*\*

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

2020 A For the 2019 calendar year, or tax year beginning APR 1, 2019 and ending MAR C Name of organization D Employer identification number Check if applicable: Address change AMERICA'S BLOOD CENTERS Name 86-6052376 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202-654-2903 1717 K STREET, NW, SUITE 900 2,840,896. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WASHINGTON, DC 20006 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARIE DEQUATTRO Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes 501(c)(3) X 501(c) ( 6 Tax-exempt status: ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.AMERICASBLOOD.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1962 M State of legal domicile: AZ Association Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTE EXCELLENCE IN BLOOD Activities & Governance SERVICES BY IMPROVING QUALITY & EFFICIENCY OF BLOOD DONOR CENTERS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 38,1027 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7h **Prior Year Current Year** 0. 8 Contributions and grants (Part VIII, line 1h) 2,419,241 2,382,100. 9 Program service revenue (Part VIII, line 2g) 17,279. 14.903. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) U 2.397,003 2,436,520. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,436. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,168,337. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,360,657. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,410,823. 884,573. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,589,596. 2,245,230. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -153,076. 151,773. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,683,152. 786,762. Total assets (Part X, line 16) 735,364. 689,110. 21 Total liabilities (Part X, line 26) 947. 788. 097,652 Net assets or fund balances. Subtract line 21 from line 20 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 1/19/2021 Signature of officer Date Sign KATHERINE E. FRY, CEO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name MICHAELA J. CROMAR, 01/18/21 **₽**00895728 MICHAELA J. CROMAR, CPA Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Firm's address > 901 NORTH GLEBE ROAD, SUITE 200 Use Only Phone no. 571-227-9500 ARLINGTON, VA 22031 Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AMERICA'S BLOOD CENTERS (ABC) ADVOCATES FOR AND ADVANCES POLICIES THAT PROMOTE THE ROLE OF INDEPENDENT BLOOD CENTERS IN PROVIDING LIFE-SAVING
	BLOOD COMPONENTS AND RECOGNIZE THE CONTINUOUS NEED FOR A SAFE AND
	ROBUST BLOOD SUPPLY.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	REGULAR MEETINGS ARE DEVOTED TO ENHANCING THE KNOWLEDGE AND EXPERTISE
	OF BLOOD CENTER MANAGEMENT THROUGH EDUCATION, OPEN DISCUSSION, AND THE
	SHARPENING OF PRACTICAL EXPERIENCE AMONG MEMBER BLOOD CENTERS.
	PUBLICATIONS AND OTHER COMMUNICATIONS DISSEMINATE CURRENT INFORMATION
	AND RECENT DEVELOPMENTS IN THE BLOOD COMMUNITY TO APPROXIMATELY 1,200
	SUBSCRIBERS. COMMUNITY BLOOD CENTER INTERESTS ARE REPRESENTED BEFORE
	GOVERNMENT AND PRIVATE SECTOR AGENCIES THAT ESTABLISH POLICY AND SET
	THE NATIONAL AGENDA.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$)        ) (Revenue \$)
	Other pregram continue (Describe on Schedule O.)
4d	
	(Expenses \$ including grants of \$ ) (Revenue \$ )

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<sub>V</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		<u> </u>
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the expanization report an amount for other liabilities in Part X, line 252. If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
<b>L</b>	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C		28c		Х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedule C Contains a response of flote to any line in this Fait V		V00	No.
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	The first state of the first state of the st			
J	(gambling) winnings to prize winners?	1c		
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ı aı	Statements negarding other instrinings and tax compliance (continued)									
_			I		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	11							
	filed for the calendar year ending with or within the year covered by this return	2a		2b	X					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20	Λ					
За	5.11			3a	X					
oa b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> (			3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			JU	21					
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		Х				
b	If "Yes," enter the name of the foreign country	oooui		-iu						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).							
5a	NACE the consciention of mark the conscient and the standard transfer of the standard transfer o			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices p	rovided to the payor?	7a						
b				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•		_						
	to file Form 8282?	1	Ι	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	7e						
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?	-,		8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	ı	ı							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	ı	I							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.)	11b	1	40-						
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	( 	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.			iou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the constitution of the constitution of the first state of the constitution of the			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.					77				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.			Eorm	990	(2010)				
				rulli	JUU	(2019)				

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
			ı	- F		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6							
	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 on Schedule O.			ا۔							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	ļ							
	officer, director, trustee, or key employee?			.	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, trustees, or key employees to a management company or other person?				3	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5	Х	X				
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point (	one or			Х					
	more members of the governing body?										
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?			.	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:								
а	The governing body?			.	8a	X					
b	Each committee with authority to act on behalf of the governing body?			[	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
			,			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a											
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	∕es," d	escribe								
	in Schedule O how this was done			. [	12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?			Г	14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			[	15a	X					
	Other officers or key employees of the organization				15b	Х					
	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 arrangen	nent w	ith a								
	taxable entity during the year?			Ī	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•								
	exempt status with respect to such arrangements?			. [	16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)	)(3)s	only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.		, (-)	. , .	,,						
	X Own website Another's website X Upon request Other (explain	on Sc	chedule (O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	ial					
	statements available to the public during the tax year.		pssy,								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records								
	MARIE DEQUATTRO - 401-381-0600										
	1300 DIVISION ROAD SHITE 102 WEST WARWICK RT 02	2803									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one			Position (do not check more than one		Reportable	Reportable	Estimated	
	hours per	box	, unle: cer an	ss per	rson is	s both	n an	compensation	compensation	amount of
	week	-	Cei aii		li ecto	Tri us	(66)	from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e 0r 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	al tru		yee	nduc		(** = *********************************		and related
	below	Individual trustee or director	Institutional trustee	Je C	Key employee	Highest compensated employee	ner			organizations
	line)	ibu	lust	Offlicer	Key	E E	Former			
(1) KATE FRY	40.00	-		x				220 642	0.	24 520
CHIEF EXCUTIVE OFFICER (2) ANTOINETTE MATTOCH	5.00			A				239,643.	0.	34,529.
DIRECTOR QUALITY SERVICES	40.00	-				x		117,120.	0.	36,513.
(3) RUTH SYLVESTER	40.00					^		117,120.	0.	30,313.
DIRECTOR, REGULATORY SERVICES	40.00	1				X		120,269.	0.	12,845.
(4) RITA REIK	40.00							120,200	J •	12,040
CHIEF MEDICAL OFFICER		1		x				100,000.	0.	0.
(5) MIKE PAREJKO	1.00							,	-	
PRESIDENT	1.00	Х		Х				0.	0.	0.
(6) MARTIN GRABLE	1.00									
PRESIDENT, PARTIAL YEAR		Х		Х				0.	0.	0.
(7) ROB PURVIS	1.00									
VICE PRESIDENT	1.00	Х		X				0.	0.	0.
(8) DELISA ENGLISH	1.00									
SECRETARY/TREASURER	1.00	Х		X				0.	0.	0.
(9) BUD SCHOLL	1.00	ļ								_
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) JOHN ARMITAGE	1.00	ļ							•	
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) ROB VAN TUYLE	1.00	.,							0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
		1								
		1								
										000

