

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type See specific instructions. SAN DIEGO BLOOD BANK 440 UPAS STREET SAN DIEGO, CA 92103. D Employer Identification Number 95-1696732. E Telephone number (619) 296-8420. F Accounting method: Cash, Accrual, Other (specify).

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

G Web site: N/A

J Organization type (check only): [X] 501(c) 3 (insert no), 4947(a)(1), 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 26,052,525

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

SCANNED OCT 16 2002

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c), Total, and Column (d). Includes a 'RECEIVED' stamp from OGDEN, UT dated OCT 06 2002.

G13 5

Part IV Balance Sheets (See instructions)

Notes: Where required attached schedules and amounts within the description column should be for end of year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing	34,853	45	163,204
	46 Savings and temporary cash investments	600,000	46	600,000
	47a Accounts receivable	3,591,746		
	b Less allowance for doubtful accounts	99,039	3,056,835	47c 3,492,707
	48a Pledges receivable			
	b Less allowance for doubtful accounts			48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use	1,749,517	52	1,768,561
	53 Prepaid expenses and deferred charges	80,966	53	106,295
	54 Investments – securities (attach schedule) SEE ST 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,411	54	3,345
	55a Investments – land buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)			55c
	56 Investments – other (attach schedule)			56
	57a Land buildings and equipment basis	15,086,477		
	b Less accumulated depreciation (attach schedule) STATEMENT 8	9,829,827	5,246,648	57c 5,256,650
	58 Other assets (describe ► SEE STATEMENT 9)	47,348	58	74,313
59 Total assets (add lines 45 through 58) (must equal line 74)	10,823,578	59	11,465,075	
LIABILITIES	60 Accounts payable and accrued expenses	3,048,635	60	3,575,624
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	2,725,478	64b	2,572,232
	65 Other liabilities (describe ► SEE STATEMENT 10)	50,000	65	50,000
66 Total liabilities (add lines 60 through 65)	5,824,113	66	6,197,856	
FUNDS OR OTHER REPORTABLE ORGANIZATIONS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	4,999,465	67	5,267,219
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	4,999,465	73	5,267,219	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	10,823,578	74	11,465,075	

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

BAA

Part VI Other Information (See specific instructions)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If 'Yes,' enter the name of the organization: <u>SAN DIEGO BLOOD BANK FOUNDATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911: <u>0</u> , Section 4912: <u>0</u> , Section 4955: <u>0</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a List the states with which a copy of this return is filed: <u>CALIFORNIA</u>			
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		322
91 The books are in care of: <u>MARK INSLEY</u> Telephone number: <u>(619) 296-8420</u> Located at: <u>440 UPAS STREET, SAN DIEGO, CA</u> ZIP + 4: <u>92103</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year: <u>92</u>	92		N/A

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	15,409	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-56,852	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					24,879,112
103 Other revenue					
a _____					
b OTHER INCOME					11,002
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-41,443	24,890,114
105 Total (add line 104 columns (B) (D), and (E))					24,848,671

Note Line 105 plus line 1d Part I, should equal the amount on line 12, Part I

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 16

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

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

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

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If Yes to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Print Name: *[Signature]* Date: *9/26/02*

Preparer's SSN or PTIN (see instructions)

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

2001

Supplementary Information — (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the Organization

SAN DIEGO BLOOD BANK

Employer Identification Number

95-1696732

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THOMAS F COLLIER ----- 440 UPAS ST, SAN DIEGO, CA	MEDICAL DIR 40	98,658	0	0
RAMONA WALKER ----- 440 UPAS ST, SAN DIEGO, CA	COO 40	183,198	0	0
CAROLYN WHITE ----- 440 UPAS ST, SAN DIEGO, CA	DIR COMM/RELAT 40	93,582	0	0
ARLENE WOLFORD ----- 440 UPAS ST, SAN DIEGO, CA	NURSING MGR 40	81,452	0	0
DOUGLAS MORTON ----- 440 UPAS ST, SAN DIEGO, CA	DIR IT 40	97,907	0	0
Total number of other employees paid over \$50,000 ▶	35			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments.		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	362,561	396,017	1,040,935	853,223	2,652,736
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	22,798,947	20,528,213	20,156,719	19,696,137	83,180,016
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	36,396	32,750	40,920	133,187	243,253
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 17	14,032	3,217	508	416,493	434,250
23 Total of lines 15 through 22	23,211,936	20,960,197	21,239,082	21,099,040	86,510,255
24 Line 23 minus line 17	412,989	431,984	1,082,363	1,402,903	3,330,239
25 Enter 1% of line 23	232,119	209,602	212,391	210,990	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 83,180,016 20 _____ 21 _____					27c 85,832,752
d Add: Line 27a total _____ 0 and line 27b total _____ 0					27d 0
e Public support (line 27c total minus line 27d total)					27e 85,832,752
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f 86,510,255				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.22 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.28 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720		

