

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

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 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SAN DIEGO BLOOD BANK. Number and street: 440 UPAS STREET. City or town: 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).

G Web site: www.sandiegobloodbank.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 44,404,471

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.

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 (See the instructions.)

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	20,845,343	19,078,157	1,334,862
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	17,950	15,355	2,595
32 Legal fees	32	35,877	35,877	
33 Supplies	33	12,311,839	12,236,305	17,939
34 Telephone	34	226,286	206,595	18,435
35 Postage and shipping	35	358,733	348,995	9,738
36 Occupancy	36			
37 Equipment rental and maintenance	37	1,639,305	1,532,103	96,291
38 Printing and publications	38	144,524	110,450	34,074
39 Travel	39	41,508	33,541	7,222
40 Conferences, conventions, and meetings	40			
41 Interest	41	136,403	130,947	5,456
42 Depreciation, depletion, etc. (attach schedule)	42	875,126	801,000	70,686
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	41,455,822	38,793,034	1,896,067

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 (See the instructions.)

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.

<p>What is the 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.</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>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.)</p>	

a 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 126,200 DONORS RECEIVE FREE BASIC HEALTH SCREENINGS PRIOR TO DONATING BLOOD. THE HOSPITALS WE SERVE ALSO BENEFIT FROM FREE EDUCATION PROGRAMS. THE SAN DIEGO BLOOD BANK PROVIDES MORE THAN 175,000 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. THE SAN DIEGO BLOOD BANK ASSISTED IN PROVIDING 18 UMBILICAL CORD BLOOD AND 23 BONE MARROW TRANSPLANTATIONS DURING THE REPORTING YEAR.

(Grants and allocations \$) If this amount includes foreign grants, check here ► 38,793,034

b _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 38,793,034

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		171,775	45	437,625	
	46 Savings and temporary cash investments		954,319	46	984,644	
	47a Accounts receivable	47a	6,043,491			
	b Less allowance for doubtful accounts	47b	166,222	5,115,470	47c	5,877,269
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b		26,892	48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use		1,901,231	52	2,048,891	
	53 Prepaid expenses and deferred charges		287,085	53	289,106	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	20,053,547				
b Less accumulated depreciation (attach schedule)	57b	14,718,638	5,313,631	57c	5,334,909	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			121,174	58	127,200	
59 Total assets (must equal line 74) Add lines 45 through 58		13,891,577	59	15,099,644		
Liabilities	60 Accounts payable and accrued expenses		2,826,504	60	2,299,869	
	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)		1,965,000	64b	1,277,000	
	65 Other liabilities (describe <input type="checkbox"/> _____)		4,147,691	65	6,807,072	
66 Total liabilities Add lines 60 through 65		8,939,195	66	10,383,941		
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		4,212,459	67	3,824,059	
	68 Temporarily restricted		425,279	68	576,000	
	69 Permanently restricted		314,644	69	315,644	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		4,952,382	73	4,715,703	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		13,891,577	74	15,099,644	

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
91b 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?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

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 and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	65,722	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					901
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					41,666,210
103 Other revenue a OTHER INCOME					30,017
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				65,722	41,697,128
105 Total (add line 104, columns (B), (D), and (E))					41,762,850

Note: Line 105 plus line 1e, 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)
103	Same as 102 above
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 DA

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
	%			
	%			
	%			
	%			

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).





Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			No

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	2008-10-09 Date
	RAMONA WALKER CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  JULIE A FIRL	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  Leaf & Cole LLP 1843 Hotel Circle South 300 San Diego, CA 921083322			EIN 
				Phone no  (619) 294-7200

SCHEDULE A (Form 990 or 990EZ)

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

2007

Department of the Treasury Internal Revenue Service

Name of the organization SAN DIEGO BLOOD BANK

Employer identification number

95-1696732

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Includes entries for Douglas Morton, Carolyn White, David Oh, Ramona Walker, and Ronald Sheehan.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for Nextlevel Thinking Honeycomb Farms LLC and Edonor.

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. First entry is 'None'.

Part III **Statements About Activities** (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 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		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	738,448	609,995	351,327	646,793	2,346,563
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	35,939,378	31,190,763	29,970,140	29,279,043	126,379,324
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	10,909	12,037	7,209	5,582	35,737
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	34,308	33,969	29,188	23,438	120,903
23 Total of lines 15 through 22	36,723,043	31,846,764	30,357,864	29,954,856	128,882,527
24 Line 23 minus line 17	783,665	656,001	387,724	675,813	2,503,203
25 Enter 1% of line 23	367,230	318,468	303,579	299,549	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 0
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 2,346,563 16 _____ 0 17 _____ 126,379,324 20 _____ 0 21 _____ 0					27c 128,725,887
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 128,725,887
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 128,882,527
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 9988 00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 3 00 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	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?	29	
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?	30	
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)	31	
32 Does the organization maintain the following	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	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 page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— 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		
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 on page 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

Yes	No	Amount
		0

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

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
EIN: 95-1696732
Name: SAN DIEGO BLOOD BANK

