

Return of Organization Exempt from Income Tax

2003

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 2003 calendar year, or tax year beginning 7/01, 2003, and ending 6/30, 2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. 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: Accrual.

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? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 30,129,712.

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

Table with 21 rows and 4 columns (a, b, c, d). Includes sections for Contributions, Program service revenue, Gross rents, Other investment income, Special events, and Total revenue/expenses. Includes a 'RECEIVED' stamp from IRS-ESC, OGDEN, UT.

SCANNED NOV 08 2004

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	15,239,848.	14,018,786.	1,221,062.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	13,675.		13,675.	
32 Legal fees	32	21,087.		21,087.	
33 Supplies	33	9,088,069.	9,068,326.	19,743.	
34 Telephone	34	218,152.	203,623.	14,529.	
35 Postage and shipping	35	456,482.	456,482.		
36 Occupancy	36	418,080.	418,080.		
37 Equipment rental and maintenance	37	622,723.	555,401.	67,322.	
38 Printing and publications	38	113,164.	113,164.		
39 Travel	39	69,073.	63,196.	5,877.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	96,148.	92,302.	3,846.	
42 Depreciation, depletion, etc (attach schedule)	42	886,585.	804,477.	82,108.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	2,312,071.	2,136,587.	175,484.	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	29,555,157.	27,930,424.	1,624,733.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 6	
(Grants and allocations \$ _____)	27,930,424.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>27,930,424.</b>

**Part IV Balance Sheets** (See Instructions)

**Note:** 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	447,113.	45	57,563.
	46 Savings and temporary cash investments	600,000.	46	600,000.
	47a Accounts receivable	47a 3,283,664.		
	b Less: allowance for doubtful accounts	47b 92,500.	2,720,023.	47c 3,191,164.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		1,761,732.	52 1,812,316.
	53 Prepaid expenses and deferred charges		169,773.	53 208,002.
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 16,799,962.			
b Less: accumulated depreciation (attach schedule) <b>STATEMENT 7</b>	57b 11,523,839.	5,285,385.	57c 5,276,123.	
58 Other assets (describe <b>SEE STATEMENT 8</b> )		58,670.	58 170,919.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		11,042,696.	59 11,316,087.	
LIABILITIES	60 Accounts payable and accrued expenses		3,317,438.	60 4,018,909.
	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) <b>SEE STATEMENT 9</b>		2,391,000.	64b 1,587,000.
	65 Other liabilities (describe <b>SEE STATEMENT 10</b> )		301,125.	65 373,731.
66 <b>Total liabilities</b> (add lines 60 through 65)		6,009,563.	66 5,979,640.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		5,033,133.	67 5,336,447.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		5,033,133.	73 5,336,447.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		11,042,696.	74 11,316,087.	

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	29,620,852.
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 \$ -508,860.		
	Add amounts on lines (1) through (4) . . . .	b	-508,860.
c	Line a minus line b.	c	30,129,712.
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 \$ -173,855.		
	Add amounts on lines (1) and (2)	d	-173,855.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	29,955,857.

a	Total expenses and losses per audited financial statements	a	29,220,152.
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 \$ 173,855.		
	Add amounts on lines (1) through (4)	b	173,855.
c	Line a minus line b . . . . .	c	29,046,297.
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 \$ 508,860.		
	Add amounts on lines (1) and (2)	d	508,860.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	29,555,157.

**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.
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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
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b>	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		X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b>	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?	X	
<b>80b</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.		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions.	<b>81a</b>	0.
<b>81b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>82a</b>	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?		X
<b>82b</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.)	<b>82b</b>	N/A
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?		N/A
<b>85b</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.		N/A
<b>85c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A
<b>85d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85h</b>	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?		N/A
<b>86a</b>	<b>501(c)(7) organizations.</b> Enter. a Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A
<b>87a</b>	<b>501(c)(12) organizations.</b> Enter. a Gross income from members or shareholders	<b>87a</b>	N/A
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	N/A
<b>88</b>	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.		X
<b>89a</b>	<b>501(c)(3) organizations.</b> 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>89b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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		X
<b>89c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>89d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b>	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	<b>90b</b>	345
<b>91</b>	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>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		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	5,582.	
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	1,001.	
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory					29,279,043.
103 Other revenue: a _____					
b OTHER INCOME					23,438.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .				6,583.	29,302,481.
105 Total (add line 104, columns (B), (D), and (E))					29,309,064.

