

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

G Web site: WWW.SANDIEGOBLOODBANK.ORG

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 33,052,157.

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 3

H (c) Are all affiliates included? Yes No
(If 'No,' attach a list. See instructions.)

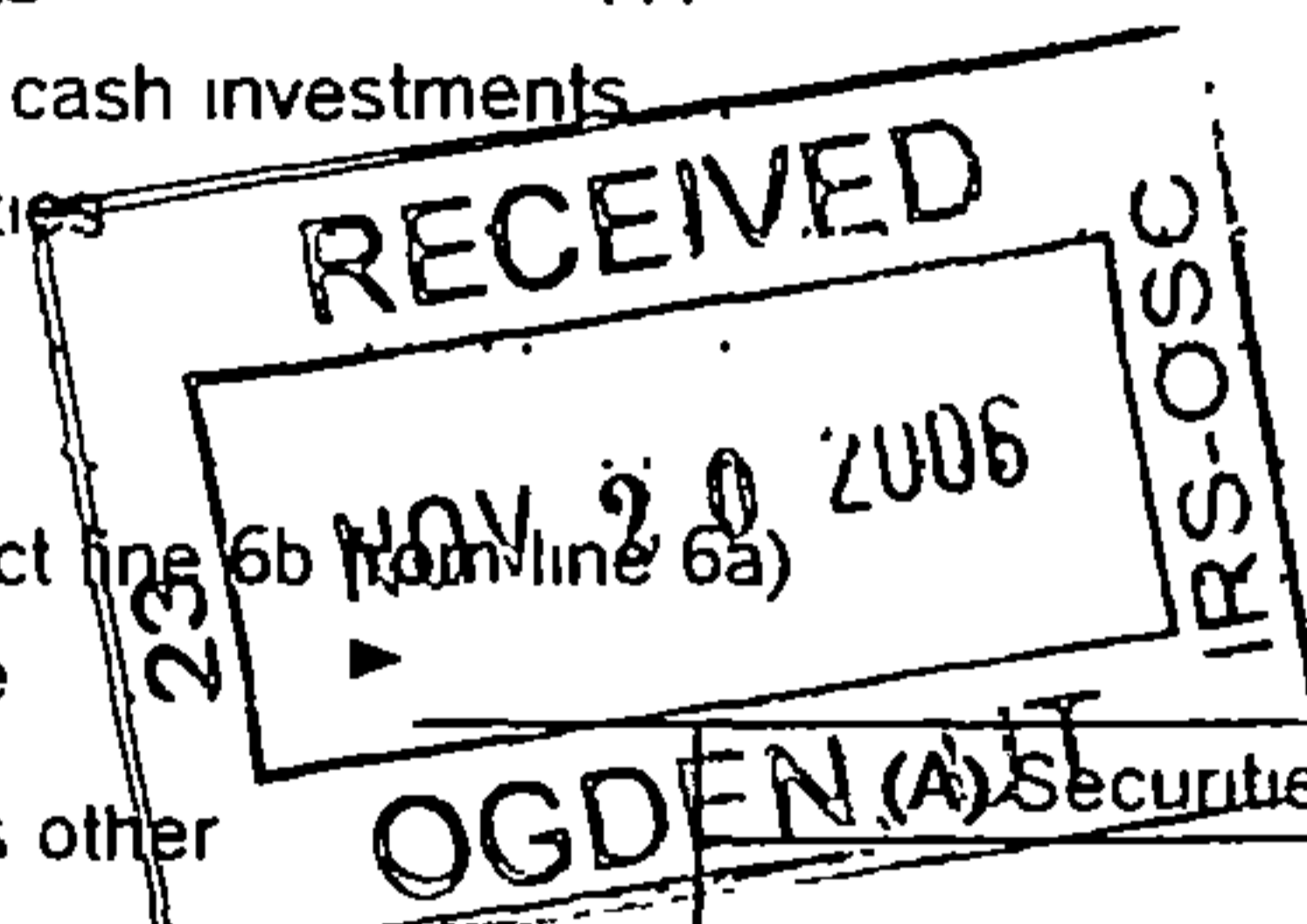
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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	609,995.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ <u>568,495.</u> noncash \$ <u>41,500.</u>)	1d		609,995.
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		12,037.
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	8a	2,575.	
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule <u>STATEMENT 1</u>)	8c	2,575.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		2,575.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
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	32,393,581.	
b Less: cost of goods sold	10b	1,202,818.	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		31,190,763.
11 Other revenue (from Part VII, line 103)	11		33,969.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		31,849,339.
13 Program services (from line 44, column (B))	13		30,235,384.
14 Management and general (from line 44, column (C))	14		1,821,248.
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		32,056,632.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-207,293.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,322,347.
20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 3</u>	20		112,584.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5,227,638.



