

# BEST, BEST & KRIEGER

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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RAYMOND BEST (1868-1957)  
JAMES H. KRIEGER (1913-1975)  
EUGENE BEST (1893-1981)

\*A PROFESSIONAL CORPORATION

400 MISSION SQUARE  
3750 UNIVERSITY AVENUE  
POST OFFICE BOX 1028  
RIVERSIDE, CALIFORNIA 92502  
TELEPHONE (714) 686-1450  
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WASHINGTON, D.C. COURT OF CLAIMS

OFFICES IN  
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RANCHO MIRAGE (619) 568-2611  
ONTARIO (714) 989-8584  
SAN DIEGO (619) 457-4915

February 3, 1989

Franchise Tax Board  
Exempt Organizations  
Sacramento, CA 95857

Re: Application for Tax Exempt Status for  
Blood Centers of California, Inc.

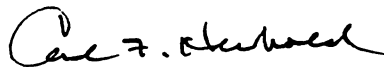
Gentlemen:

On behalf of the above-mentioned organization, the undersigned requests a determination from your office that the organization is exempt from California income taxes under Revenue & Taxation Code Section 23701e.

In addition to the FTB Form 3500, I am enclosing a copy of the IRS Form 1023, with attachments (which provides detailed information requested on the Form 3500), and our check for the \$25.00 application fee.

If you have any questions concerning this matter, please contact the undersigned.

Very truly yours,



Carl F. Herbold  
for BEST, BEST & KRIEGER

CFH/cwe

Enclosures

DO NOT USE THESE SPACES

Serial No. \_\_\_\_\_

Amount Remitted \_\_\_\_\_

# Exemption Application

CALIFORNIA FORM

# 3500

Every organization filing application for exemption from California corporation franchise tax or income tax must furnish the information and data specified and pay "Required \$25.00 Application Fee." If the organization fails to comply with these requirements, the application will be denied. Revenue and Taxation Code Section 26451.3 provides that this application, together with any supporting documents, shall be open to public inspection if the exemption is granted. Upon request of organization, public disclosure of such documents may be withheld if such disclosure would adversely affect the organization or national defense.

Name of organization as shown in your organization's articles or declaration of trust <b>BLOOD CENTERS OF CALIFORNIA, INC.</b>		Federal Employer Identification Number <b>33-0312364</b>
Mailing address <b>P. O. Box 5729</b>		Day Time Telephone Number <b>(714) 885-6503</b>
City <b>San Bernardino, CA</b>	State <b>CA</b>	ZIP Code <b>92412</b>
Name of representative to be contacted regarding additional requirements or information <b>Carl F. Herbold</b>		Day Time Telephone Number <b>(714) 686-1450</b>
Representative's mailing address <b>P. O. Box 1028</b>		
City <b>Riverside</b>	State <b>CA</b>	ZIP Code <b>92502</b>

**ALL applicants complete lines 1 through 7**

- 1a** Enter California Revenue and Taxation Code section under which exemption is claimed. See Instruction C ..... 23701e
- b** Primary activity of organization: Business Association
- 2a** What is the form of the organization?  Incorporated  Now being incorporated  Unincorporated association  Trust
- (1)** Date organized 12/1/87
- b** If incorporated, furnish the following information:
- (1)** Date incorporated 12/1/87 **(2)** California Corporate No. 1423669
- (3)** If incorporated in another state, identify the state \_\_\_\_\_
- 3a** Has this organization or its predecessor previously applied for exemption?  Yes  No
- b** If "Yes," check the appropriate box(es) and enter either "Granted" or "Denied" and also enter the date the exemption was "Granted" or "Denied" after the box(es) checked.
- California \_\_\_\_\_ Date \_\_\_\_\_  Federal \_\_\_\_\_ Date \_\_\_\_\_  Other State \_\_\_\_\_ Date \_\_\_\_\_
- c** Furnish copies of any determination letters received.
- 4a** Has the organization filed Federal Income tax returns?  Yes  No
- b** If "Yes," state type of returns and years filed. \_\_\_\_\_
- 5** Annual Accounting Period. (Must end on last day of the month). December