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	0%			
	0%			
	0%			

**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).

Please print name of preparer: Ramona Walker Date: 10/21/04

.E.O.

Date: \_\_\_\_\_ Check if self:  Preparer's SSN or PTIN (see General Instruction W): \_\_\_\_\_

**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**

**2003**

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**

**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
<b>ANN SECOND</b> ----- 440 UPAS ST, SAN DIEGO, CA	<b>MEDICAL DIR</b>  40	  166,088.	  0.	  0.
<b>RAMONA WALKER</b> ----- 440 UPAS ST, SAN DIEGO, CA	<b>COO</b>  40	  200,130.	  0.	  0.
<b>CAROLYN WHITE</b> ----- 440 UPAS ST, SAN DIEGO, CA	<b>DIR COMM RELAT</b>  40	  101,223.	  0.	  0.
<b>MARIE DIRKS</b> ----- 440 UPAS ST, SAN DIEGO, CA	<b>DIR OF HR</b>  40	  91,035.	  0.	  0.
<b>DOUGLAS MORTON</b> ----- 440 UPAS ST, SAN DIEGO, CA	<b>DIR OF IT</b>  40	  108,025.	  0.	  0.
Total number of other employees paid over \$50,000	▶ 49			

**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
<b>NONE</b> -----		
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Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> 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>	1	X
<p><b>2</b> 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><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a	X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p><b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4	X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	368,853.	572,505.	362,561.	396,017.	1,699,936.
<b>16</b> Membership fees received					
<b>17</b> 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	26,318,122.	25,447,311.	22,798,947.	20,528,213.	95,092,593.
<b>18</b> 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	8,773.	15,409.	36,396.	32,750.	93,328.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 17	17,237.	11,002.	14,032.	3,217.	45,488.
<b>23</b> Total of lines 15 through 22	26,712,985.	26,046,227.	23,211,936.	20,960,197.	96,931,345.
<b>24</b> Line 23 minus line 17	394,863.	598,916.	412,989.	431,984.	1,838,752.
<b>25</b> Enter 1% of line 23	267,130.	260,462.	232,119.	209,602.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	N/A	▶ <b>26a</b>	
	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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶ <b>26b</b>	
	c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶ <b>26c</b>	
	d Add: Amounts from column (e) for lines: <b>18</b> _____ <b>19</b> _____ <b>22</b> _____ <b>26b</b> _____		▶ <b>26d</b>	
	e Public support (line 26c minus line 26d total)		▶ <b>26e</b>	
	f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>		▶ <b>26f</b>	%

<b>27 Organizations described on line 12:</b>	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: (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. (1999) _____ 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: (2002) _____ 0. (2001) _____ 0. (2000) _____ 0. (1999) _____ 0.	
	c Add: Amounts from column (e) for lines: <b>15</b> 1,699,936. <b>16</b> _____ <b>17</b> 95,092,593. <b>20</b> _____ <b>21</b> _____	▶ <b>27c</b> 96,792,529.
	d Add: Line 27a total _____ 0. and line 27b total _____ 0.	▶ <b>27d</b> 0.
	e Public support (line 27c total minus line 27d total)	▶ <b>27e</b> 96,792,529.
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ <b>27f</b> 96,931,345.	
	g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	▶ <b>27g</b> 99.86 %
	h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	▶ <b>27h</b> 0.10 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