Form **990** (2019)

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Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	anc	ı Hiç	gnes	C	ompensated Employee	s (continued)				
(A)	(B)			(0	-			(D)	(E)			(F)	
Name and title	Average	(do		Pos		<mark>l</mark> than o	no	Reportable	Reportable		Est	imated	Ł
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation		am	ount o	f
	week	_	cer an	d a di	irecto	r/trust	ee)	from	from related		C	ther	
	(list any	ector						the	organizations	.	•	ensati	
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC	;)		m the	
	related organizations	ıstee	truste		به	bens		(W-2/1099-MISC)			•	nizatio	
	below	ual trı	ional		ploye	t com						relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	IIZatio	115
	,	=	=	0	ž	工画	ш.			$\dashv$			
										+			
										$\dashv$			
										$\dashv$			
										$\dashv$			
1b Subtotal					<u> </u>		<u> </u>	577,032.	(	0.	83	,88	7.
c Total from continuation sheets to Part VI								0.	(	0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	577,032.	(	0.	83	,88	7.
2 Total number of individuals (including but n							re	eceived more than \$100,	000 of reportable				
compensation from the organization													3
										_	,	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on	L			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u> </u>
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization	L			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	lual for services	L			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .				<u>L</u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										nsati	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wit	hin T		ear.				
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	Cr	( <b>C</b> ) ompen		
BLOOD CENTERS OF AMERICA	address						$\dashv$	- Decemption of a	CIVICCS		Jinpen	Jation	
1300 DIVISION ROAD, WEST	WY DMICK		DΤ	0	၁၀	03		ACCOUNTING SI	PRITCEC		127	3 2	5
HYATT REGENCY INDIANAPOLI				0	<u> </u>	93	ď	ACCOUNTING SI	FKAICES		14/	,32	<u> </u>
CAPITOL AVENUE, INDIANAPOLI	-			Λ <i>I</i>			ļ	MEETING			1 0 1	,31	7
CALLION AVENUE, INDIANAFO	TIN, TIN		<u> </u>	U <del>1</del>			-	THU I IIIU			T 0 T	,,,,,	<i>'</i> •
							$\dashv$						
							_						
							Т						

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

86-6052376

ı u	L VII			and the Helia David VIIII			
		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				1014110101140	1	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a		_			
irai our	b	Membership dues 1b					
s, G	С	Fundraising events1c					
ar.	d	Related organizations 1d					
s, C mil	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f					
i di	g	Noncash contributions included in lines 1a-1f					
Sor	_	Total. Add lines 1a-1f	<b>&gt;</b>				
			Business Code				
o o	2 a	MEMBERSHIP DUES	541900	1,801,961.	1,801,961.		
, Vic	_ b	WORKSHOPS & PUBS	541800	580,139.	356,280.	38,102.	185,757.
Ser	c					, , , , , , ,	
m Ver	d						
gra Re	-						
Program Service Revenue	f	All other program service revenue					
_		Total. Add lines 2a-2f		2,382,100.			
	3	Investment income (including dividends, inter		2/302/1000			
	Ū	other similar amounts)		15,994.			15,994.
	4	Income from investment of tax-exempt bond		13,3310			13,3310
	5		_				
	3	Royalties(i) Real	(ii) Personal				
	6 -		(ii) i croonai	-			
		Gross rents 6a		-			
		Less: rental expenses 6b		-			
		Rental income or (loss) [6c]					
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	110 000		-			
			·	-			
	b	Less: cost or other basis					
ığ		and sales expenses 75 443,893.  Gain or (loss) 7c -1,091.	•	-			
Revenue	С	Gain or (loss) $7c = 1,091$	·L	1 001			1 001
		Net gain or (loss)	<b>&gt;</b>	-1,091.			-1,091.
ther	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18		-			
		Less: direct expenses8	)				
		Net income or (loss) from fundraising events	<b>_</b>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9	)				
		Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10	a	_			
	b	Less: cost of goods sold10	b				
$\longrightarrow$	С	Net income or (loss) from sales of inventory	<u> </u>				
s l			Business Code				
Miscellaneous Revenue	11 a						
ane	b						
ek se	С						
Ais.	d	All other revenue	900099				
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,397,003.	2,158,241.	38,102.	200,660.