4 -Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

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

Yes	No	Amount

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

SAN DIEGO BLOOD BANK

Employer Identification Number

95-1696732

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

SAN DIEGO BLOOD BANK

95-1696732

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 568.271	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

SAN DIEGO BLOOD BANK

Employer Identification Number

95-1696732

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----

Name of Organization

Employer Identification Number

SAN DIEGO BLOOD BANK

95-1696732

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) > \$

Table with 4 columns: (a) No from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for data entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for data entry.

Table with 4 columns: (a) No from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for data entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for data entry.

Table with 4 columns: (a) No from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for data entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for data entry.

Table with 4 columns: (a) No from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for data entry.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee. Includes dashed lines for data entry.

Depreciation and Amortization
(Including Information on Listed Property)
▶ See separate instructions
▶ Attach to your tax return

Name(s) Shown on Return
SAN DIEGO BLOOD BANK
Business or Activity to Which This Form Relates
FORM 990/990-PF

Part I Election to Expense Certain Tangible Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of Section 179 property placed in service (see instructions)	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of Section 179 property. Add amounts in column (c) lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to Section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	803,125

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	803,125
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	23	

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION	EQUIPMENT		
DATE ACQUIRED	6/30/2001		
HOW ACQUIRED	PURCHASE		
DATE SOLD	6/30/2002		
TO WHOM SOLD			
GROSS SALES PRICE	4,289		
COST OR OTHER BASIS	124,855		
DEPRECIATION	87,163		
		GAIN (LOSS)	-33,403

DESCRIPTION	OCBS LEASE IMPROVEMENT		
DATE ACQUIRED	VARIOUS		
HOW ACQUIRED	PURCHASE		
DATE SOLD	6/30/2002		
TO WHOM SOLD			
GROSS SALES PRICE	2,009		
COST OR OTHER BASIS	114,537		
DEPRECIATION	89,079		
		GAIN (LOSS)	-23,449

TOTAL GAIN (LOSS) OTHER ASSETS \$ -56,852

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -56,852

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

GROSS RECEIPTS	\$ 25,447,311
GROSS SALES	\$ 25,447,311
LESS RETURNS & ALLOWANCES	0
NET SALES	\$ 25,447,311
LESS COST OF GOODS SOLD	568,199
GROSS PROFIT FROM SALES OF INVENTORY	\$ <u>24,879,112</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

SD BLOOD BANK FDN MEMBERS CONTR	\$ -94,482
TOTAL	\$ <u>-94,482</u>

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SAN DIEGO BLOOD BANK

95-1696732

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	56,200	54,779	1,421	
BAD DEBTS	79,739	79,739		
CHARITABLE/INDIGENT	2,228	2,228		
COMMUNITY RELATIONS	339,183	331,873	7,310	
CONSULTANTS	131,982		131,982	
CONTRACTUAL ALLOWANCES	430,755	430,755		
DUES & SUBSCRIPTIONS	51,402	29,167	22,235	
EARNED DISCOUNTS	-1,108	-1,108		
INSURANCE	233,479	207,279	26,200	
LAUNDRY	13,215	13,215		
MICROFILMING	1,524		1,524	
MISCELLANEOUS	2,505		2,505	
PERMITS & LICENSES	23,678	23,678		
PROGRAMMING	15,750		15,750	
SANITATION	82,078	82,078		
SECURITY	67,117	59,497	7,620	
TAXES	483		483	
TAXIS	95,221	95,221		
UTILITIES	285,868	255,022	30,846	
VEHICLE EXPENES/MILEAGE	219,619	209,055	10,564	
TOTAL	\$ 2130918	\$ 1872478	\$ 258,440	\$ 0

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SAN DIEGO BLOOD BANK IS ORGANIZED TO COLLECT, PROCESS, STORE AND DISTRIBUTE WHOLE BLOOD AND BLOOD COMPONENTS IN SAN DIEGO, LOS ANGELES, ORANGE, IMPERIAL AND RIVERSIDE COUNTIES THEREFORE, THE GROSS RECEIPTS AND EXPENSES NOT ONLY CONTRIBUTE TO THE EXEMPT PURPOSE, THEY ARE THE RESULT OF THE EXEMPT PURPOSE