	Yes	No
<b>6a</b> Is this a new organization? If "No," attach a statement indicating the name of the predecessor(s), the period during which it was in existence, and the reasons for its termination .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Is this a membership organization? If "Yes," attach a statement which explains fully the qualifications for members, the different classes of membership, the number of members in each class, and the voting rights and privileges accorded each class .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Has the organization made, or are there plans to make, any distribution of its property or surplus to officers or members? If "Yes," attach a statement containing full details .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Will any of the incorporators share any facilities with the organization? If "Yes," attach a detailed explanation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Will any property be rented, purchased, or transferred in any way from any of the incorporators? If "Yes," attach a detailed explanation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Will any promoter, incorporator, founder, or member be employed by the organization? If "Yes," furnish complete details, including duties, responsibilities, qualifications, and compensation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Will any member of the Board of Directors be compensated for services other than services performed as a board member, e.g. officer, and/or employee? If "Yes," furnish the name(s) of the director(s), and the amount(s) of compensation for each. Also list the names of the other directors, indicating their blood or marriage relationship, if any, to the compensated director(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Be Sure To Include the \$25.00 Application Fee. Do Not Send Cash. Allow 60 Days for Processing**

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

February 3, 1989 DATE Carl F. Herbold SIGNATURE OF OFFICER OR REPRESENTATIVE Attorney TITLE

Riverside, CA PLACE SIGNED

[Versions of this form prior to 1987 are obsolete and should not be used, please destroy.]

- 15 R&TC Section 23701h, Title Holding Corporation:** answer the following questions and furnish the information requested.
- Attach a statement giving the complete names and addresses of organizations for which title to property is held, the number of shares of capital stock held, and whether shares of stock have ever been held by persons other than such organizations. If stock was so held, include the years held and the total number of shares of each class of stock.
  - State whether the annual income (less expenses) is or will be turned over to the organization for which title to property is held. Explain what disposition will be made of income which will not be turned over to the organization.
  - Enclose a copy of an exemption letter (Federal or California) for each organization for which property will be held. If property will be held for organization(s) located in California, a California exemption letter must be furnished.
- 16 R&TC Section 23701i, Voluntary Employees' Beneficiary organization:** furnish a copy of the Federal determination letter showing exemption under IRC Section 501(c)(9).
- 17 R&TC Section 23701m Management Company:** furnish evidence and the date the corporation was registered as a Management Company under Section 5 of the Federal Investment Act of 1940 (15 U.S.C.A. - §80a-8).  
Date \_\_\_\_\_
- 18 R&TC Section 23701n, Supplemental Unemployment Compensation Trust:** attach a copy of the supplemental unemployment benefit plan and appurtenant agreements and a copy of the Federal determination letter.
- 19 R&TC Section 23701q, Group Legal Services Plan:** furnish a copy of the Federal determination letter showing exemption under IRC Section 501(c)(20).
- 20 R&TC Section 23701t, Homeowners Association:** answer the following questions and furnish the information requested. Attach a supplemental schedule if needed.
- Will any of the individual units/lots owned by the organization or its members be occupied for other than personal residential purposes? If "Yes," answer the following:
    - What percentage of the units/lots will be used for nonresidential purposes?
    - If the organization is claiming exemption as a condominium management association, indicate square footage of all units and square footage devoted to residential purposes.
    - What percentage of the organization's total gross income will be derived from dues, fees, or assessments from nonresidential members?
  - Will this organization own, maintain or operate a mutual water company, well, electrical generating facility or other utility? If "Yes," describe in detail and answer the following:
    - Are the members/shareholders the actual users of the utility, or simply investors?
    - Is this organization furnishing utilities to residential homes, commercial businesses (including agricultural enterprises) or both? If both, indicate what percent of this organization's total income will be derived from sale of utilities for nonresidential usage.
    - How are members/shareholders assessed for utilities usage? Are they assessed equally, according to square footage/acreage, metered, etc.?
  - Furnish a copy of the Declaration of Covenants, Conditions and Restrictions.
  - Will any of the units/lots be rented by a person, or series of persons, for a period of less than 30 days for more than half of the association's taxable year? If "Yes," what percentage?
  - Provide the date the association became active and details of these activities.
  - Provide the date the first unit was sold.
- 21 R&TC Section 23701u, TITLE HOLDING ORGANIZATION:** answer the following questions and furnish information requested.
- Attach a statement giving the complete names and addresses of organizations or trusts for which title to property is being held, and the number of shares of capital stock held by each entity.
  - State whether the annual income (less expenses) is or will be turned over to the organizations for which title to property is held. Explain what disposition will be made of the income which will not be turned over to the organizations.
  - Enclose a copy of a federal determination letter for each organization or trust for which property will be held.
  - For those organizations of trust for which property will be held and do not have a federal determination letter, provide detailed information to show that each shareholder is:
    - A governmental plan described in IRC Section 414(d); or
    - The United States, any state or political subdivision thereof, or any agency or instrumentality of the foregoing.
  - State the total number of stockholders or beneficiaries.
  - Describe in detail each class of stock or beneficial interest.
- 22 R&TC Section 23701u, Public Facility Financial Corporation:** include with this application:
- Samples of all certificates of participation or other securities to be issued.
  - Copies of all leases, contracts, trusts agreements, or other agreements that have been, or will be, entered into by this corporation.
- 23 R&TC Section 23701v, Mobilehome Park Acquisition Association:** answer the following questions and furnish the information requested.
- Are all members of the organization, owners of manufactured homes or mobilehomes tenants of the mobilehome park? If not, explain the circumstances under which other individuals can become members of the organization.
  - Describe the mobilehome park in which owner/tenant members reside.
  - Are all lots within the park rented or leased to mobilehome or manufactured home owners? If not, explain.
  - Does the rent paid by each owner include rental for the lot occupied by the mobilehome or manufactured home? If not, explain.
  - Will the organization carry on activities other than purchasing or preparing to purchase, the mobilehome park in which members reside? If so, describe in detail the other activities and indicate the percentage of total operations represented by such activities.