932009 01-20-20

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 489,237. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 674,657. Other salaries and wages ..... 7 Pension plan accruals and contributions (include 56,495 section 401(k) and 403(b) employer contributions) 46,984. Other employee benefits 9 93,284. Payroll taxes 10 Fees for services (nonemployees): 110,000. Management 31,615. Legal 30,775. Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,059. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 79,923. 27,552. Advertising and promotion ..... 12 78,580. Office expenses 13 90,695. Information technology 14 Royalties 15 8,231. 16 Occupancy 74,891. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 284,340. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 15,202.Depreciation, depletion, and amortization ..... 22 11,821. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 20,000. BAD DEBT EXPENSE INSTITUTIONAL MEMBERSHI 10,797. 7,930. STAFF DEVELOPMENT 1,162. TAXES & FEES е All other expenses 2,245,230. Total functional expenses. Add lines 1 through 24e 25 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)

Par	LA	Check if Schodulo O contains a reasonable or r	oto to a	/ line in this Dort V			
		Check if Schedule O contains a response or r	iote to an	/ IIII E III UIIS PART X	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			622,155.	1	719,240.
	2	Savings and temporary cash investments			87,317.	2	249,653.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		98,930.	4	164,290.	
	5	Loans and other receivables from any current		·			
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	-		6		
ر س	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			62,149.	9	37,360.
		Land, buildings, and equipment: cost or other			·		,
		basis. Complete Part VI of Schedule D		83,060.			
	b	Less: accumulated depreciation		47,062.	34,631.	10c	35,998.
	11	Investments - publicly traded securities			436,911.	11	286,216.
	12	Investments - other securities. See Part IV, lin			,	12	, ,
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	341,059.	15	294,005.		
	16	Total assets. Add lines 1 through 15 (must ea			1,683,152.	16	1,786,762.
	17	Accounts payable and accrued expenses		181,797.	17	171,558.	
	18	Grants payable		1	,	18	,
	19	Deferred revenue	219,032.	19	228,731.		
	20	Tax-exempt bond liabilities	l l	,	20	, ,	
	21	Escrow or custodial account liability. Complet				21	
,	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
ij.		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		o o mpioto i di viv	334,535.	25	288,821.
	26	Total liabilities. Add lines 17 through 25			735,364.	26	689,110.
		Organizations that follow FASB ASC 958, c	heck her	X			
Se		and complete lines 27, 28, 32, and 33.					
ဥ	27				889,930.	27	1,039,794.
3al	28	Net assets with donor restrictions			57,858.	28	57,858.
[ 절		Organizations that do not follow FASB ASC			·		,
- ₹		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	Г		29		
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
<u>e</u>	32	Total net assets or fund balances			947,788.	32	1,097,652.
~	33	Total liabilities and net assets/fund balances		l l	1,683,152.	33	1,786,762.

Form	1990 (2019) AMERICA'S BLOOD CENTERS	86-66	523/6	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,24		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	94'	7,7	88.
5	Net unrealized gains (losses) on investments	5	<u> </u>	1,9	09.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,09	7,6	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
	If IIV = II all all the annual to the control of th				

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	) (see separate instructions), then	iona: Camplete Bort III			
	Section 501(c)(4), (5), or (6) organizat	ions. Complete Part III.		Emp	oloyer identification number
	•	'S BLOOD CENTERS			86-6052376
Pa	art I-A   Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b>	\$
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization manage			
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_ <u>k</u>	If "Yes," describe in Part IV.	<del> </del>	504/ \		\(\alpha\)
Pa	art I-C Complete if the org	anization is exempt unde	er section 501(c),		c)(3). \$
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization roceived that were propolitical action committee (PAC). If	ization's funds contributed to oth.  Add lines 1 and 2. Enter here ar.  1120-POL for this year?  Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL,  I) of all section 527 poling from the filing organizes separate political orga	ction 527  titical organizations to whication's funds. Also enter the nization, such as a separa	Yes No the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (	Form 990 or 990-EZ) 2019	AMERICA'S B	LOOD CENTERS	S	86-6	5052376 Page <b>2</b>
Part II-A		ganization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under
A Check	if the filing organiza	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess lobbying e	expenditures).			
B Check ▶	if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
		its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lo	bbying expenditures to infl	uence public opinion (g	grassroots lobbying)			
<b>b</b> Total lo	bbying expenditures to infl	uence a legislative bod	ly (direct lobbying)			
c Total lo	obbying expenditures (add I	ines 1a and 1b)				
	exempt purpose expenditur					
e Total e	xempt purpose expenditure	es (add lines 1c and 1d)	)			
<b>f</b> Lobbyi	ng nontaxable amount. Ent	er the amount from the	following table in both	n columns.		
If the a	mount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not ov	er \$500,000	20% of t	the amount on line 1e.			
Over \$	500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$	1,000,000 but not over \$1,5	500,000 \$175,00	ess over \$1,000,000.			
Over \$	1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$	17,000,000	\$1,000,0	000.			
<b>g</b> Grassr	oots nontaxable amount (er	nter 25% of line 1f)				
h Subtra	ct line 1g from line 1a. If zer	ro or less, enter -0-				
i Subtra	ct line 1f from line 1c. If zer	o or less, enter -0				
j If there	is an amount other than ze	ero on either line 1h or l	line 1i, did the organiza	ation file Form 4720		
reporti	ng section 4911 tax for this	year?				Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations t		01(h) election do not l ate instructions for lir	-	of the five columns b	elow.
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		<b>-</b>
	Calendar year cal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2a Lobbyi	ng nontaxable amount					
	ng ceiling amount					

	, , , , , ,				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(i	o)
	obbying activity.	Yes	No	Amo	ount
<b>1</b> D	During the year, did the filing organization attempt to influence foreign, national, state, or				
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter				
0	r referendum, through the use of:				
a V	olunteers?				
b P	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i T	otal. Add lines 1c through 1i				
	olid the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	i "Yes," enter the amount of any tax incurred under section 4912				
	i "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).		<u>,                                     </u>		
				Yes	No
	Vere substantially all (90% or more) dues received nondeductible by members?			X	
<b>2</b> D	oid the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
<b>3</b> D	oid the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		Х
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'NO" OR (I	o) Part I	II-A, line	3, is
	answered "Yes."  Dues, assessments and similar amounts from members		·	II-A, line	3, is
<b>2</b> S	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		·	II-A, line	3, is
2 S e	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	:al	. 1	II-A, line	3, is
2 S e a C	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year	:al	. 1 2a	II-A, line	3, is
2 S e a C b C	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	eal	2a 2b	II-A, line	3, is
2 S a C b C c T	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Durrent year Carryover from last year  Total	eal	2a 2b 2c	II-A, line	3, is
2 S a C b C c T 3 A	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year Carryover from last year  Total  Outgregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	eal	2a 2b 2c	II-A, line	3, is
2 S e a C b C c T 3 A 4 If	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	eal	2a 2b 2c	II-A, line	3, is
2 S e a C b C c T 3 A 4 Iff	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	eal	2a 2b 2c 3	II-A, line	3, is
2 S e a C b C T 3 A 4 Iff d e	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excellors the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polypenditure next year?	eal	2a 2b 2c 3	II-A, line	3, is
2 S e a C b C c T 3 A 4 Iff d e 5 T	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Totices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed to be organization agree to carryover to the reasonable estimate of nondeductible lobbying and polypenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	eal	2a 2b 2c 3	II-A, line	3, is
2 S a C b C c T 3 A 4 Iff d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues I notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polypenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues I notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polypenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	ess Dittical	2a 2b 2c 3		3, is
a C b C T 3 A d d d e 5 T Part I rovide	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
2 S a C b C c T 3 A 4 Iff d d e 5 T Part I	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is
e a C b C T 3 A A Iff d d e E T T T T T T T T T T T T T T T T T T	answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Total notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excelles the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess Dittical	2a 2b 2c 3		3, is