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a VEHICLE EXPENES/MILEAGE	43a	465,118	435,638	17,818	11,662
b UTILITIES	43b	426,196	380,838	45,358	
c taxis	43c	-42,003	42,003		
d SECURITY	43d	80,270	70,617	9,653	
e SANITATION	43e	116,156	115,773	383	
f PROGRAMMING	43f	6,700		6,700	
g PERMITS & LICENSES	43g	33,880	14,900	18,830	150
h MISCELLANEOUS	43h	5,832		5,832	
i LAUNDRY	43i	9,576	9,576		
j INSURANCE	43j	328,415	277,997	48,432	1,986
k IN-KIND EXPENSE	43k	28,351			28,351
l EARNED DISCOUNTS	43l	-76,199	76,199		
m DUES & SUBSCRIPTIONS	43m	90,646	39,879	50,714	53
n DONOR CULTIVATION	43n	123,628			123,628
o CONTRACTUAL ALLOWANCES	43o	686,431	686,431		
p CONSULTANTS	43p	297,581	203,735	81,765	12,081
q COMMUNITY RELATIONS	43q	1,079,844	1,072,081	7,763	
r CHARITABLE/INDIGENT	43r	1,200	1,200		
s BANK CHARGES	43s	8,547			8,547
t BAD DEBTS	43t	119,110	119,110		
u ADVERTISING	43u	1,033,649	1,005,368	696	27,585

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
ROBERT TRAYLOR 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
NANCY GOODRICH 440 UPAS STREET SAN DIEGO, CA 92103	Secretary 0 00	0		
ELAINE HANSON MD 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
CHRISTOPHER GLAZENER MD 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
WILLIAM TURNQUIST 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
ANDREA KIMBALL 440 UPAS STREET SAN DIEGO, CA 92103	Vice President 0 00	0		
HOWARD ROBIN MD 440 UPAS STREET SAN DIEGO, CA 92103	PRESIDENT-ELECT 0 00	0		
JEFF FRAZIER 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
SHERYL CRAMER MD 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
BOB KEVANE 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
LOU KAPLAN 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
TOM HUCKABEE 440 UPAS STREET SAN DIEGO, CA 92103	Treasurer 0 00	0		
RON FERGUSON 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
ELVIA SAUCEDO 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
SHEILA JACKSON 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
JAMES GREIGO 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
ART ROWSELL 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
KIMBERLY COOK 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		
BOB ADKINS 440 UPAS STREET SAN DIEGO, CA 92103	President 0 00	0		
AMY FINDLEY 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
DOUG BARRY 440 UPAS STREET SAN DIEGO, CA 92103	Director 0 00	0		

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** SAN DIEGO BLOOD BANK**EIN:** 95-1696732**Software ID:** 07000211**Software Version:** 2007v2.4**Gross Sales Price:** 2,150**Basis:** 1,249**Sales Expenses:****Total (net):**

TY 2007 General Explanation Attachment

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Identifier	Return Reference	Explanation
		Change in Reporting Entity Effective July 1, 2007, the San Diego Blood Bank Foundation merged with the San Diego Blood Bank. This presentation represents a change in reporting entity. The change increased net assets as of July 1, 2007 by \$823,099 as follows: Cash and cash equivalents \$804,319; Prepaid and other expenses 35,042; Unconditional promises to give 5,000; Property and equipment, net 10,308; Total Asset \$854,669; Accrued expenses \$ 31,570; Net Assets 823,099; Total Liabilities and Net Assets \$854,669.

TY 2007 Land etc. Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	196,988	154,382	42,606
Land	1,320,606		1,320,606
Improvements	666,008	426,051	239,957
Buildings	4,399,280	3,622,306	776,974
Machinery and Equipment	7,872,190	6,166,500	1,705,690
Furniture and Fixtures	3,081,645	2,444,749	636,896
Automobiles / Transportation Equipment	2,516,830	1,904,650	612,180

TY 2007 Mortgages and Notes Payable Schedule**Name:** SAN DIEGO BLOOD BANK**EIN:** 95-1696732**Software ID:** 07000211**Software Version:** 2007v2.4**Total Mortgage Amount:** 1277000

TY 2007 Other Assets Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
UNCONDITIONAL PROMISE TO GIVE		
	5,000	
DEPOSITS	116,174	127,200

TY 2007 Other Changes in Net Assets Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
PENSION ADJUSTMENT (FASB 158 Implementation)	-1,924,191

TY 2007 Other Expenses Included Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
COST OF SALES	1,259,888

**TY 2007 Other Expenses
Not Included Schedule**

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
CONTRACTUAL ALLOWANCES	686,431

TY 2007 Other Liabilities Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
ACCRUED PENSION	2,213,041	3,572,770
BLOOD DEPOSIT PAYABLE - NAVY	7,201	1,444
ACCRUED PAYROLL	1,336,952	1,825,489
CAPITAL LEASE	189,581	353,866
ADVANCE BLOOD DEPOSITS	400,916	1,053,503

TY 2007 Other Revenues Included Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
CONTRACTUAL ALLOWANCES	-686,431

**TY 2007 Other Revenues
Not Included Schedule**

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
COST OF SALES	-1,259,888

TY 2007 Sales Of Inventory Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
PROCESSING FEES	42,926,098	1,259,888	41,666,210

TY 2007 Contractor Compensation Explanation

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
Nextlevel Thinking Honeycomb Farms LLC	
Edonor	

TY 2007 Employee Compensation Explanation

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Employee	Explanation
DOUGLAS MORTON	
CAROLYN WHITE	
DAVID OH	
RAMONA WALKER	
RONALD SHEEHAN	

TY 2007 Other Income Schedule

Name: SAN DIEGO BLOOD BANK

EIN: 95-1696732

Software ID: 07000211

Software Version: 2007v2.4

Description	2006	2005	2004	2003	Total
NET GAIN					
MISCELLANEOUS	34,308	33,969	29,188	23,438	120,903