

Return of Organization Exempt from Income Tax

2002

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 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

- 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)

- H and I are not applicable to section 527 organizations
- H (a)** Is this a group return for affiliates? Yes No
- H (b)** If Yes enter number of affiliates
- H (c)** Are all affiliates included? Yes No (If No attach a list See instructions)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Enter 4-digit GEN
- M** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

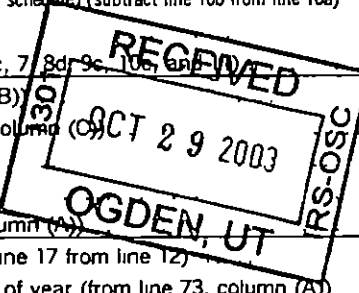
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 26,944,257

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	<u>368,853.</u>		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>364,002.</u> noncash \$ <u>4,851.</u>)	1d		<u>368,853.</u>	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		<u>8,773.</u>	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a		<u>10,350.</u>	
c	Gain or (loss) (attach schedule <u>STATEMENT 1</u>)	8b		<u>11,527.</u>	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		<u>-1,177.</u>	
8d					<u>-1,177.</u>
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a	<u>26,539,044.</u>		
b	Less cost of goods sold	10b	<u>220,922.</u>		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		<u>26,318,122.</u>	
11	Other revenue (from Part VII, line 103)	11		<u>17,237.</u>	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>26,711,808.</u>	
13	Program services (from line 44, column (B))	13		<u>25,392,745.</u>	
14	Management and general (from line 44, column (C))	14		<u>1,342,316.</u>	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		<u>26,735,061.</u>	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<u>-23,253.</u>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		<u>5,267,219.</u>	
20	Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 3</u>	20		<u>-210,833.</u>	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>5,033,133.</u>	

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Part IV Balance Sheets (See Instructions)

				(A)		(B)
				Beginning of year		End of year
ASSETS	45	Cash — non-interest-bearing		163,204	45	447,113.
	46	Savings and temporary cash investments		600,000	46	600,000.
	47 a	47 a	2,812,368.			
		b	Less allowance for doubtful accounts	92,345	47 b	
				3,492,707	47 c	2,720,023.
	48 a	48 a				
		b	Less allowance for doubtful accounts		48 b	
					48 c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a	51 a				
		b	Less allowance for doubtful accounts		51 b	
					51 c	
	52	Inventories for sale or use		1,768,561.	52	1,761,732.
	53	Prepaid expenses and deferred charges		106,295.	53	169,773.
54	Investments — securities (attach schedule)		3,345.	54		
55 a	Investments — land, buildings, & equipment basis					
	b	Less accumulated depreciation (attach schedule)		55 a		
				55 b		
56	Investments — other (attach schedule)			56		
57 a	57 a	15,958,352				
	b	Less accumulated depreciation (attach schedule)		57 b		
		STATEMENT 7	10,672,967	5,256,650.	57 c	5,285,385
58	Other assets (describe ▶ SEE STATEMENT 8)		74,313.	58	58,670	
59	Total assets (add lines 45 through 58) (must equal line 74)		11,465,075.	59	11,042,696.	
LIABILITIES	60	Accounts payable and accrued expenses		3,575,624.	60	3,317,438.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees and key employees (attach schedule)			63	
	64 a	Tax exempt bond liabilities (attach schedule)			64 a	
		b	Mortgages and other notes payable (attach schedule) SEE STATEMENT 9	2,572,232	64 b	2,391,000.
	65	Other liabilities (describe ▶ SEE STATEMENT 10)		50,000.	65	301,125.
66	Total liabilities (add lines 60 through 65)		6,197,856	66	6,009,563.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		5,267,219	67	5,033,133.
	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, column (B) must equal line 21)		5,267,219	73	5,033,133
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		11,465,075.	74	11,042,696

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	26,451,200
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 11 \$ -481,530		
	Add amounts on lines (1) through (4)	b	-481,530
c	Line a minus line b	c	26,932,730.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STM 12 \$ -220,922.		
	Add amounts on lines (1) and (2)	d	-220,922.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	26,711,808

a	Total expenses and losses per audited financial statements	a	26,474,453.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	SEE STMT 13 \$ 220,922		
	Add amounts on lines (1) through (4)	b	220,922
c	Line a minus line b	c	26,253,531.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STMT 14 \$ 481,530.		
	Add amounts on lines (1) and (2)	d	481,530.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	26,735,061.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 15		0	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule — see instructions

Part VI Other information (See 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
78b	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	
81a	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	
81b	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
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	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
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	85a	N/A	
85b	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	
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
87b	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>			
89b	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
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization	0.		
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>			
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	328	
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 and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A	<input type="checkbox"/>

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	8,773.	
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	-1,177.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					26,318,122.
103 Other revenue a					
b OTHER INCOME					17,237.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				7,596.	26,335,359.
105 Total (add line 104, columns (B), (D), and (E))					26,342,955.