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICA'S BLOOD CENTERS

**Employer identification number** 86-6052376

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ad	counts. Complete if the	_
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·	
		(a) Donor advised	funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	d in donor advised fund	ds	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?		Yes N	lo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	nt funds can be used o	only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose confer	ring	
_					o
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	orically important land area	
	Protection of natural habitat		Preservation of a cert	ified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribute	tion in the form of a co		_
	day of the tax year.			Held at the End of the Tax Yea	<u>ar</u>
а				2a	_
b				2b	_
С	Number of conservation easements on a certified historic stru			2c	_
d	Number of conservation easements included in (c) acquired a				
_	listed in the National Register			2d	—
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	rminated by the organ	ization during the tax	
	year >				
4	Number of states where property subject to conservation eas		le dline ef		
5	Does the organization have a written policy regarding the per			□ Vaa N	۱_
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		Lonforcing concentation		O
6	Starr and volunteer riours devoted to morntoning, inspecting,	manding of violations, and	emorcing conservant	on easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcina conservation ea	sements during the year	
′	\$\\$\$ \$\$	alling of violations, and emit	ording conservation ea	sements during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(R)	n(i)	
Ŭ	and section 170(h)(4)(B)(ii)?				lo
9	In Part XIII, describe how the organization reports conservation				•
	balance sheet, and include, if applicable, the text of the footn		· ·		
	organization's accounting for conservation easements.	3			
Par		f Art, Historical Trea	sures, or Other S	Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and bal	ance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$	
					_
2	If the organization received or held works of art, historical treatment				
	the following amounts required to be reported under FASB A	SC 958 relating to these if	ems:		
а	Revenue included on Form 990, Part VIII, line 1			<b>.</b> • \$	
b	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20	19

	dule D (Form 990) 2019 AMERICA TIII Organizations Maintaining Co	S BLOOD CE			asures. o	r Othe	r Simila		S (continue	Page Z
3	Using the organization's acquisition, accessio								Continue	<u>u)</u>
٠	collection items (check all that apply):	ii, and other records	s, criccit	arry or tric is	onowing that	i make 3	igililicant	usc of its		
а	Public exhibition	d		oan or excl	hange progra	am				
b	Scholarly research	e		Other	nange progra	aiii				
C	Preservation for future generations	G								
4	Provide a description of the organization's col	lections and evolain	how the	ov further th	e organizatio	on's ever	nnt nurna	see in Dart	YIII	
5	During the year, did the organization solicit or							oc iiii ait	AIII.	
5	to be sold to raise funds rather than to be mai				•				Yes	No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Part			organization	T anoword	100 011		o, r arr 17,		
1a	<u>-</u>	•	arv for c	ontributions	or other as	sets not	included			
	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	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
_	3	i	3						Amount	
С	Beginning balance						1c			
	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par	t V Endowment Funds. Complete if	the organization ans	swered "	Yes" on Fo	rm 990, Part	IV, line	10.			
		(a) Current year		rior year	(c) Two yea			years back	(e) Four yea	ars back
1a	Beginning of year balance	1,361,772.	1,	311,772.	1,13	3,572.	1,1	132,272.	1,13	0,972.
b	Contributions	200.		50,000.	17	8,200.		1,300.		1,300.
С	Net investment earnings, gains, and losses									
d	d Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	1,361,972.	1,	361,772.	1,31	1,772.	1,1	133,572.	1,13	2,272.
2	Provide the estimated percentage of the curre	•	(line 1g	, column (a)	) held as:					
	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment ► 100.00	%								
С	c Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c should equal 100%.									
3а	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:								Ye	
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organizat								3b X	<u> </u>
<del>Da</del>	Describe in Part XIII the intended uses of the of the I Land. Buildings, and Equipment		vment fu	ınds.						
Pai										
	Complete if the organization answered		Í			<u> </u>				
	Description of property	(a) Cost or of		(b) Cost			ccumulat preciation	I .	(d) Book va	alue
4-	Land	basis (investm	ierri)	basis (	(Oth ICI)	ue	PIECIALIOI	'		
	Land		+							
	Buildings									
	Leasehold improvements			Ω	3,060.		47,0	62	3.5	998.
	Equipment	.		0	5,000.		± / , U	04.	JJ,	790.
е	Other									

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 AMERICA'S B	LOOD CENTERS	86-6052376 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(9)

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

(a) Description	(b) Book value
(1) DEFFERRED COMPENSATION ANNUITY	288,821.
(2) INTEREST RECEIVABLE	5,184.
(3)	
(5)	
<u>(6)</u>	
(8)	
(9)	
Total (0.1 (1)	<b>▶</b>   291 005

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFFERRED COMPENSATION ANNUITY	
(3)	PAYABLE	288,821.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	288,821.