STATE OF CALIFORNIA

**FRANCHISE TAX BOARD**

P. O. BOX 651

SACRAMENTO, CA 95812-0651

March 28, 1989

In reply refer to  
344:G :RWN

**BLOOD CENTERS OF CALIFORNIA, INC**  
P.O. BOX 5729  
SAN BERNARDNO CA 92412

Purpose : BUSINESS LEAGUE  
Code Section : 23701e  
Form of Organization : Corporation  
Accounting Period Ending: December 31  
Organization Number : 1423669

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on your stated purposes and with the understanding that your present operations will continue or will be as proposed in your application. Any changes in operation, character, or purposes must be reported to this office immediately for consideration of their effect upon your exempt status. You must also report any change in name or address.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012(a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. Please see annual instructions with forms for requirements.

March 28, 1989  
BLOOD CENTERS OF CALIFORNIA, INC  
Corporate Number 1423669  
Page 2

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

Please note that an exemption from federal income or other taxes and other state taxes requires separate applications.

A SCOTT  
EXEMPT ORGANIZATION  
GENERAL AUDIT  
Telephone (916) 369-4171

EO :  
cc: CARL F. HERBOLD

COPY



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**

P.O. BOX 942857

SACRAMENTO, CALIFORNIA 94257-0541  
 1423669 BC40C

DATE **APRIL 20, 1989**  
 CLAIM NUMBER  
 DATE OF CLAIM  
 AMOUNT CLAIMED \$  
 INCOME YEAR ENDED **DECEMBER 1987**  
 CODE **344JE**

**BLOOD CENTERS OF CALIFORNIA, INC.**

**ARTHUR J SILVERGLEID**  
 PO BX 5729  
 SN BERNARDINO CA 92412

CC: **CARL F. HERBOLD**

**NOTICE OF ACTION ON CANCELLATION, CREDIT, OR REFUND**

**YOUR EXEMPT STATUS WAS APPROVED AND BECAME EFFECTIVE ON  
 DECEMBER 1, 1987. THE PREPAYMENT MADE TO THE SECRETARY OF STATE  
 UPON INCORPORATION IS BEING REFUNDED.**

**PART I - ACTION ON CANCELLATION, CREDIT OR REFUND**

	<u>Tax/Fee</u>	<u>Other Tax</u>	<u>Penalty</u>	<u>Interest</u>	<u>Payments</u>
Previously Assessed Totals	\$.....	\$.....	\$.....	\$.....	\$.....
Revised liability	\$.....	\$.....	\$.....	\$.....	\$.....
Underpayment	.....	.....	.....	.....	\$.....
<b>F</b> Overpayment	.....	.....	.....	.....	\$ <b>300.00</b>
<b>T</b> Interest allowed	.....	.....	.....	.....	\$ <b>44.88</b>
<b>5</b> Overpayment plus interest	.....	.....	.....	.....	\$ <b>344.88</b>

**4** If the overpayment shown is less than the refund claimed, and you do not agree with the amount of the overpayment; you may file an appeal with the State Board of Equalization. See Part I on reverse side for appeal procedure.

**PART II - APPLICATION OF OVERPAYMENT**

.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
Amount to be paid to taxpayer "overpayment minus amount applied plus interest".	\$ <b>344.88</b>

Upon approval of the recommended payment a warrant will be issued by the State Controller. **YOUR RETURN REMAINS SUBJECT TO AUDIT.**