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)
16	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.

Date 10/16/03

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

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

Name of the organization SAN DIEGO BLOOD BANK	Employer identification number 95-1696732
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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 and deferred compensation	(e) Expense account and other allowances
THOMAS F COLLIER 440 UPAS ST, SAN DIEGO, CA	MEDICAL DIR 40	107,756	0.	0
RAMONA WALKER 440 UPAS ST, SAN DIEGO, CA	COO 40	181,850	0.	0.
CAROLYN WHITE 440 UPAS ST, SAN DIEGO, CA	DIR COMM RELAT 40	99,202.	0.	0.
JUDY A DECK 440 UPAS ST, SAN DIEGO, CA	DIR OF NURSING 40	86,210.	0.	0.
DOUGLAS MORTON 440 UPAS ST, SAN DIEGO, CA	DIR IT 40	103,866.	0.	0
Total number of other employees paid over \$50,000 ▶	51			

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
<p>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></p> <p>(Must equal amounts on line 38, Part VI-A, or line I of Part VI B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p>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</p>		

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	572,505.	362,561	396,017	1,040,935	2,372,018
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	25,447,311	22,798,947	20,528,213	20,156,719	88,931,190.
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	15,409.	36,396.	32,750.	40,920	125,475.
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	11,002.	14,032	3,217.	508.	28,759.
23 Total of lines 15 through 22	26,046,227.	23,211,936	20,960,197.	21,239,082	91,457,442.
24 Line 23 minus line 17	598,916.	412,989.	431,984	1,082,363.	2,526,252.
25 Enter 1% of line 23	260,462.	232,119	209,602	212,391.	

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 1998 through 2001 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:
(2001) _____ 0. (2000) _____ 0 (1999) _____ 0. (1998) _____ 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:
(2001) _____ 0. (2000) _____ 0 (1999) _____ 0. (1998) _____ 0.

c Add: Amounts from column (e) for lines 15 _____ 16 _____
17 88,931,190. 20 _____ 21 _____ ▶ 27c 91,303,208.

d Add: Line 27a total _____ 0. and line 27b total _____ 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 91,303,208.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 91,457,442.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 99.83 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0.14 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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		

**Depreciation and Amortization
(Including Information on Listed Property)**

2002

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Department of the Treasury
Internal Revenue Service

▶ See separate instructions
▶ Attach to your tax return

Name(s) shown on return
SAN DIEGO BLOOD BANK

Identifying number
95-1696732

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 2001 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 2003 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	843,238

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 2002	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 2002 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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2002 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	843,238.
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	2 HAEMONETICS		
DATE ACQUIRED	VARIOUS		
HOW ACQUIRED	PURCHASE		
DATE SOLD	7/02/2002		
TO WHOM SOLD			
GROSS SALES PRICE		10,000	
COST OR OTHER BASIS:		11,527.	
DEPRECIATION		0.	
			GAIN (LOSS) -1,527.
DESCRIPTION:	SOFAS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD			
GROSS SALES PRICE		350.	
COST OR OTHER BASIS:		0.	
DEPRECIATION		0.	
			GAIN (LOSS) 350
TOTAL GAIN (LOSS) OTHER ASSETS			\$ -1,177
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			\$ -1,177

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

GROSS RECEIPTS	\$ 26,539,044
GROSS SALES	\$ 26,539,044
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 26,539,044
LESS COST OF GOODS SOLD	220,922
GROSS PROFIT FROM SALES OF INVENTORY	\$ 26,318,122.

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

SD BLOOD BANK FDN. MEMBERS CONTR	\$ -210,833.
TOTAL	\$ -210,833.

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	59,164	57,679.	1,485	
BAD DEBTS	4,543	4,543		
CHARITABLE/INDIGENT	3,945	3,945		
COMMUNITY RELATIONS	322,588	319,853.	2,735	
CONSULTANTS	80,193		80,193	
CONTRACTUAL ALLOWANCES	481,530	481,530		
DUES & SUBSCRIPTIONS	58,404	34,388	24,016	
EARNED DISCOUNTS	-22,679.	-22,679.		
INSURANCE	316,460.	281,080.	35,380	
LAUNDRY	13,509.	13,509		
MISCELLANEOUS	2,933.		2,933	
PERMITS & LICENSES	33,837.	33,837		
PROGRAMMING	4,080.		4,080	
SANITATION	72,072.	72,072		
SECURITY	65,482.	57,642	7,840	
TAXIS	143,689.	143,689		
UTILITIES	283,321	252,357	30,964	
VEHICLE EXPENES/MILEAGE	265,878	256,630	9,248	
TOTAL	\$ 2188949	\$ 1990075	\$ 198,874	\$ 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 BLOOD BANK'S NEW CORD BLOOD PROGRAM RECRUITS, TESTS FOR INFECTIOUS DISEASES, CRYONEGICALLY STORES AND PROVIDES RELATED MATCHING AND TRANSPLANT SERVICES FOR OVER 900		