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 AMERICA'S BLOOD CE		86-6052376 Page
Part XI Reconciliation of Revenue per Audited Finance	cial Statements With Revenue	per Return.
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial stater	nents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part	I. line 12.)	
Part XII Reconciliation of Expenses per Audited Finar	-	s per Return.
Complete if the organization answered "Yes" on Form 990,		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a Donated services and use of facilities		
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Pa	rt I. line 18.)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line		: V, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional information.	
DADE II I INE 4		
PART V, LINE 4:		
MILE ENDOUGHERING DIDING MEDIC COLUMNIC MO	NIDDODE BUIL BOUNDABLO	NILG ODEDARTONG
THE ENDOWMENT FUNDS WERE CREATED TO S	SUPPORT THE FOUNDATIO	ON S OPERATIONS
AND OVERHEAD DIDOEM INCOME EDOM MILE	EIND WILL DE HOED MO	N DAY A
AND OVERHEAD BUDGET. INCOME FROM THE	FUND WILL BE USED TO	PAY A
CTONTETONIM CHARE OF MHE FOINDAMTON'S	COPPARING AND OVERLY	IEAD EVDENCEC CO
SIGNIFICANT SHARE OF THE FOUNDATION'S	OPERATING AND OVERH	LEAD EXPENSES, SU
MILLE MODE COMPANION OF STREET	ICCECCEULLY ON DATCE	IO MONEY EOD
THAT THE FOUNDATION CAN FOCUS MORE SU	CCESSFULLY ON RAISIN	IG MONEY FOR
TWD A CHIEFT DD A TROMG A DD THEONALLY HILL	ENDOWNEND BINDS WED	DE CREMER MO
IMPACTFUL PROJECTS. ADDITIONALLY, THI	E ENDOMMENT FUNDS MER	RE CREATED TO
GUDDODE & LEGEUDE GEDIEG EO DEGOGNIEG	NEDICAL COTENEDIC	AND I HADEDOUTD
SUPPORT A LECTURE SERIES TO RECOGNIZE	MEDICAL, SCIENTIFIC	: AND LEADERSHIP
A CHILDING CO		
ACHIEVEMENTS.		
DADE V I THE O		
PART X, LINE 2:		
AMEDICALG DIOOD GENTEDS (ADS) TS TOTAL	(DE EDOM BUT DATES	OF FEDERAL THOOLS
AMERICA'S BLOOD CENTERS (ABC) IS EXEM	1PT FROM THE PAYMENT	OF FEDERAL INCOME
MANUA ON THE EVENTS ACCUSED A	GEORGON 501/6\/6\	, miin Tirmonii.
TAXES ON ITS EXEMPT ACTIVITIES UNDER	SECTION SUI(C)(6) OF	THE INTERNAL

Schedule D (Form 990) 2019

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization

Department of the Treasury

Part I

AMERICA'S BLOOD CENTERS

Questions Regarding Compensation

Employer identification number 86-6052376

Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on 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) 2019

86-6052376

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	<u> </u>
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(c)-(i)(s)	in column (B) reported as deferred on prior Form 990
(1) KATE FRY	Ξ	212,64	27,000.	0	23,964.	10,565.	274,172.	
	≘		0	0.		0.	0.	
(2) ANTOINETTE MATTOCH	Ξ	117,12	0	0.	35,71	801.	153,633.	
DIRECTOR, QUALITY SERVICES	(iii)	0.	0	0.	• 0	0.	0.	0.
	( <u>i</u> )							
	(iii)							
	( <u>i</u> )							
	(iii)							
	( <u>i</u> )							
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							Schedu	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	AMERICA'S BLOOD CENTERS	86-6052376	ъ.
Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Par	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional	ırt for any additional information.	

PART I, LINE 4B:
KATZ 457 PLAN - VALUE AS OF 12/31/2019: \$128,737
FITZPATRICK 457 PLAN - VALUE AS OF 12/31/2019: \$99,765
CLAFFEY 457 PLAN - VALUE AS OF 12/31/2019: \$135,809
Schedule J (Form 990) 2019

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

### 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. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICA'S BLOOD CENTERS

**Employer identification number** 86-6052376

FORM 990, PART VI, SECTION A, LINE 1:

THE MEMBERSHIP COMMITTEE SHALL REVIEW ALL PROPOSALS FOR EXPULSION FROM MEMBERSHIP AND SHALL RECOMMEND THE ACCEPTANCE OR REJECTION OF SUCH PROPOSAL TO THE ACTIVE MEMBERS AT AN ANNUAL MEETING.

THE AUDIT COMMITTEE SHALL SELECT AND APPOINT A REPUTABLE INDEPENDENT AUDITING FIRM TO PERFORM THE ANNUAL AUDIT OF THE BOOKS OF RECORD OF THE CORPORATION.

THE FINANCE COMMITTEE REVIEWS THE ABC CORPORATE IRS FORM 990'S AND MAKES RECOMMENDATIONS REGARDING APPROVAL TO THE BOARD.

THE BYLAWS COMMITTEE SHALL PERIODICALLY REVIEW THE BYLAWS OF THE CORPORATION AND RECOMMEND CHANGES FOR CONSIDERATION BY THE ACTIVE MEMBERS. THE GOVERNANCE COMMITTEE IS RESPONSIBLE FOR BOARD SELF-EVALUATION, BOARD DEVELOPMENT. BOARD MEMBER COMPLIANCE WITH EXPECTATIONS AND CULTURE AND SUCCESSION PLANNING.

THE ACTIVE MEMBERS OR THE BOARD OF DIRECTORS MAY AT THEIR PLEASURE DELEGATE PORTIONS OF THEIR RESPONSIBILITIES TO SUCH OTHER COMMITTEES AS THEY MAY FROM TIME TO TIME CHOOSE TO ESTABLISH, AND MAY SPECIFY THE SIZE, STRUCTURE SCOPE AND LIMITATIONS OF AUTHORITY, AS WELL AS THE DIRECTION, OF SUCH COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 3:

IN ACCORDANCE WITH THE SHARED SERVICE AGREEMENT EFFECTIVE APRIL 1, BETWEEN ABC AND ONE OF THEIR MEMBERS, THE BLOOD CENTERS OF AMERICA (BCA) ABC PAYS BCA A FEE ANNUALLY IN EXCHANGE FOR THE PROVISION OF VARIOUS SERVICES INCLUDING: ACCOUNTING SERVICES, EMPLOYEE BENEFIT MANAGEMENT, AND