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE BLOOD BANK OPERATING AS A NON-PROFIT CORPORATION STRIVES TO PROVIDE AN ADEQUATE AND SAFE BLOOD SUPPLY TO SOUTHERN CALIFORNIA HOSPITALS BY DRAWING BLOOD COMPONENTS FROM OVER 100,000 VOLUNTEER DONORS ANNUALLY, TESTING AND SCREENING THOSE COMPONENTS FOR RH FACTOR AND VARIOUS INFECTIOUS DISEASES AND PROVIDING HOSPITALS ACCESS TO THE BLOOD COMPONENTS 365 DAYS A YEAR, 24 HOURS A DAY IN ADDITION, THE BLOOD BANK BONE MARROW PROGRAM RECRUITS, REGISTERS AND PROVIDES RELATED MATCHING AND TRANSPLANT SERVICES FOR OVER 3,000 POTENTIAL VOLUNTEER BONE MARROW DONORS ANNUALLY THE		

STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
BLOOD BANK'S NEW CORD BLOOD PROGRAM RECRUITS, TESTS FOR INFECTIOUS DISEASES, CRYONEGICALLY STORES AND PROVIDES RELATED MATCHING AND TRANSPLANT SERVICES FOR OVER 900 POTENTIAL UMBILICAL CORD BLOOD UNITS FROM VOLUNTEER DONORS ANNUALLY THE DRAWING OF COMPONENTS IS PERFORMED BY CALIFORNIA LICENSED REGISTERED NURSES (RN) OR LICENSED VOCATIONAL NURSES (LVN) OR PHLEBOTOMISTS ALL TESTING IS PERFORMED BY CALIFORNIA LICENSED TESTING FACILITIES		23,772,768
	<u>\$ 0</u>	<u>\$ 23772768</u>

STATEMENT 7
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
GNMA	MARKET VALUE	\$ 3,345
	TOTAL	\$ 3,345
TOTAL INVESTMENTS - SECURITIES		<u>\$ 3,345</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 1,606,689	\$ 1,053,687	\$ 553,002
FURNITURE AND FIXTURES	2,218,770	1,529,733	689,037
MACHINERY AND EQUIPMENT	5,317,180	3,850,777	1,466,403
BUILDINGS	4,050,898	2,859,690	1,191,208
IMPROVEMENTS	425,388	406,752	18,636
LAND	1,320,606		1,320,606
MISCELLANEOUS	146,946	129,188	17,758
TOTAL	<u>\$ 15086477</u>	<u>\$ 9,829,827</u>	<u>\$ 5,256,650</u>

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SAN DIEGO BLOOD BANK

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STATEMENT 9
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS

TOTAL \$ 74,313
\$ 74,313STATEMENT 10
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ADVANCE BLOOD DEPOSITS

TOTAL \$ 50,000
\$ 50,000STATEMENT 11
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

CONTRACTUAL AND ALLOWANCES

TOTAL \$ -430,755
\$ -430,755STATEMENT 12
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

COST OF GOODS SOLD

TOTAL \$ -568,199
\$ -568,199STATEMENT 13
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD

TOTAL \$ 568,199
\$ 568,199STATEMENT 14
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

CONTRACTUAL AND ALLOWANCES

TOTAL \$ 430,755
\$ 430,755

STATEMENT 15
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JIM BATES 1665 PRECISION PARK LANE, #H SAN YSIDRO, CA 92173	DIRECTOR AS NEEDED	\$ 0	\$ 0	\$ 0
ANNE DICK 9629 CLAIREBORNE SQUARE LA JOLLA, CA 92037	VICE PRESIDENT AS NEEDED	0	0	0
DIANE HUCKABEE 701 B STREET SAN DIEGO, CA 92101	DIRECTOR AS NEEDED	0	0	0
ARNOLD FLICK, MD 5417 PACIFICA DRIVE LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
JOSEPH GARCIA 740 BAY BLVD CHULA VISTA, CA 91910	DIRECTOR AS NEEDED	0	0	0
MARCIA HALL 250 PROSPECT PLACE CORONADO, CA 92118	DIRECTOR AS NEEDED	0	0	0
RICH PAUL 101 W BROADWAY, STE 1330 SAN DIEGO, CA 92101	PRESIDENT AS NEEDED	0	0	0
ROBERT KEVANE 8480 LA MESA BLVD LA MESA, CA 91941	TREASURER AS NEEDED	0	0	0
CLYDE JONES, MD 5201 COUNTRYSIDE DR SAN DIEGO, CA 92115	DIRECTOR AS NEEDED	0	0	0
JOHN K WINGFIELD 7339 CAMINITO CRUZADA LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
CHRISTOPHER GLAZENER, MD 7506 PEPITA WAY LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
RONALD CARLSON 7805 DOUG HILL COURT SAN DIEGO, CA 92127	DIRECTOR AS NEEDED	0	0	0

