

# BEST, BEST & KRIEGER

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

## LAWYERS

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DENNIS M. COTA

RAYMOND BEST (1866-1957)  
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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ADMITTED IN NEW YORK, NEVADA,  
WASHINGTON, D.C. COURT OF CLAIMS

OFFICES IN  
PALM SPRINGS (619) 325-7264  
RANCHO MIRAGE (619) 568-2811  
ONTARIO (714) 989-8584  
SAN DIEGO (619) 457-4915

September 14, 1988

Internal Revenue Service  
5045 E. Butler Avenue  
Fresno, CA 93888

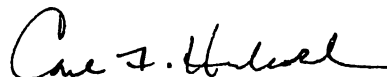
Re: Blood Centers of California, Inc.

Dear Sir/Madam:

We are enclosing Form SS-4, Application for Employer Identification Number on behalf of the above-referenced corporation.

Please process at your earliest convenience.

Very truly yours,



Carl F. Herbold  
for BEST, BEST & KRIEGER

CFH/bln

Enclosure

cc: Arthur Silvergleid, M.D.



For clear copy on both parts, please type or print with ball point pen and press firmly.

Form **SS-4**  
(Rev. November 1985)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**  
(For use by employers and others. Please read the separate instructions before completing this form.)  
For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0003  
Expires 8-31-88

1 Name (True name. See instructions.) <b>Blood Centers of California, Inc.</b>		2 Social security no., if sole proprietor N/A	3 Ending month of accounting year December
4 Trade name of business if different from item 1 N/A		5 General partner's name, if partnership; principal officer's name, if corporation; or grantor's name, if trust	
6 Address of principal place of business (Number and street) 399 Blood Bank Rd.		7 Mailing address, if different P.O. Box 5729	
8 City, state, and ZIP code San Bernardino, CA 92412		9 City, state, and ZIP code San Bernardino, CA 92412	
10 Type of organization <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Nonprofit organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)		11 County of principal business location San Bernardino	
12 Reason for applying <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify)		13 Acquisition or starting date (Mo., day, year). See instructions. December 1, 1987	
14 Nature of principal activity (See instructions.) Association of nonprofit and governmental blood centers.		15 First date wages or annuities were paid or will be paid (Mo., day, year). N/A	
16 Peak number of employees expected in the next 12 months (if none, enter "0")	Nonagricultural 0	Agricultural 0	Household 0
17 Does the applicant operate more than one place of business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18 Most of the products or services are sold to whom? <input type="checkbox"/> Business establishments (wholesale) <input type="checkbox"/> General public (retail) <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> N/A	
19 If nature of business is manufacturing, state principal product and raw material used.		20 Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter name and trade name. Also enter approx. date, city, and state where the application was filed and previous number if known.	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.			Telephone number (include area code)
Signature and Title <i>Michael J. Full</i> Date <i>9-7-88</i> TREASURER			
Please leave blank ▶	Geo.	Ind.	Class
			Size
			Reas. for appl.
			<b>Part I</b>

# BEST, BEST & KRIEGER

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SAN DIEGO (619) 457-4915

\*A PROFESSIONAL CORPORATION

May 3, 1989

Arthur J. Silvergleid, M.D.  
President  
Blood Centers of California, Inc.  
P. O. Box 5729  
San Bernardino, CA 92412

Benjamin J. Spindler, M.D.  
Delta Blood Bank  
65 N. Commerce Street  
P. O. Box 230  
Stockton, CA 95201-9973

Mike Fuller, Director  
Sacramento Medical Foundation  
Blood Center  
1625 Stockton Boulevard  
Sacramento, CA 95816

Mr. Gary Woehl  
Rue, Hutchison, DeGregor, Gormsen,  
McCurry, Wringer Co., CPAs  
1401 North Hunter Street  
P. O. Box 8540  
Stockton, CA 95208

Gentlemen:

Attached for each of you is a copy of the IRS determination letter, finding that Blood Centers of California, Inc. is exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code of 1986.

This determination means that the organization will not be subject to taxation on its revenues or net receipts, except as such amounts may be derived from unrelated business income. The determination is retroactive to the date of incorporation, and as is indicated by the letter, you must file annual tax returns on Form 990.

Please recall that the organization must be careful in preserving as its primary goal the political activities and other efforts which benefit blood banks generally, rather than

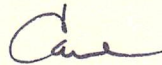
LAW OFFICES OF  
BEST, BEST & KRIEGER

May 3, 1989  
Page Two

activities which only benefit the member blood centers. That is, we could anticipate some difficulties with the IRS if joint purchasing or other similar activities were to become the primary focus of the organization's activities.

If you have any questions concerning the tax status or future compliance with applicable IRS rules and regulations, please do not hesitate to call me.

Very truly yours,



Carl F. Herbold  
for BEST, BEST & KRIEGER

CFH/cwe  
Enclosure

Internal Revenue Service  
District Director

Department of the Treasury

P O BOX 2350 ROOM 5127 ATTN: E.O.  
LOS ANGELES, CA 900532350

Date: APR. 11, 1989

BLOOD CENTERS OF CALIFORNIA INC  
C/O CARL F HERBOLD  
3750 UNIVERSITY AVENUE  
RIVERSIDE, CA 92501

Employer Identification Number:  
33-0312364

Case Number:  
959040045

Contact Person:  
VICTOR VANNUKUL

Contact Telephone Number:  
(213) 725-6619

RECEIVED  
MAY 3 1989  
BEST, BEST & KRIEGER

Internal Revenue Code  
Section 501(c)(6)  
Accounting Period Ending:  
DECEMBER 31  
Form 990 Required:  
YES  
Caveat Applies:  
YES

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under the provisions of the Internal Revenue Code section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment or other Federal taxes, please address them to this office.

If your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name and address.

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are only required to file Form 990 if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay. This penalty may also be charged if a return is not complete. So please make sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the

BLOOD CENTERS OF CALIORNIA INC

Internal Revenue Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in Code section 513.

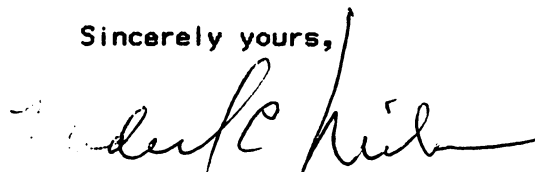
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Frederick C. Nielsen".

Frederick C. Nielsen  
District Director

BLOOD CENTERS OF CALIORNIA INC

Because you are not an organization described in section 170(c) of the Code, donors may not deduct contributions to you. You should advise your contributors to that effect.