INFORMATION TECHNOLOGY, AMONG OTHERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) **Employer identification number** Name of the organization 86-6052376 AMERICA'S BLOOD CENTERS FORM 990, PART VI, SECTION A, LINE 6: CATEGORIES OF MEMBERSHIP WITH VOTING RIGHTS ARE AS FOLLOWS: ACTIVE: BE QUALIFIED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM PAYMENT OF UNITED STATES INCOME TAX; BE GOVERNED BY AN INDEPENDENT BOARD OF DIRECTORS OR TRUSTEES; POSSESS A LICENSE OR OWN OR MANAGE AN ORGANIZATION WITH A LICENSE FROM THE UNITED STATES OR CANADIAN GOVERNMENT AUTHORIZING INTERSTATE OR INTER-PROVINCIAL SHIPMENT OF BLOOD OR BLOOD COMPONENTS; SUPPORT THE PRINCIPLES AND MISSION ADOPTED BY THE CORPORATION; AND BE APPROVED FOR MEMBERSHIP BY VOTE OF THE ACTIVE MEMBERS AS PROVIDED HEREIN. THE ARMED SERVICES BLOOD PROGRAM SHALL BE CONSIDERED TO HAVE MET THE QUALIFICATIONS TO APPLY FOR ACTIVE MEMBERSHIP. CATEGORIES OF MEMBERSHIP THAT DO NOT HAVE VOTING RIGHTS ARE AS FOLLOWS: PROVISIONAL: BE AN INDEPENDENT COMMUNITY/REGIONAL BLOOD PROGRAM WHICH AT TIME OF APPLICATION DOES NOT MEET ALL QUALIFICATIONS FOR ACTIVE MEMBERSHIP BUT WHICH EXPECTS TO MEET FULL QUALIFICATIONS WITHIN 2 YEARS IMMEDIATELY FOLLOWING DATE BLOOD CENTER ACCEPTED FOR PROVISIONAL MEMBERS. HOSPITAL BASED ASSOCIATE: BE A HOSPITAL-BASED DONOR COLLECTION CENTER; BE QUALIFIED AS NOT-FOR-PROFIT ORGANIZATION; BE REGISTERED WITH THE US FOOD AND DRUG ADMINISTRATION TO COLLECT BLOOD FROM VOLUNTEER DONORS OR HAVE

Schedule O (Form 990 or 990-EZ) (2019)

US/CANADIAN GOVERNMENT LICENSE AUTHORIZING INTERSTATE/INTER-PROVINCIAL

SPONSORED BY AN ACTIVE MEMBER SERVING AN AREA OVERLAPPING OR ADJACENT TO

BLOOD SHIPMENTS; SUPPORTS THE CORPORATION MISSION/PRINCIPLES AND BE

THE AREA SERVED BY APPLICANT.

Name of the organization

AMERICA'S BLOOD CENTERS

Employer identification number 86-6052376

AFFILIATE: AN ORGANIZATION OTHER THAN A BLOOD CENTER THAT SUPPORTS THE

MISSION OF ABC IN SERVING THE COMMON GOOD OF DONORS WHO WISH TO MAKE AN

ALTRUISTIC GIFT AND THE BLOOD RECIPIENTS WHO BENEFIT FROM THEIR DONATIONS.

HONORARY: AN INDIVIDUAL OR ORGANIZATION PROPOSED AND ELECTED BY THE ACTIVE

MEMBERS WHO HAS MADE A SIGNIFICANT CONTRIBUTION TO THE FIELDS OF BLOOD

BANKING OR TRANSFUSION MEDICINE, AND WHO MADE OUTSTANDING CONTRIBUTIONS IN

SUPPORT OF THE MISSION OF THE CORPORATION.

EMERITUS: AN INDIVIDUAL ELECTED BY THE ACTIVE MEMBERS WHO HAS HELD A

POSITION WITH AN ACTIVE OR ASSOCIATE MEMBER AND IS NOW RETIRED FROM THE

PROFESSION, AND WISHES TO REMAIN ASSOCIATED WITH THE CORPORATION AND ITS

MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS SHALL CONSIST OF SEVEN DIRECTORS, ALL OF WHOM SHALL

BE APPOINTED BY THE SPECIAL MEMBERS. TERMS ON THE BOARD OF DIRECTORS SHALL

BE STAGGERED SO THAT NO MORE THAN THREE DIRECTORS ARE APPOINTED IN ANY

GIVEN FISCAL YEAR. THE INITIAL APPOINTMENTS MADE FOLLOWING THE AMENDMENT OF

THE BYLAWS TO ACCOUNT FOR APPOINTMENT BY SPECIAL MEMBERS AS FOLLOWS: TWO

DIRECTORS SHALL BE APPOINTED FOR ONE-YEAR TERMS, TWO DIRECTORS SHALL BE

APPOINTED FOR TWO-YEAR TERMS, AND THREE DIRECTORS SHALL BE APPOINTED FOR

THREE-YEAR TERMS. THE RIGHT TO APPOINT TO THESE POSITIONS SHALL BE

ALLOCATED AT RANDOM AMONG THE SPECIAL MEMBERS, PROVIDED THAT IF THERE ARE

ONLY TWO SPECIAL MEMBERS, THE LARGEST SHALL HAVE THE RIGHT TO APPOINT TWO

THREE-YEAR DIRECTORS, ONE TWO-YEAR DIRECTOR AND ONE ONE-YEAR DIRECTOR WITH

THE SMALLER SPECIAL MEMBER APPOINTING THE REMAINING SEATS.

86-6052376

Name of the organization **Employer identification number** AMERICA'S BLOOD CENTERS

FORM 990, PART VI, SECTION A, LINE 7B:

SPECIAL ASSESSMENTS REQUIRE APPROVAL OF ACTIVE MEMBERS. ACTIVE MEMBERS HAVE THE POWER TO ADOPT, MODIFY, AND AMEND BYLAWS, ESTABLISH THE ORGANIZATION'S MISSION AND PRINCIPLES, ELECT THE CORPORATION'S OFFICERS, AND REMOVE A DIRECTOR FROM THE BOARD OF DIRECTORS.