SCANNED DEC 19 2006

216
15

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	17,169,453.	15,956,001.	1,213,452.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	14,460.		14,460.	
32 Legal fees	32	34,420.		34,420.	
33 Supplies	33	9,423,883.	9,402,941.	20,942.	
34 Telephone	34	212,270.	195,350.	16,920.	
35 Postage and shipping	35	405,176.	405,176.		
36 Occupancy	36	402,379.	402,379.		
37 Equipment rental and maintenance	37	804,764.	720,760.	84,004.	
38 Printing and publications	38	73,208.	71,777.	1,431.	
39 Travel	39	97,801.	62,775.	35,026.	
40 Conferences, conventions, and meetings	40				
41 Interest	41	130,921.	125,684.	5,237.	
42 Depreciation, depletion, etc (attach schedule)	42	812,692.	740,205.	72,487.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	2,475,205.	2,152,336.	322,869.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	32,056,632.	30,235,384.	1,821,248.	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

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.

What is the organization's primary exempt purpose? SEE STATEMENT 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>SEE STATEMENT 6</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30,235,384.
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	30,235,384.

BAA

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash — non-interest-bearing	61,276.	45	96,687.
	46	Savings and temporary cash investments	300,000.	46	300,000.
	47a	Accounts receivable	4,383,853.		
		b Less: allowance for doubtful accounts	64,367.	47c	4,319,486.
	48a	Pledges receivable			
		b Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	1,772,855.	52	1,818,613.
	53	Prepaid expenses and deferred charges	324,427.	53	275,417.
	54	Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments — land, buildings, & equipment: basis			
		b Less: accumulated depreciation (attach schedule)		55c	
	56	Investments — other (attach schedule)		56	
	57a	Land, buildings, and equipment basis	18,318,940.		
		b Less: accumulated depreciation (attach schedule) STATEMENT 7	13,083,107.	57c	5,235,833.
	58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)	47,384.	58	104,508.
59	Total assets (must equal line 74). Add lines 45 through 58	11,380,855.	59	12,150,544.	
LIABILITIES	60	Accounts payable and accrued expenses	4,175,080.	60	4,670,525.
	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)	1,533,000.	64b	1,933,500.
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)	350,428.	65	318,881.
	66	Total liabilities. Add lines 60 through 65	6,058,508.	66	6,922,906.
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	5,322,347.	67	5,227,638.
	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)	5,322,347.	73	5,227,638.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	11,380,855.	74	12,150,544.

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

a	Total revenue, gains, and other support per audited financial statements		a	32,524,056.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):			
	SEE STM 10	b4	-528,101.	
	Add lines b1 through b4		b	-528,101.
c	Subtract line b from line a		c	33,052,157.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):			
	SEE STM 11	d2	-1,202,818.	
	Add lines d1 and d2		d	-1,202,818.
e	Total revenue (Part I, line 12). Add lines c and d		e	31,849,339.

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

a	Total expenses and losses per audited financial statements		a	32,731,349.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):			
	SEE STMT 12	b4	1,202,818.	
	Add lines b1 through b4		b	1,202,818.
c	Subtract line b from line a		c	31,528,531.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):			
	SEE STMT 13	d2	528,101.	
	Add lines d1 and d2		d	528,101.
e	Total expenses (Part I, line 17). Add lines c and d		e	32,056,632.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 14		0.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	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	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		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	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.		
c	Dues, assessments, and similar amounts from members		N/A
d	Section 162(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 a	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) organizations. Enter. a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		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		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ CA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	251
91 a	The books are in care of ▶ MARK INSLEY Telephone number ▶ (619) 296-8420 Located at ▶ 440 UPAS STREET, SAN DIEGO, CA, ZIP + 4 ▶ 92103		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See the 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	12,037.	
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	2,575.	
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory					31,190,763.
103 Other revenue: a _____					
b OTHER INCOME					33,969.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				14,612.	31,224,732.
105 Total (add line 104, columns (B), (D), and (E))					31,239,344.

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 the 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).
▼	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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 Sign Here

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

Signature of officer: Mark D Insley Date: 11/7/06

Type or print name and title: Mark D. Insley, C.F.O.