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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		25,392,745.
	<u>\$ 0.</u>	<u>\$ 25392745</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 1,688,867.	\$ 1,199,110.	\$ 489,757
FURNITURE AND FIXTURES	2,320,314.	1,693,788.	626,526
MACHINERY AND EQUIPMENT	5,905,269.	4,240,500.	1,664,769.
BUILDINGS	4,150,962.	2,989,220	1,161,742.
IMPROVEMENTS	425,388.	418,020	7,368.
LAND	1,320,606.		1,320,606
MISCELLANEOUS	146,946.	132,329.	14,617
TOTAL	<u>\$ 15,958,352</u>	<u>\$ 10,672,967</u>	<u>\$ 5,285,385</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	\$ 58,670.
TOTAL	<u>\$ 58,670</u>

STATEMENT 9
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE	BALANCE DUE
MERRILL LYNCH	\$ 2,391,000.
TOTAL	<u>\$ 2,391,000.</u>

STATEMENT 10
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ADVANCE BLOOD DEPOSITS	\$	50,000.
CAPITAL LEASE		251,125
TOTAL	\$	<u>301,125.</u>

STATEMENT 11
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

CONTRACTUAL AND ALLOWANCES	\$	-481,530.
TOTAL	\$	<u>-481,530.</u>

STATEMENT 12
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

COST OF GOODS SOLD	\$	-220,922.
TOTAL	\$	<u>-220,922.</u>

STATEMENT 13
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD	\$	220,922.
TOTAL	\$	<u>220,922.</u>

STATEMENT 14
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

CONTRACTUAL AND ALLOWANCES	\$	481,530
TOTAL	\$	<u>481,530</u>

CLIENT 99109

SAN DIEGO BLOOD BANK

95-1696732

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 7227 BROADWAY #201 LEMON GROVE, CA 91945	DIRECTOR AS NEEDED	\$ 0.	\$ 0	\$ 0.
BRENDA MAGILL 1660 HOTEL CIRCLE NORTH SAN DIEGO, CA 92108	VICE PRESIDENT AS NEEDED	0.	0.	0.
BOB ADKINS 1727 SWEETWATER DRIVE, #J NATIONAL CITY, CA 91950	DIRECTOR AS NEEDED	0	0.	0
JACK BERKMAN 401 WEST "A" STREET, STE 1675 SAN DIEGO, CA 92101	DIRECTOR AS NEEDED	0.	0	0.
DIANE HUCKABEE 701 B STREET SAN DIEGO, CA 92101	TREASURER AS NEEDED	0.	0.	0.
JAMES GREIGO 4650 73RD STREET LA MESA, CA 91941	DIRECTOR AS NEEDED	0.	0	0
TED OWEN 4909 MURPHY CANYON RD, STE 200 SAN DIEGO, CA 92123	DIRECTOR AS NEEDED	0	0.	0.
ELVIA SAUCEDO 3774 33RD STREET, #1 SAN DIEGO, CA 92104	DIRECTOR AS NEEDED	0	0.	0.
MARCIA HALL 250 PROSPECT PLACE CORONADO, CA 92118	DIRECTOR AS NEEDED	0	0	0.
RICH PAUL 401 B STREET, 10TH FLOOR SAN DIEGO, CA 92101	DIRECTOR AS NEEDED	0.	0	0.
ROBERT KEVANE 8480 LA MESA BLVD LA MESA, CA 91941	PRESIDENT AS NEEDED	0.	0.	0.
CLYDE JONES, MD 5201 COUNTRYSIDE DR SAN DIEGO, CA 92115	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
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 PO BOX 1429 SOLANA BEACH, CA 92075	DIRECTOR AS NEEDED	0.	0	0
ELAINE HANSON, MD 4838 TULA CT SAN DIEGO, CA 92122	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	SECRETARY 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	<p>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) AND PLASMA, WHICH ALSO HAS MANY CLOTTING FACTORS IN IT. IN OUR TWELVE MONTHS ENDING JUNE 30, 2003, 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</p>

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

LINE #	EXPLANATION OF ACTIVITIES
	SAVE LIVES OF CANCER PATIENTS, ACCIDENT AND BURN VICTIMS, TRANSPLANTATION PATIENTS, VIOLENCE VICTIMS, MINOR AND MAJOR OPERATION PATIENTS (FROM KNEE OPERATIONS 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) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
MISCELLANEOUS	\$ 11,002	\$ 14,032.	\$ 3,217	\$ 508.	\$ 28,759
TOTAL	\$ 11,002	\$ 14,032.	\$ 3,217	\$ 508.	\$ 28,759.