<p><b>29</b> 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?</p>	29		
<p><b>30</b> 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?</p>	30		
<p><b>31</b> 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.)</p> <p>-----                  -----                  -----</p>	31		
<p><b>32</b> Does the organization maintain the following.</p>	32a		
<p><b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	32a		
<p><b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	32b		
<p><b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	32c		
<p><b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?</p>	32d		
<p>If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)</p> <p>-----                  -----</p>			
<p><b>33</b> Does the organization discriminate by race in any way with respect to:</p>			
<p><b>a</b> Students' rights or privileges?</p>	33a		
<p><b>b</b> Admissions policies?</p>	33b		
<p><b>c</b> Employment of faculty or administrative staff?</p>	33c		
<p><b>d</b> Scholarships or other financial assistance?</p>	33d		
<p><b>e</b> Educational policies?</p>	33e		
<p><b>f</b> Use of facilities?</p>	33f		
<p><b>g</b> Athletic programs?</p>	33g		
<p><b>h</b> Other extracurricular activities?</p>	33h		
<p>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)</p> <p>-----                  -----                  -----</p>			
<p><b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?</p>	34a		
<p><b>b</b> Has the organization's right to such aid ever been revoked or suspended?</p>	34b		
<p>If you answered 'Yes' to either 34a or b, please explain using an attached statement.</p>			
<p><b>35</b> 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</p>	35		

**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —		
<b>If the amount on line 40 is —</b>		
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		
<b>The lobbying nontaxable amount is —</b>		
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	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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:

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h.)			

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



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

**2003**

67

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 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	\$100,000.
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	\$400,000.
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 2002 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 2004. 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	886,584.

**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 2003	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 2003 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	
				MM	S/L	

**Section C - Assets Placed in Service During 2003 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	886,584.
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:	STAR VAN		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	6/30/2004		
TO WHOM SOLD:			
GROSS SALES PRICE:		500.	
COST OR OTHER BASIS:		0.	
			GAIN (LOSS) 500.

DESCRIPTION:	FORD AEROSTAR DELIVERY VAN		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	6/30/2004		
TO WHOM SOLD:			
GROSS SALES PRICE:		501.	
COST OR OTHER BASIS:		0.	
			GAIN (LOSS) 501.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 1,001.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,001.

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

GROSS RECEIPTS	\$ 29,452,898.
GROSS SALES	\$ 29,452,898.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 29,452,898.
LESS COST OF GOODS SOLD	173,855.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 29,279,043.</u>

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

SD BLOOD BANK FDN. MEMBERS CONTR.	\$ -97,386.
TOTAL	<u>\$ -97,386.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	58,979.	57,598.	1,381.	
BAD DEBTS	5,548.	5,548.		
CHARITABLE/INDIGENT	7,152.	7,152.		
COMMUNITY RELATIONS	359,667.	356,033.	3,634.	
CONSULTANTS	48,427.		48,427.	
CONTRACTUAL ALLOWANCES	508,860.	508,860.		
DUES & SUBSCRIPTIONS	63,296.	37,100.	26,196.	
EARNED DISCOUNTS	-16,687.	-16,687.		
INSURANCE	332,249.	290,848.	41,401.	
LAUNDRY	13,206.	13,206.		
MISCELLANEOUS	1,743.		1,743.	
PERMITS & LICENSES	26,360.	26,360.		
PROGRAMMING	300.		300.	
SANITATION	84,312.	84,312.		
SECURITY	72,316.	63,740.	8,576.	
TAXIS	117,877.	117,877.		
UTILITIES	309,130.	274,943.	34,187.	
VEHICLE EXPENES/MILEAGE	319,336.	309,697.	9,639.	
<b>TOTAL</b>	<b>\$ 2312071.</b>	<b>\$ 2136587.</b>	<b>\$ 175,484.</b>	<b>\$ 0.</b>

**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 CORD BLOOD PROGRAM RECRUITS, TESTS FOR INFECTIOUS DISEASES, CRYONEGICALLY STORES AND PROVIDES RELATED MATCHING AND TRANSPLANT SERVICES FOR OVER 2000		