Paid Preparer's Use Only

Preparer's signature: JULIE A. FIRNBERG Date: 11/02/06 Check if self employed: Preparer's SSN or PTIN (See General Instruction W): P00085551

Firm's name (or yours if self-employed), address, and ZIP + 4: LEAF & COLE, LLP
1843 HOTEL CIRCLE SOUTH, #300
SAN DIEGO, CA 92108-3322 EIN: 95-2076568 Phone no: 619.294.7200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2005

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
SEE STATEMENT 16		786,680.	0.	0.
Total number of other employees paid over \$50,000	▶	75		

Part II — A 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 II — B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶	0

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
2e Transfer of any part of its income or assets?		X
3a 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)		X
3b Do you have a section 403(b) annuity plan for your employees?	X	
3c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). Check the box that describes the type of supporting organization. ▶ Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	351,327.	646,793.	368,853.	572,505.	1,939,478.
16 Membership fees received					0.
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	29,970,140.	29,279,043.	26,318,122.	25,447,311.	111,014,616.
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	7,209.	5,582.	8,773.	15,409.	36,973.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 17	29,188.	23,438.	17,237.	11,002.	80,865.
23 Total of lines 15 through 22	30,357,864.	29,954,856.	26,712,985.	26,046,227.	113,071,932.
24 Line 23 minus line 17	387,724.	675,813.	394,863.	598,916.	2,057,316.
25 Enter 1% of line 23	303,579.	299,549.	267,130.	260,462.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 N/A

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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines. **18** _____ **19** _____
22 _____ **26b** _____

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

26a	
26b	
26c	
26d	
26e	
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

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 11b, 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.

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add. Amounts from column (e) for lines: **15** 1,939,478. **16** _____
17 111,014,616. **20** _____ **21** _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). **27f** 113,071,932.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** 99.90 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** 0.03 %

27c	112954094.
27d	0.
27e	112954094.
27g	99.90 %
27h	0.03 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?	32a	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
	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.) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?	33a	
	b Admissions policies?	33b	
	c Employment of faculty or administrative staff?	33c	
	d Scholarships or other financial assistance?	33d	
	e Educational policies?	33e	
	f Use of facilities?	33f	
	g Athletic programs?	33g	
	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33h	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
	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.	34b	
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.	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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table –														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is –</td> <td style="width: 50%;">The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is –	The lobbying nontaxable amount is –	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is –	The lobbying nontaxable amount is –														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

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

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)**

▶ 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 the instructions for a higher limit for certain businesses	1	\$105,000.
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	\$420,000.
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 2004 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 2006. 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.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	985,170.

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 2005	17	
18	If you are electing 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 2005 Tax Year Using the General Depreciation System

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

Section C – Assets Placed in Service During 2005 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	985,170.
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:	VAN #33 SERVICES REPAIR		
DATE ACQUIRED:	10/29/2004		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	5/30/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	575.		
COST OR OTHER BASIS:	10,096.		
DEPRECIATION:	10,096.		
		GAIN (LOSS)	575.
DESCRIPTION:	VAN #30		
DATE ACQUIRED:	12/04/2000		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	5/30/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	2,000.		
COST OR OTHER BASIS:	21,005.		
DEPRECIATION:	21,005.		
		GAIN (LOSS)	2,000.
		TOTAL GAIN (LOSS) OTHER ASSETS	<u>\$ 2,575.</u>
		TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	<u>\$ 2,575.</u>

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

GROSS RECEIPTS	\$ 32,393,581.
GROSS SALES	...	\$ 32,393,581.
LESS RETURNS & ALLOWANCES	..	0.
NET SALES	.	\$ 32,393,581.
LESS COST OF GOODS SOLD	.	1,202,818.
GROSS PROFIT FROM SALES OF INVENTORY	.	<u>\$ 31,190,763.</u>

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

SD BLOOD BANK FDN. MEMBERS CONTR.		\$ 112,584.
	TOTAL	<u>\$ 112,584.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	59,339.	58,086.	1,253.	
BAD DEBTS	-3,631.	-3,631.		
COMMUNITY RELATIONS	350,406.	345,650.	4,756.	
CONSULTANTS	188,377.		188,377.	
CONTRACTUAL ALLOWANCES	528,101.	528,101.		
DUES & SUBSCRIPTIONS	81,104.	51,808.	29,296.	
EARNED DISCOUNTS	-66,820.	-66,820.		
INSURANCE	346,123.	303,000.	43,123.	
LAUNDRY	7,626.	7,626.		
MISCELLANEOUS	3,662.		3,662.	
PERMITS & LICENSES	33,150.	33,150.		
PROGRAMMING	499.		499.	
SANITATION	79,259.	79,259.		
SECURITY	77,298.	67,913.	9,385.	
TAXES	73,636.	73,636.		
UTILITIES	328,219.	291,685.	36,534.	
VEHICLE EXPENES/MILEAGE	388,857.	382,873.	5,984.	
TOTAL	\$ 2,475,205.	\$ 2,152,336.	\$ 322,869.	\$ 0.