STATEMENT 15 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KAREN GABSCH 6105 LA JOLLA SCENIC DRIVE S LA JOLLA, CA 92037	DIRECTOR AS NEEDED	\$ 0	\$ 0	\$ 0
ELAINE HANSON, MD 4838 TULA CT SAN DIEGO, CA 92122	DIRECTOR AS NEEDED	0	0	0
BETSY MANCHESTER 1900 SPINDRIFT DRIVE LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
THOMAS SHIFTAN, MD 8008 FROST STREET, SUITE 300 SAN DIEGO, CA 92123	DIRECTOR AS NEEDED	0	0	0
ROBERT TRAYLOR 6021 VISTA DE LA MESA LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
JEAN WICKERSHAM, MD 1535 VIRGINIA WAY LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
JOHN WINGFIELD 7339 CAMINITO CRUZADA LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0	0	0
RAMONA WALKER 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR AS NEEDED	0	0	0
TOTAL		\$ 0	\$ 0	\$ 0

STATEMENT 16
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
102	THE BLOOD BANK IS A NON-PROFIT CORPORATION, THE MAIN FUNCTION IS TO DRAW WHOLE BLOOD AND BLOOD COMPONENTS FROM VOLUNTEER BLOOD DONORS THE BLOOD IS DRAWN BY CALIFORNIA LICENSED REGISTERED NURSES OR LICENSED VOCATIONAL NURSES THE BLOOD IS PROCESSED IN THE LABORATORY BY A CALIFORNIA LICENSED MEDICAL TECHNOLOGIST WITH THE ASSISTANCE OF LABORATORY TECHNICIANS WHO TEST THE BLOOD FOR ITS TYPE AND RH FACTOR AND EACH UNIT IS TESTED FOR VARIOUS INFECTIOUS DISEASES, SUCH AS, SYPHILIS, THE AIDS ANTIBODY (HIV), AND VARIOUS HEPATITIS VIRUSES THE WHOLE BLOOD IS SEPARATED INTO VARIOUS COMPONENTS, PACKED RED CELLS (THAT CARRY THE OXYGEN TO YOUR BODY), PLATELETS AND CRYOPRECIPITATE (WHICH ARE IMPORTANT TO LEUKEMIA VICTIMS, AND THAT CAUSE YOUR BODY TO BE ABLE TO CLOT OR STOP BLEEDING WHEN INJURED)

STATEMENT 16 (CONTINUED)
 FORM 990, PART VIII
 RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE # _____ EXPLANATION OF ACTIVITIES _____

AND PLASMA, WHICH ALSO HAS MANY CLOTTING FACTORS IN IT IN OUR TWELVE MONTHS ENDING JUNE 30, 2002, THE BLOOD BANK DREW 126,789 VOLUNTEER DONORS THE BLOOD BANK DISTRIBUTES THE BLOOD COMPONENTS TO 50 HOSPITALS IN THE SAN DIEGO, IMPERIAL, RIVERSIDE, L A , AND ORANGE COUNTIES IN HELPING TO SAVE LIVES OF CANCER PATIENTS, ACCIDENT AND BURN VICTIMS, TRANSPLANTATION PATIENTS, VIOLENCE VICTIMS, MINOR AND MAJOR OPERATION PATIENTS (FROM KNEE OPERATION S TO OPEN HEART SURGERIES) AND ANYONE WHO NEEDS BLOOD IN THIS FIVE COUNTY REGION, THE BLOOD BANK WAS RESPONSIBLE FOR THE PROCESSING OF RED BLOOD CELLS, PLATELET CONCENTRATES, FRESH FROZEN PLASMA, CRYOPRECIPITATE COMPONENTS, AS WELL AS, NUMEROUS SPECIAL SERVICES PERFORMED ON INDIVIDUAL COMPONENTS, SUCH AS, IRRADIATION, FILTERING, ETC

103 SAME AS 102 ABOVE

STATEMENT 17
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISCELLANEOUS	\$ 14,032	\$ 3,217	\$ 508	\$ 416,493	\$ 434,250
TOTAL	<u>\$ 14,032</u>	<u>\$ 3,217</u>	<u>\$ 508</u>	<u>\$ 416,493</u>	<u>\$ 434,250</u>