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. THE DRAWING OF COMPONENTS IS PERFORMED BY CALIFORNIA LICENSED REGISTERED NURSES (RN) OR LICENSED VOCATIONAL NURSES (LVN) OR PHLEBOTOMISTS. ALL TESTING IS PERFORMED BY LICENSED TESTING FACILITIES APPROVED BY CALIFORNIA.		27,930,424.
	<u>\$ 0.</u>	<u>\$ 27930424.</u>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 1,913,932.	\$ 1,330,455.	\$ 583,477.
FURNITURE AND FIXTURES	2,480,227.	1,852,483.	627,744.
MACHINERY AND EQUIPMENT	6,242,495.	4,660,126.	1,582,369.
BUILDINGS	4,205,976.	3,124,816.	1,081,160.
IMPROVEMENTS	442,338.	420,146.	22,192.
LAND	1,320,606.		1,320,606.
MISCELLANEOUS	194,388.	135,813.	58,575.
TOTAL	<u>\$ 16,799,962.</u>	<u>\$ 11,523,839.</u>	<u>\$ 5,276,123.</u>

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

DEPOSITS	\$ 170,919.
TOTAL	<u>\$ 170,919.</u>

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

MORTGAGES PAYABLE	BALANCE DUE
MERRILL LYNCH	\$ 1,587,000.
TOTAL	<u>\$ 1,587,000.</u>

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

ADVANCE BLOOD DEPOSITS	\$ 50,000.
CAPITAL LEASE	323,731.
TOTAL	<u>\$ 373,731.</u>

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

CONTRACTUAL AND ALLOWANCES	\$ -508,860.
TOTAL	<u>\$ -508,860.</u>

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

COST OF GOODS SOLD	\$ -173,855.
TOTAL	<u>\$ -173,855.</u>

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

COST OF GOODS SOLD	\$ 173,855.
TOTAL	<u>\$ 173,855.</u>

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

CONTRACTUAL AND ALLOWANCES	\$ 508,860.
TOTAL	<u>\$ 508,860.</u>

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 640 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	DIRECTOR AS NEEDED	\$ 0.	\$ 0.	\$ 0.
AMY FINDLEY 4365 EXECUTIVE DRIVE, #1100 SAN DIEGO, CA 92121	DIRECTOR AS NEEDED	0.	0.	0.
BOB ADKINS P.O. BOX 420 NATIONAL CITY, CA 91951	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 5934 PRIESTLY DRIVE CARLSBAD, CA 92008	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	PAST PRESIDENT AS NEEDED	0.	0.	0.
ROBERT HOGAN, MD 1914 VERDE GLENN EL CAJON, CA 92019	DIRECTOR AS NEEDED	0.	0.	0.
ROBERT KEVANE 8480 LA MESA BLVD LA MESA, CA 91941	PRESIDENT 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
CLYDE JONES, MD 5201 COUNTRYSIDE DR SAN DIEGO, CA 92115	DIRECTOR AS NEEDED	\$ 0.	\$ 0.	\$ 0.
TINA NOVA, PH.D. 3398 CARMEL MOUNTAIN ROAD SAN DIEGO, CA 92121	DIRECTOR AS NEEDED	0.	0.	0.
HOWARD ROBIN, MD 1211 WEST MUIRLANDS DRIVE LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0.	0.	0.
JOHN K. WINGFIELD 7339 CAMINITO CRUZADA LA JOLLA, CA 92037	VICE PRESIDENT AS NEEDED	0.	0.	0.
CAROL STACHWICK 11059 WATKINS COURT SAN DIEGO, CA 92131	DIRECTOR AS NEEDED	0.	0.	0.
CHRISTOPHER GLAZENER, MD 7506 PEPITA WAY LA JOLLA, CA 92037	DIRECTOR AS NEEDED	0.	0.	0.
RONALD CARLSON 7817 IVANHOE LA JOLLA, CA 92037	TREASURER AS NEEDED	0.	0.	0.
ELAINE HANSON, MD 4838 TULA CT SAN DIEGO, CA 92122	DIRECTOR AS NEEDED	0.	0.	0.
NANCY GOODRICH 1433 VALLEDA LANE ENCINITAS, CA 92024	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. THE BLOOD IS TESTED 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, 2004, THE BLOOD BANK DREW 124,557 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 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.</p>
103	SAME AS 102 ABOVE.

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

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
MISCELLANEOUS	\$ 17,237.	\$ 11,002.	\$ 14,032.	\$ 3,217.	\$ 45,488.
TOTAL	\$ 17,237.	\$ 11,002.	\$ 14,032.	\$ 3,217.	\$ 45,488.