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

THE SAN DIEGO BLOOD BANK'S PURPOSE IS TO COLLECT, PROCESS, STORE AND DISTRIBUTE BLOOD AND BLOOD COMPONENTS AND OTHER BLOOD SERVICES THAT SAVE AND ENHANCE THE LIVES OF PATIENTS. THE SAN DIEGO BLOOD BANK PROVIDES QUALITY BLOOD COMPONENTS AND LABORATORY SERVICES, ASSURING A SAFE AND ADEQUATE BLOOD SUPPLY. LIFESAVING BLOOD IS ESSENTIAL FOR SURGERY PATIENTS. TRAUMA VICTIMS, CANCER TREATMENTS, BLOOD DISORDERS AND OTHER DISEASES. THE SAN DIEGO BLOOD BANK IS THERE AS A SAFETY NET FOR THESE PATIENTS.

THE SAN DIEGO BLOOD BANK ALSO PROVIDES BONE MARROW AND UMBILICAL CORD BLOOD TRANSPLANTATION-RELATED SERVICES FOR PATIENTS THROUGHOUT THE WORLD.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OVER 400 UNITS OF WHOLE BLOOD MUST BE COLLECTED DAILY FROM VOLUNTEER BLOOD DONORS TO SUFFICIENTLY MEET THE NEEDS OF HOSPITALS AND PATIENTS SERVED BY THE SAN DIEGO BLOOD BANK. WE CONTINUALLY MAKE THE PUBLIC AWARE OF OUR ON-GOING NEED FOR BLOOD. EACH YEAR MORE THAN 109,500 DONORS RECEIVE FREE BASIC HEALTH SCREENINGS PRIOR TO DONATING BLOOD. THE HOSPITALS WE SERVE ALSO BENEFIT FROM FREE EDUCATION PROGRAMS.		

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>THE SAN DIEGO BLOOD BANK PROVIDES MORE THAN 153,000 BLOOD COMPONENTS ANNUALLY TO MORE THAN 50 HOSPITALS IN SAN DIEGO, IMPERIAL, ORANGE, RIVERSIDE AND LOS ANGELES COUNTIES. THE SAN DIEGO BLOOD BANK PRIMARILY REACHES OUT TO THE NEARLY 3.1 MILLION PEOPLE RESIDING IN SAN DIEGO AND IMPERIAL COUNTIES, WHILE THE 50 HOSPITALS SERVED BY THE SAN DIEGO BLOOD BANK THROUGHOUT THE FIVE COUNTIES HAVE A COMBINED POPULATION OF OVER 17.6 MILLION.</p> <p>THE SAN DIEGO BLOOD BANK ASSISTED IN PROVIDING 17 UMBILICAL CORD BLOOD AND 9 BONE MARROW TRANSPLANTATIONS DURING THIS REPORTING YEAR.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>	<p>0.</p>	<p>30,235,384.</p>
	<p><u>\$ 0.</u></p>	<p><u>\$ 30235384.</u></p>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 2,161,703.	\$ 1,590,516.	\$ 571,187.
FURNITURE AND FIXTURES	2,747,437.	2,134,397.	613,040.
MACHINERY AND EQUIPMENT	7,134,697.	5,392,088.	1,742,609.
BUILDINGS	4,304,251.	3,391,631.	912,620.
IMPROVEMENTS	455,858.	429,140.	26,718.
LAND	1,320,606.		1,320,606.
MISCELLANEOUS	194,388.	145,335.	49,053.
TOTAL	<u>\$ 18,318,940.</u>	<u>\$ 13,083,107.</u>	<u>\$ 5,235,833.</u>

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

BLOOD DEPOSITS	\$ 1,309.
DEPOSITS	103,199.
TOTAL	<u>\$ 104,508.</u>

**STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

ADVANCE BLOOD DEPOSITS	..	\$	50,000.
CAPITAL LEASE	...		268,881.
		TOTAL	<u>\$ 318,881.</u>

**STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

CONTRACTUAL AND ALLOWANCES		TOTAL	<u>\$ -528,101.</u>
----------------------------	--	-------	---------------------

**STATEMENT 11
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS**

COST OF GOODS SOLD		TOTAL	<u>\$ -1,202,818.</u>
--------------------	--	-------	-----------------------

**STATEMENT 12
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

COST OF GOODS SOLD		TOTAL	<u>\$ 1,202,818.</u>
--------------------	--	-------	----------------------

**STATEMENT 13
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS**

CONTRACTUAL AND ALLOWANCES		TOTAL	<u>\$ 528,101.</u>
----------------------------	--	-------	--------------------

STATEMENT 14
FORM 990, PART V-A
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 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
AMY FINDLEY 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
BOB ADKINS 440 UPAS STREET SAN DIEGO, CA 92103	VICE PRESIDENT 0	0.	0.	0.
RONALD CARLSON 440 UPAS STREET SAN DIEGO, CA 92103	TREASURER 0	0.	0.	0.
ART ROWELL 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
JAMES GREIGO 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
SHEILA JACKSON 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
ELVIA SAUCEDO 440 UPAS STREET SAN DIEGO, CA 92103	SECRETARY 0	0.	0.	0.
TOM HUCKABEE 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
ROBERT HOGAN, MD 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
SHERYL CRAMER, MD 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
TINA NOVA, PH.D. 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.