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SAN DIEGO BLOOD BANK

95-1696732

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CJR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990 PF																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,606,689							1,606,689	922,460	S/L	5		131,227
	TOTAL AUTO / TRANSPORT EQUIP			1,606,689		0	0	0	0	0	1,606,689	922,460				131,227
BUILDINGS																
2	BUILDINGS & IMPROVEMENTS	VARIOUS		2,313,903							2,313,903	1,378,635	S/L	15		115,429
7	BUILDINGS	VARIOUS		1,736,995							1,736,995	1,328,701	S/L	15		36,925
	TOTAL BUILDINGS			4,050,898		0	0	0	0	0	4,050,898	2,707,336				152,354
FURNITURE AND FIXTURES																
4	FURNITURE & EQUIPMENT	VARIOUS		1,506,996							1,506,996	921,372	S/L	5		88,236
14	BONE MARROW F & E	VARIOUS		40,568							40,568	26,527	S/L	5		4,676
15	STEM CELL OFFICE F & E	VARIOUS		182,636							182,636	71,244	S/L	5		15,803
16	NCDC FURNITURE & EQPT	VARIOUS		180,809							180,809	143,670	S/L	5		7,138
17	OCBS FURNITURE & EQPT	VARIOUS		20,244							20,244	4,852	S/L	5		3,448
18	ODC FURNITURE & EQPT	VARIOUS		62,309							62,309	45,410	S/L	5		3,540
19	EODC FURNITURE & EQPT	VARIOUS		171,549							171,549	139,644	S/L	5		7,950
20	SBDC FURNITURE & EQPT	VARIOUS		53,659							53,659	43,051	S/L	5		3,172
	TOTAL FURNITURE AND FIXTURE			2,218,770		0	0	0	0	0	2,218,770	1,395,770				133,963
IMPROVEMENTS																
8	OCBS LEASE IMPROVEMENT	VARIOUS	6/30/02	114,537							114,537	66,317	S/L	15		22,762
9	LEASEHOLD IMPROVEMENTS	VARIOUS		1,343							1,343	893	S/L	15		41

CLIENT 99109

SAN DIEGO BLOOD BANK

95-1696732

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
10	COE LEASE IMPROVEMENT	VARIOUS		70,795							70,795	47,155	S/L	15		9,798
11	NCDC LEASE IMPROVEMENT	VARIOUS		101,911							101,911	97,017	S/L	15		4,635
12	ECDC LEASE IMPROVEMENT	VARIOUS		197,365							197,365	191,805	S/L	15		1,434
13	SBDC LEASE IMPROVEMENT	VARIOUS		53,974							53,974	53,974	S/L	15		0
	TOTAL IMPROVEMENTS			539,925		0	0	0	0	0	539,925	457,161				38,670
	LAND															
1	LAND	VARIOUS		1,320,606							1,320,606					0
6	LAND IMPROVEMENTS	VARIOUS		146,946							146,946	125,518	S/L	15		3,670
	TOTAL LAND			1,467,552		0	0	0	0	0	1,467,552	125,518				3,670
	MACHINERY AND EQUIPMENT															
21	LAB EQUIPMENT	VARIOUS		824,344							824,344	766,701	S/L	5		10,299
22	LAB EQPT SPEC PROC.	VARIOUS		301,292							301,292	233,509	S/L	5		7,933
23	LAB EQPT STEM CORD	VARIOUS		240,467							240,467	89,478	S/L	5		24,395
	TOTAL MACHINERY AND EQUIPME			1,366,103		0	0	0	0	0	1,366,103	1,089,688				42,627
	MISCELLANEOUS															
3	DATA PROCESSING EQUIPMENT	VARIOUS		3,951,077							3,951,077	2,417,848	S/L	10		300,614
	TOTAL MISCELLANEOUS			3,951,077		0	0	0	0	0	3,951,077	2,417,848				300,614
	TOTAL DEPRECIATION			15,201,014		0	0	0	0	0	15,201,014	9,115,781				803,125
	GRAND TOTAL DEPRECIATION			15,201,014		0	0	0	0	0	15,201,014	9,115,781				803,125

6/30/02

2001 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 99109

SAN DIEGO BLOOD BANK

95-1696792

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
	DEPRECIATION ASSETS SOLD			114,537		0	0	0	0	0	114,537	66,317				22,762
	DEPR REMAINING ASSETS			15,086,477		0	0	0	0	0	15,086,477	9,049,464				780,363