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

THE FINANCE COMMITTEE REVIEWS THE 990 AND MAKES RECOMMENDATION REGARDING APPROVAL TO THE BOARD OF DIRECTORS. THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CEO IN CONJUNCTION WITH HR SERVICES IS TASKED WITH MONITORING THE CONFLICT OF INTEREST POLICY. THE FOLLOWING PROBLEM SOLVING PROCEDURES APPLY TO SUSPECTED AND REPORTED CONFLICTS OF INTEREST:

AMERICA'S BLOOD CENTERS STRIVES TO PROVIDE A COMFORTABLE, PRODUCTIVE, LEGAL, AND ETHICAL WORK ENVIRONMENT. TO THIS END, WE WANT YOU TO BRING ANY PROBLEMS, CONCERNS, OR GRIEVANCES YOU HAVE ABOUT THE WORK PLACE TO THE ATTENTION OF YOUR SUPERVISOR AND, IF NECESSARY, TO HUMAN RESOURCES OR UPPER LEVEL MANAGEMENT. TO HELP MANAGE CONFLICT RESOLUTION WE HAVE INSTITUTED THE FOLLOWING PROBLEM SOLVING PROCEDURE: IF YOU BELIEVE THERE IS INAPPROPRIATE CONDUCT OR ACTIVITY ON THE PART OF THE ORGANIZATION, MANAGEMENT, ITS EMPLOYEES, VENDORS, CUSTOMERS, OR ANY OTHER PERSONS OR ENTITIES RELATED TO THE ORGANIZATION, BRING YOUR CONCERNS TO THE ATTENTION OF YOUR SUPERVISOR AT A TIME AND PLACE THAT WILL ALLOW THE PERSON TO PROPERLY LISTEN TO YOUR CONCERN. MOST PROBLEMS CAN BE RESOLVED INFORMALLY THROUGH DIALOGUE BETWEEN YOU AND YOUR IMMEDIATE SUPERVISOR. IF YOU HAVE ALREADY BROUGHT THIS MATTER

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization AMERICA'S BLOOD CENTERS

Employer identification number 86-6052376

TO THE ATTENTION OF YOUR SUPERVISOR BEFORE AND DO NOT BELIEVE YOU HAVE

RECEIVED A SUFFICIENT RESPONSE, OR IF YOU BELIEVE THAT PERSON IS THE SOURCE

OF THE PROBLEM, PRESENT YOUR CONCERNS TO HUMAN RESOURCES OR UPPER LEVEL

MANAGEMENT. DESCRIBE THE PROBLEM, THOSE PERSONS INVOLVED IN THE PROBLEM,

EFFORTS YOU HAVE MADE TO RESOLVE THE PROBLEM, AND ANY SUGGESTED SOLUTION

YOU MAY HAVE.

ALL COMMITTEE MEMBERS OF AMERICA'S BLOOD CENTERS ("ABC") ARE EXPECTED TO

ACT WITH HONESTY AND INTEGRITY AVOIDING ACTUAL OR APPARENT CONFLICTS OF

INTEREST. COMMITTEE MEMBERS ARE ALSO EXPECTED TO PRESERVE THE

CONFIDENTIALITY OF CONFIDENTIAL INFORMATION AND NOT DISCLOSE SUCH

INFORMATION OR USE IT FOR UNINTENDED PURPOSES.

#### ABC'S POLICIES ARE AS FOLLOWS:

FIRST, ALTHOUGH IT IS NOT ALWAYS POSSIBLE TO AVOID CONFLICTS OF INTEREST,

ABC EXPECTS COMMITTEE MEMBERS, ONCE ELECTED, TO CONSULT IN ADVANCE WITH THE

APPLICABLE ABC COMMITTEE STAFF LIAISON BEFORE UNDERTAKING NEW POSITIONS OR

RESPONSIBILITIES OUTSIDE OF ABC (E.G., A CONSULTING AGREEMENT WITH AN ABC

OR MEMBER VENDOR OR COMPETITOR) THAT COULD LEAD TO CONFLICTS OF INTEREST

WITH ANY OF THEIR ABC DUTIES.

SECOND, THE COMMITTEE MEMBER MUST DISCLOSE TO THE ABC STAFF LIAISON ANY

MATERIAL TRANSACTION OR RELATIONSHIP HE/SHE HAS THAT COULD REASONABLY BE

EXPECTED TO GIVE RISE TO A CONFLICT OF INTEREST. THE ABC STAFF LIAISON (OR

IF THE STAFF LIAISON IS NOT AVAILABLE, THE BOARD) WILL REVIEW AND ADDRESS

POTENTIAL CONFLICTS OF INTEREST AND RELATED PARTY TRANSACTIONS AND MAY

REQUIRE THE COMMITTEE MEMBER NOT TO PARTICIPATE IN SPECIFIC DECISIONS.

Name of the organization

AMERICA'S BLOOD CENTERS

Employer identification number 86-6052376

THIRD, A COMMITTEE MEMBER SHALL NOT VOTE OR ACT IN ANY MATTER WHEREIN

PERSONAL BENEFIT MAY INURE (A "PERSONAL BENEFIT" CONFLICT OF INTEREST).

FURTHER, ANY COMMITTEE MEMBER SHALL PUBLICLY DISCLOSE SUCH PERSONAL BENEFIT

CONFLICT OF INTEREST IN ANY MEETING AND AT THE EARLIEST POSSIBLE

OPPORTUNITY DURING CONSIDERATION OF SUCH MATTER.

GENERALLY, AN ABC COMMITTEE MEMBER CAN SERVE ON THE BOARD OF DIRECTORS OF

ANOTHER CORPORATION. HOWEVER, IF THE OTHER CORPORATION IS OR MIGHT BE A

COMPETITOR WITH ABC OR ITS MEMBERS, THE COMMITTEE MEMBER MUST SEEK APPROVAL

OF THE ABC STAFF LIAISON PRIOR TO SUCH SERVICE IN COMPLIANCE WITH THE

CONFLICT OF INTEREST POLICY.