STATEMENT 14 (CONTINUED)
FORM 990, PART V-A
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
HOWARD ROBIN, MD 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JOHN K. WINGFIELD 440 UPAS STREET SAN DIEGO, CA 92103	PAST PRESIDENT 0	0.	0.	0.
CAROL STACHWICK 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
CHRISTOPHER GLAZENER, MD 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
ELAINE HANSON, MD 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
NANCY GOODRICH 440 UPAS STREET SAN DIEGO, CA 92103	DIRECTOR 0	0.	0.	0.
ROBERT TRAYLOR 440 UPAS STREET SAN DIEGO, CA 92103	PRESIDENT 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 15
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
102	THE SAN DIEGO BLOOD BANK'S MAIN FUNCTION IS TO DRAW BLOOD AND BLOOD COMPONENTS FROM VOLUNTEER BLOOD DONORS, PROCESS IT, AND MAKE IT AVAILABLE FOR HOSPITALIZED PATIENTS. THE FUNCTION OF DRAWING BLOOD IS PERFORMED BY LICENSED PERSONNEL INCLUDING REGISTERED NURSES (RNS) OR LICENSED VOCATIONAL NURSES (LVNS) AS WELL AS CERTIFIED PHLEBOTOMISTS. ONCE COLLECTED, THE BLOOD IS PROCESSED IN THE LABORATORY BY A LICENSED MEDICAL TECHNOLOGIST AND LABORATORY TECHNICIANS. PROCESSING EACH DONOR'S UNIT INCLUDES TESTING FOR INFECTIOUS DISEASES, SUCH A SYPHILIS, HIV, WEST NILE VIRUS AND VARIOUS HEPATITIS VIRUSES. PROCESSING ALSO INVOLVES SEPARATING THE WHOLE BLOOD UNITS INTO VARIOUS BLOOD COMPONENTS THAT ARE USED FOR SPECIFIC PURPOSES, SUCH AS INCREASING THE PATIENT'S OXYGEN-CARRYING CAPACITY, CLOTTING CAPACITY OR INFECTION-FIGHTING CAPACITY. ONCE TESTING IS COMPLETE, THESE BLOOD COMPONENTS ARE STORED UNDER STRICT STANDARDS, MADE AVAILABLE FOR PATIENTS AND DELIVERED TO THE HOSPITALS 24 HOURS A DAY, 365 DAYS A YEAR.

STATEMENT 15 (CONTINUED)
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE # _____ EXPLANATION OF ACTIVITIES _____

DONATIONS AND REIMBURSEMENTS FROM THE PUBLIC, REPORTED AS INCOME, ENABLE THE SAN DIEGO BLOOD BANK TO PERFORM THESE NUMEROUS AND VARIED SERVICES, CONTRIBUTING TO OUR EXEMPT PURPOSE. THEREFORE, THE GROSS RECEIPTS AND EXPENSES NOT ONLY CONTRIBUTE TO THE EXEMPT PURPOSE, THEY ARE THE RESULT OF THE EXEMPT PURPOSE.

103 SAME AS 102 ABOVE.

STATEMENT 16
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
MARCI SWEARINGEN 440 UPAS ST, SAN DIEGO, CA SAN DIEGO, CA 92103	DIR LAB SERV 40	104,964.	0.	0.
RAMONA WALKER 440 UPAS ST, SAN DIEGO, CA SAN DIEGO, CA 92103	CEO 40	241,096.	0.	0.
DAVID OH 440 UPAS ST, SAN DIEGO, CA SAN DIEGO, CA 92103	DOCTOR/DIRECTOR 40	181,885.	0.	0.
CAROLYN WHITE 440 UPAS ST, SAN DIEGO, CA SAN DIEGO, CA 92103	DIR COMM RELAT 40	118,337.	0.	0.
DOUGLAS MORTON 440 UPAS ST, SAN DIEGO, CA SAN DIEGO, CA 92103	COO/CIO 40	140,398.	0.	0.
	TOTAL	\$ 786,680.	\$ 0.	\$ 0.

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

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISCELLANEOUS	\$ 29,188.	\$ 23,438.	\$ 17,237.	\$ 11,002.	\$ 80,865.
TOTAL	\$ 29,188.	\$ 23,438.	\$ 17,237.	\$ 11,002.	\$ 80,865.