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2003 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.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
5	VEHICLES	VARIOUS		1,913,932							1,913,932	1,163,397	S/L	5		167,058
TOTAL AUTO / TRANSPORT EQUIP																
				1,913,932		0	0	0	0	0	1,913,932	1,163,397				167,058
BUILDINGS																
2	BUILDINGS & IMPROVEMENTS	VARIOUS		2,468,981							2,468,981	1,586,669	S/L	15		98,671
7	BUILDINGS	VARIOUS		1,736,995							1,736,995	1,402,551	S/L	15		36,925
TOTAL BUILDINGS																
				4,205,976		0	0	0	0	0	4,205,976	2,989,220				135,596
FURNITURE AND FIXTURES																
4	FURNITURE & EQUIPMENT	VARIOUS		1,648,933							1,648,933	1,126,414	S/L	5		90,567
13	BONE MARROW F & E	VARIOUS		44,501							44,501	35,015	S/L	5		8,900
14	STEM CELL OFFICE F & E	VARIOUS		183,582							183,582	101,788	S/L	5		36,716
15	NCDC FURNITURE & EQPT.	VARIOUS		247,144							247,144	158,774	S/L	5		7,703
16	OCSS FURNITURE & EQPT.	VARIOUS		27,282							27,282	12,565	S/L	5		1,106
17	CDC FURNITURE & EQPT.	VARIOUS		62,309							62,309	51,618	S/L	5		2,191
18	ECDC FURNITURE & EQPT.	VARIOUS		204,410							204,410	157,960	S/L	5		9,515
19	SBDC FURNITURE & EQPT.	VARIOUS		62,066							62,066	49,654	S/L	5		1,997
TOTAL FURNITURE AND FIXTURE																
				2,480,227		0	0	0	0	0	2,480,227	1,693,788				158,695
IMPROVEMENTS																

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## 2003 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.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
8	LEASEHOLD IMPROVEMENTS	VARIOUS		1,343							1,343	975	S/L	15		41
9	CDC LEASE IMPROVEMENT	VARIOUS		73,631							73,631	66,562	S/L	15		890
10	NCDC LEASE IMPROVEMENT	VARIOUS		101,911							101,911	101,836	S/L	15		45
11	ECDC LEASE IMPROVEMENT	VARIOUS		209,109							209,109	194,673	S/L	15		1,091
12	SBDC LEASE IMPROVEMENT	VARIOUS		56,344							56,344	53,974	S/L	15		59
	TOTAL IMPROVEMENTS			442,338		0	0	0	0	0	442,338	418,020				2,126
	LAND															
1	LAND	VARIOUS		1,320,606							1,320,606					0
6	LAND IMPROVEMENTS	VARIOUS		194,388							194,388	132,329	S/L	15		3,484
	TOTAL LAND			1,514,994		0	0	0	0	0	1,514,994	132,329				3,484
	MACHINERY AND EQUIPMENT															
20	LAB EQUIPMENT	VARIOUS		1,022,915							1,022,915	790,086	S/L	5		18,551
21	LAB EQPT.-SPEC PROC	VARIOUS		290,530							290,530	249,202	S/L	5		6,732
22	LAB EQPT.-STEM CORD	VARIOUS		240,467							240,467	137,540	S/L	5		20,390
	TOTAL MACHINERY AND EQUIPME			1,553,912		0	0	0	0	0	1,553,912	1,176,828				45,673
	MISCELLANEOUS															
3	DATA PROCESSING EQUIPMENT	VARIOUS		4,688,583							4,688,583	3,063,673	S/L	10		373,952
	TOTAL MISCELLANEOUS			4,688,583		0	0	0	0	0	4,688,583	3,063,673				373,952
	TOTAL DEPRECIATION			16,799,962		0	0	0	0	0	16,799,962	10,637,255				886,584

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2003 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.
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GRAND TOTAL DEPRECIATION

16,799,962	0	0	0	0	0	0	0	0	0	0	16,799,962	10,637,255				886,584
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