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
FORM 990/990 PF																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,688,867							1,688,867	1,053,687	S/L	5		145,423
TOTAL AUTO / TRANSPORT EQUIP																
				1,688,867		0	0	0	0	0	1,688,867	1,053,687				145,423
BUILDINGS																
2	BUILDINGS & IMPROVEMENTS	VARIOUS		2,413,967							2,413,967	1,494,064	S/L	15		92,605
7	BUILDINGS	VARIOUS		1,736,995							1,736,995	1,365,626	S/L	15		36,925
TOTAL BUILDINGS																
				4,150,962		0	0	0	0	0	4,150,962	2,859,690				129,530
FURNITURE AND FIXTURES																
4	FURNITURE & EQUIPMENT	VARIOUS		1,558,330							1,558,330	1,009,608	S/L	5		116,806
13	BONE MARROW F & E	VARIOUS		44,501							44,501	31,203	S/L	5		3,812
14	STEM CELL OFFICE F & E	VARIOUS		183,582							183,582	87,047	S/L	5		14,741
15	NCDC FURNITURE & EQPT	VARIOUS		186,081							186,081	150,808	S/L	5		7,966
16	OCBS FURNITURE & EQPT	VARIOUS		25,515							25,515	8,300	S/L	5		4,265
17	CDC FURNITURE & EQPT	VARIOUS		62,309							62,309	48,950	S/L	5		2,668
18	ECDC FURNITURE & EQPT	VARIOUS		202,559							202,559	147,594	S/L	5		10,366
19	SBDC FURNITURE & EQPT	VARIOUS		57,437							57,437	46,223	S/L	5		3,431
TOTAL FURNITURE AND FIXTURE																
				2,320,314		0	0	0	0	0	2,320,314	1,529,733				164,055
IMPROVEMENTS																

6/30/03

2002 FEDERAL BOOK DEPRECIATION SCHEDULE

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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.
8	LEASEHOLD IMPROVEMENTS	VARIOUS		1,343							1,343	934	S/L	15	41	
9	COC LEASE IMPROVEMENT	VARIOUS		70,795							70,795	56,953	S/L	15	9,609	
10	NCDC LEASE IMPROVEMENT	VARIOUS		101,911							101,911	101,652	S/L	15	184	
11	ECDC LEASE IMPROVEMENT	VARIOUS		197,365							197,365	193,239	S/L	15	1,434	
12	SBDC LEASE IMPROVEMENT	VARIOUS		53,974							53,974	53,974	S/L	15	0	
	TOTAL IMPROVEMENTS			425,388		0	0	0	0	0	425,388	406,752			11,268	
	LAND															
1	LAND	VARIOUS		1,320,606							1,320,606				0	
6	LAND IMPROVEMENTS	VARIOUS		146,946							146,946	129,188	S/L	15	3,141	
	TOTAL LAND			1,467,552		0	0	0	0	0	1,467,552	129,188			3,141	
	MACHINERY AND EQUIPMENT															
20	LAB EQUIPMENT	VARIOUS		935,646							935,646	777,000	S/L	5	13,086	
21	LAB EQPT SPEC. PROC.	VARIOUS		289,668							289,668	241,345	S/L	5	7,857	
22	LAB EQPT STEM CORD	VARIOUS		240,467							240,467	113,873	S/L	5	23,667	
23	CAPITALIZED LEASED EQUIP	VARIOUS		251,125							251,125		S/L	5	0	
	TOTAL MACHINERY AND EQUIPME			1,716,906		0	0	0	0	0	1,716,906	1,132,218			44,610	
	MISCELLANEOUS															
3	DATA PROCESSING EQUIPMENT	VARIOUS		4,188,363							4,188,363	2,718,462	S/L	10	345,211	
	TOTAL MISCELLANEOUS			4,188,363		0	0	0	0	0	4,188,363	2,718,462			345,211	
	TOTAL DEPRECIATION			15,958,352		0	0	0	0	0	15,958,352	9,829,730			843,238	

6/30/03

2002 FEDERAL BOOK DEPRECIATION SCHEDULE

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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	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
				15,958.352		0	0	0	0	0	15,958.352	9,829,730				843,238
GRAND TOTAL DEPRECIATION																