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 99109

SAN DIEGO BLOOD BANK

95-1695732

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		1,847,824							1,847,824	1,413,721	S/L	5		0
73	VAN #36 LAS PATRONAS	9/22/04		21,519							21,519	5,977	S/L	3		7,173
74	VAN #33 SERVICES REPAIR	10/29/04	5/30/06	10,096							10,096	10,096	S/L	3		0
75	VAN #37 FORD E250	1/28/05		22,183							22,183	3,081	S/L	3		7,394
76	WAGON #38-2005 FORD FOCUS	4/17/05		17,533							17,533	974	S/L	3		5,844
77	WAGON #39-2005 FORD FOCUS	4/20/05		16,830							16,830	935	S/L	3		5,610
78	MINI MOBILE AND PAINT JOB	12/09/04		118,132							118,132	6,877	S/L	10		11,813
79	OMNI 1 TRANSMISSION	4/11/05		5,461							5,461	273	S/L	5		1,092
118	VAN #30	12/04/00	5/30/06	21,005							21,005	21,005	S/L	3		0
TOTAL AUTO / TRANSPORT EQUIP				2,080,583		0	0	0	0	0	2,080,583	1,462,939				38,926
BUILDINGS																
2	BUILDINGS & IMPROVEMENTS	VARIOUS		2,468,981							2,468,981	1,778,933	S/L	15		164,599
7	BUILDINGS	VARIOUS		1,736,995							1,736,995	1,476,400	S/L	15		115,800
23	CHILLER R/R COMPRESSOR #1	7/30/04		10,895							10,895	726	S/L	15		726
24	DELTA NETWORK SENSOR	8/31/04		933							933	171	S/L	5		187
25	REPAINTING RED STEEL	2/24/05		2,411							2,411	161	S/L	5		482
26	ALARM INSTALLATION	2/25/05		5,026							5,026	335	S/L	5		1,005
27	DOORS TO LAB	3/29/05		861							861	22	S/L	10		86
28	4 HAZ WASTE GATES	3/28/05		3,023							3,023	76	S/L	10		302
29	SHEET VINYL COMPONENTS	6/06/05		1,750							1,750	29	S/L	5		350
TOTAL BUILDINGS				4,230,875		0	0	0	0	0	4,230,875	3,256,853				283,537

CLIENT 99109

SAN DIEGO BLOOD BANK

95-1696732

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	PCT.	BUS	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.
FURNITURE AND FIXTURES																	
4	FURNITURE & EQUIPMENT	VARIOUS		1,643,053								1,643,053	1,319,544	S/L	5		0
13	BONE MARROW F & E	VARIOUS		44,501								44,501	46,449	S/L	5		0
14	STEM CELL OFFICE F & E	VARIOUS		183,582								183,582	152,312	S/L	5		0
15	NCDC FURNITURE & EQPT.	VARIOUS		244,292								244,292	174,526	S/L	5		0
16	OCBS FURNITURE & EQPT.	VARIOUS		27,282								27,282	17,525	S/L	5		0
17	CDC FURNITURE & EQPT.	VARIOUS		62,309								62,309	55,446	S/L	5		0
18	ECDC FURNITURE & EQPT.	VARIOUS		204,410								204,410	174,961	S/L	5		0
19	SBDC FURNITURE & EQPT.	VARIOUS		59,215								59,215	53,749	S/L	5		0
80	UPGRADES AD 40 TO 64	7/27/04		4,644								4,644	1,548	S/L	3		1,548
81	TERUSEAL TUBE SEALER - MI	8/13/04		1,859								1,859	170	S/L	10		186
82	SERIES DESK - LINDA'S	8/31/04		1,527								1,527	140	S/L	10		153
83	UPDATE GALLON CLUB DISPLA	8/31/04		3,600								3,600	660	S/L	5		720
84	RECONFIGURATION OF PANELS	8/12/04		662								662	61	S/L	10		66
85	TERUSEAL TUBE SEALER	8/23/04		1,886								1,886	173	S/L	10		189
86	CUBICLE	10/29/04		1,513								1,513	162	S/L	7		216
87	27 FILE CABINETS	7/08/04		2,689								2,689	896	S/L	3		896
88	NOBLE CALLING SYSTEM	11/11/04		53,263								53,263	7,102	S/L	5		10,653
89	REPLACE COIL	11/12/04		1,998								1,998	444	S/L	3		666
90	PRINTER/FAX MACHINE	11/24/04		2,133								2,133	415	S/L	3		711
91	2 BLOOD PRESURE CUFFS	11/29/04		1,269								1,269	148	S/L	5		254
92	3 WORKSTATIONS HOSPITAL	1/12/05		2,645								2,645	132	S/L	10		265
93	XEROX WORKCENTRE	2/18/05		2,064								2,064	69	S/L	10		206
94	FURNITURE WORKSTATION	3/01/05		2,940								2,940	98	S/L	10		294
95	SECURITY SYSTEM	4/08/05		9,700								9,700	243	S/L	10		970
96	LIFTGATE TRUCH	4/18/05		2,530								2,530	84	S/L	5		506