MEMBERS ARE REQUIRED TO CERTIFY THAT THEY AGREE TO AND WILL FOLLOW THE

CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY. MEMBERS AGREE THAT

VIOLATION OF THIS POLICY CAN BE CONSIDERED GOOD CAUSE FOR REMOVAL FROM AN

AMERICA'S BLOOD CENTER COMMITTEE (WITHOUT LIMITING OTHERS REMEDIES

AVAILABLE TO AMERICA'S BLOOD CENTER). MEMBERS FURTHER CERTIFY THAT THEY ARE

WHAT CONFLICTS THEY ARE PRESENTLY AWARE OF AND WILL UPDATE THEIR DISCLOSURE

AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS GOES THROUGH AN EXTENSIVE REVIEW PROCESS EACH YEAR

TO DETERMINE THE CEO'S COMPENSATION. THE PRESIDENT OF AMERICA'S BLOOD

CENTER SENDS OUT A PERFORMANCE EVALUATION FORM TO THE BOARD OF DIRECTORS

WHO THEN RETURNS THE FORM TO THE BOARD PRESIDENT. ANNUALLY, THE BOARD HOLDS

AN EXECUTIVE SESSION TO DISCUSS THE SUMMARY OF THE EVALUATION AND USES

APPROPRIATE INDUSTRY EXECUTIVE COMPENSATION SURVEY DATA TO GUIDE ITS

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  AMERICA'S BLOOD CENTERS	Employer identification number 86-6052376			
COMPENSATION DECISION MAKING. THE MOST RECENT YEAR THIS WA	S COMPLETED IS			
2020.				
THE CHIEF EXECUTIVE OFFICER COMPLETES AN ANNUAL REVIEW FOR	THE			
DETERMINATION OF THE COMPENSATION OF OTHER OFFICERS AND KE	Y EMPLOYEES FOR			
THE ORGANIZATION ON OR AROUND APRIL 1 OF EACH YEAR. THE OF	FICERS AND KEY			
EMPLOYEES PARTICIPATE IN THE DEVELOPMENT OF AMERICA'S BLOO	D CENTER'S			
STRATEGIC PLAN. PLAN IMPLEMENTATION EFFECTIVENESS IS USED	IN DETERMINING			
THE APPROPRIATE COMPENSATION. EXTERNAL SURVEY DATA IS USED	TO BENCHMARK			
SALARY LEVELS FOR EACH LEADERSHIP POSITION. THE MOST RECENT YEAR THIS WAS				
COMPLETED IS 2020.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY			
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST. THE			
ORGANIZATION'S MOST RECENT AUDITED FINANCIAL STATEMENTS AND FORM 990 IS				
LISTED ON THE WEBSITE.				
¬				
PART XII, LINE 2C				
THERE IS NO CHANGE TO PROCESS OF OVERSIGHT OF THE AUDIT.				

# SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Open to Public Inspection

▶ Attach to Form 990.

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

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

AMERICA'S BLOOD CENTERS

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Employer identification number 86-6052376

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled ٥ entity? Direct controlling Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling AMERICA'S BLOOD entity CENTERS End-of-year assets status (if section 501(c)(3)) Public charity LINE 7 Total income **Exempt Code** ூ section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ARIZONA CHARITABLE FOUNDATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. 52-2038372, 1717 K STREET, NW, SUITE 900, FOUNDATION FOR AMERICA'S BLOOD CENTERS Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20006 Part II

Schedule R (Form 990) 2019 AMERICA'S BLOOD CENTERS

86-6052376

Page 2

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

(k)	General or Percentage managing ownership									
(j)	eneral or anaging artner?	Yes No								
(i)	Code V-UBI © mamount in box mamount mamoun	K-1 (Form 1065) Y								
(h)	Disproportionate allocations?	Yes No								
(6)	Share of Dispersion assets									
(f)	Share of total income									
(ə)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(o)	Legal domicile (state or foreion	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

	ı	1	ī	i	ı
tion (13) olled ity?					
Sect 512(b) 500tro contro	3				
(h) (i) Section Percentage 512(b)(13) controlled entity?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Type of entity (C corp., S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
<b>(a)</b> Name, address, and EIN of related organization					

Schedule R (Form 990) 2019

86-6052376

Page 3

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

Note: Complete line 1 if any entity is listed in Darts II III or IV of this school le					30%	2
During the tax year, did the organization engage in any of the following transaction:	s with one or more re	g transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			2
a Receipt of (i) interest. (ii) annuities. (iii) royalties. or (iv) rent from a controlled entity	>			1a		×
				<del>1</del>		×
Giff grant or capital contribution from related organization(s)				1		lы
cons or loop allorantoes to or for related organization(s)				7		l۶
Evalls of Ival gualantees to of 101 refated organization (s)				2	\ <u>\</u>	11:
e Loans or loan guarantees by related organization(s)				<u>ə</u>	Ì	اله
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				÷		×
i I open of facilities are insmooth or other secrets to related examination(a)				÷		×
Lease of lacinities, equipment, of other assets to related organization(s)				=	1	d
k Lease of facilities. equipment. or other assets from related organization(s)				¥		×
	inization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			<u>E</u>	×	
	ion(s)			<b>£</b>	i ×	
	(2)			ç	l ×	
				2	4	
<b>p</b> Reimbursement paid to related organization(s) for expenses				5		lы
				- 5		×
				Ī		
r Other transfer of cash or property to related organization(s)				÷		lы
				\$		×
If the answer to any of the above is "Yes," see the instructions for inf	ho must complete th	s line, including covered r	ormation on who must complete this line, including covered relationships and transaction thresholds.			
		6				
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	( <b>d)</b> Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)				!		- 13
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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.

•	, .	•	•	•	•	
(k) Percentage ownership						Schedule R (Form 990) 2019
(j) General or F managing partner? Yes No						Form
Gen Gen 11 par						le R
(h)         (i)         (j)         (k)           Disproportional propertional allocations?         Code V-UBI ceneral or percentage managing managing partner?         Percentage partner?           ves   No         (Form 1065)         ves   No						Schedu
(h) Disproportionate allocations? Yes No						
Dis alloo						
(g) Share of end-of-year assets						
(f) Share of total income						
Are all Are all 501(c)(3) orgs.?						
(d) Predominant income proceed (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)						
<b>(b)</b> Primary activity						
(a) Name, address, and EIN of entity						