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

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.			
97	RESS ALARM	5/23/05		7,011							7,011	117	S/L	10		701			
98	USED IT CUBICLE	5/11/05		2,570							2,570	86	S/L	5		514			
99	SERVICE RISO	6/07/05		2,235							2,235	37	S/L	5		447			
100	FURNITURE 4TH FLR WAITING	6/02/05		670							670	6	S/L	10		67			
101	CASE FOR PHERSIS RACKS	6/22/05		1,497							1,497		S/L	5		299			
102	FREEZER 29 COMPRESSOR	6/24/05		7,924							7,924		S/L	10		792			
103	RICH COPIER	8/31/04		7,421							7,421	2,267	S/L	3		2,474			
104	1 DELL PC	2/21/05		1,450							1,450	161	S/L	3		483			
105	CANTEEN REFRIGERATOR	8/31/04		432							432	79	S/L	5		86			
106	KENMORE REFRIGERATOR	2/25/04		539							539	36	S/L	5		108			
107	TERUSEAL TUBE SEALER	6/24/05		4,785							4,785		S/L	5		957			
108	JEWETT BLAST FREEZER	12/23/04		56,995							56,995	1,187	S/L	20		2,850			
109	1 MINI SEALER	2/07/05		4,120							4,120	343	S/L	5		824			
110	30 GAL GAS WTR HEATER	6/30/05		1,096							1,096		S/L	10		110			
TOTAL FURNITURE AND FIXTURE IMPROVEMENTS											2,664,311	0	0	0	0	2,664,311	2,011,376		29,211
8	LEASEHOLD IMPROVEMENTS	VARIOUS		1,343							1,343	1,057	S/L	15		90			
9	CDC LEASE IMPROVEMENT	VARIOUS		73,631							73,631	68,332	S/L	15		4,909			
10	NCDC LEASE IMPROVEMENT	VARIOUS		101,911							101,911	101,911	S/L	15		0			
11	ECDC LEASE IMPROVEMENT	VARIOUS		209,109							209,109	197,779	S/L	15		11,330			
12	SBDC LEASE IMPROVEMENT	VARIOUS		56,344							56,344	54,271	S/L	15		2,073			
30	CARPETING	12/02/04		3,118							3,118	909	S/L	2		1,559			
TOTAL IMPROVEMENTS											445,456	0	0	0	0	445,456	424,259		19,961

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

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.
LAND																
1	LAND	VARIOUS		1,320,606							1,320,606					0
6	LAND IMPROVEMENTS	VARIOUS		194,388							194,388	140,577	S/L	15		12,959
TOTAL LAND				1,514,994		0		0	0	0	1,514,994	140,577				12,959
MACHINERY AND EQUIPMENT																
20	LAB EQUIPMENT	VARIOUS		997,683							997,683	805,029	S/L	5		0
21	LAB EQPT -SPEC. PROC.	VARIOUS		290,530							290,530	261,836	S/L	5		0
22	LAB EQPT.-STEM CORD	VARIOUS		240,467							240,467	176,233	S/L	5		0
111	3 PLATELET ACITATORS	8/22/04		6,690							6,690	1,115	S/L	5		1,338
112	1 PLATELET ACITATOR	11/10/04		2,234							2,234	298	S/L	5		447
113	2 RC-3C PLUS CENTRIFUGE	3/01/05		54,945							54,945	1,221	S/L	15		3,663
114	COMPRESSOR BLAST FREEZER	5/12/05		5,179							5,179	173	S/L	5		1,036
115	2 TRANSPRT CASES	3/02/05		1,462							1,462	98	S/L	5		292
117	CIP DONOR SCREENING PROJE	6/30/05		61,228							61,228		S/L	3		20,409
TOTAL MACHINERY AND EQUIPME				1,660,418		0		0	0	0	1,660,418	1,246,003				27,185
MISCELLANEOUS																
3	DATA PROCESSING EQUIPMENT	VARIOUS		4,688,583							4,688,583	3,718,847	S/L	10		468,858
31	MICROSOFT LICENSE RENEWAL	8/20/04		11,104							11,104	5,089	S/L	2		5,552
32	MICROSOFT LICENSE RENEWAL	8/13/04		602							602	276	S/L	2		301
33	19" LCD INTELLITO	8/31/04		1,170							1,170	357	S/L	3		390
34	8 DELL COMPUTERS	9/12/04		12,126							12,126	3,368	S/L	3		4,042
35	TOPAZ SIG GEM	9/14/04		723							723	201	S/L	3		241
36	3 SERVERS AND MEMORY	9/24/04		7,728							7,728	2,146	S/L	3		2,576

6/30/06

2005 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

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.
37	CABLING PROJECT IT DEP	9/23/04		4,468							4,468	1,241	S/L	3		1,489
38	SERVER EXPRESS	9/17/04		2,225							2,225	618	S/L	3		742
39	MODULE EXPANSION	9/24/04		4,338							4,338	1,205	S/L	3		1,446
40	R-CD-VSSUP SOFTWARE	9/07/04		2,647							2,647	735	S/L	3		882
41	SAFETRACE UPGRADE AND SUP	9/30/04		3,150							3,150	788	S/L	3		1,050
42	1 LATITUDE D600 PENTIUM	10/29/04		1,936							1,936	484	S/L	3		645
43	8 DELL COMPUTERS	11/05/04		12,725							12,725	2,828	S/L	3		4,242
44	NETWORK SECURITY SOFTWARE	12/16/04		2,416							2,416	470	S/L	3		805
45	SAFETRACE	10/04/04		5,775							5,775	1,444	S/L	3		1,925
46	BACKUP SOFTWARE	12/20/04		2,936							2,936	489	S/L	3		979
47	25 ADOBE ACROBAT	12/30/04		6,267							6,267	1,045	S/L	3		2,089
48	3 DELL COMPUTERS	1/09/05		3,754							3,754	626	S/L	3		1,251
49	5 CRYSTAL REPORT LICENSES	1/13/04		20,445							20,445	3,408	S/L	3		6,815
50	NETWORK SWITCH UPGRADE	1/25/05		44,272							44,272	6,149	S/L	3		14,757
51	SAN DRIVE EXPANSION	2/09/05		32,660							32,660	4,536	S/L	3		10,887
52	CISCO CATALYST 2950SX	1/31/05		2,546							2,546	354	S/L	3		849
53	LICS/PROGRAM	2/17/05		2,149							2,149	239	S/L	3		716
54	2 DELL COMPUTERS	2/21/05		2,898							2,898	322	S/L	3		966
55	GLUSTER LICS	3/07/05		2,984							2,984	332	S/L	3		995
56	50 TERMINAL SERVER CALS	3/01/05		1,888							1,888	210	S/L	3		629
57	2 DELL PC PENTIUMS	3/30/05		3,251							3,251	271	S/L	3		1,084
58	CISCO SERVER	4/20/05		35,554							35,554	1,975	S/L	3		11,851
59	CSMARS INSTALL CSA & ACS	4/29/05		8,750							8,750	486	S/L	3		2,917
60	CABLING PROJECT	5/13/05		4,468							4,468	1,239	S/L	3		1,489
61	COMPACT TC1100	5/19/05		2,441							2,441	68	S/L	3		814
62	CISCO AIRONET	5/27/05		592							592	181	S/L	3		197
63	8 HARD DRIVES	6/04/05		3,820							3,820	106	S/L	3		1,273

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.
64	1 SCSI US RACK SERVER	6/04/05		3,059							3,059	85	S/L	3		1,020
65	FIBER CARDS	6/06/05		2,155							2,155	60	S/L	3		718
66	1 SCSI RPS US RACK SERVER	6/10/05		3,059							3,059	85	S/L	3		1,020
67	FIBER CARDS FOR SANBLADE	6/10/05		6,341							6,341	176	S/L	3		2,114
68	CENTRON SOFTWARE	VARIOUS		2,876							2,876	559	S/L	3		959
69	2 DS FLEX - 8 PORT BASE	6/22/05		18,295							18,295		S/L	3		6,098
70	1 QLOGIC SANBALDE	6/23/05		1,185							1,185		S/L	3		395
71	1 2G REG MEMORY	6/23/05		908							908		S/L	3		303
72	8 HARD DRIVES	6/22/05		13,021							13,021		S/L	3		4,340
116	1 SCSI US RACK SERVER	6/06/05		2,040							2,040	57	S/L	3		680
	TOTAL MISCELLANEOUS			4,996,330		0	0	0	0	0	4,996,330	3,763,155				573,391
	TOTAL DEPRECIATION			17,592,967		0	0	0	0	0	17,592,967	12,305,162				985,170
	GRAND TOTAL DEPRECIATION			17,592,967		0	0	0	0	0	17,592,967	12,305,162				985,170
	DEPRECIATION ASSETS SOLD			31,101		0	0	0	0	0	31,101	31,101				0
	DEPR REMAINING ASSETS			17,561,866		0	0	0	0	0	17,561,866	12,274,061				985,170