

BLOOD CENTERS OF CALIFORNIA, INC.

(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2003 AND 2002

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)

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GARY L. WOEHL

Certified Public Accountant

7488 Shoreline Drive, Suite A-2 • Stockton, CA 95219-5433 • Telephone (209) 951-9999 • Fax (209) 951-9920
Member of AICPA • California State Society • Peer Review Program

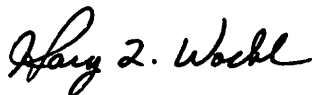
ACCOUNTANT'S REPORT

To the Board of Directors
BLOOD CENTERS OF CALIFORNIA, INC.
Sacramento, California

I have compiled the accompanying statement of financial position of Blood Centers of California, Inc. (a California nonprofit mutual benefit corporation) as of December 31, 2003, and the related statements of activities and cash flows for the year then ended, in accordance with Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. I have not audited or reviewed the accompanying December 31, 2003 financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

The 2002 financial statements of Blood Centers of California, Inc. were reviewed by other accountants whose report dated April 25, 2003, stated that they were not aware of any material modifications that should be made to those statements in order for them to be in conformity with generally accepted accounting principles.



GARY L. WOEHL, C.P.A.

July 18, 2005

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)
Statement of Financial Position

ASSETS

	December 31,	
	2003	2002
	Compilation	Review
CURRENT ASSETS:		
Cash and cash equivalents	\$ 118,689	\$ 123,196
Total Assets	<u>\$ 118,689</u>	<u>\$ 123,196</u>

LIABILITIES AND NET ASSETS

LIABILITIES:		
Deferred revenue	\$ 18,636	\$ 45,913
NET ASSETS:		
Unrestricted net assets:		
Charter contributions	57,000	57,000
Net assets	<u>43,053</u>	<u>20,283</u>
Total Net Assets	<u>100,053</u>	<u>77,283</u>
Total Liabilities and Net Assets	<u>\$ 118,689</u>	<u>\$ 123,196</u>

See accompanying notes and accountant's report.

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)
Statement of Activities

	Years Ended December 31,	
	2003	2002
	Compilation	Review
REVENUES:		
Dues	\$ 79,392	\$ 78,119
Interest income	910	1,053
Total Revenues	80,302	79,172
EXPENSES:		
Meeting expenses	6,856	6,778
Accounting fees	3,805	400
Lobbying expenses	46,500	35,000
Bank charges	40	42
Miscellaneous	321	1,272
Management fees	-	3,000
Taxes	10	10
Total Expenses	57,532	46,502
CHANGES IN NET ASSETS	22,770	32,670
NET ASSETS – Beginning	20,283	(12,387)
NET ASSETS – Ending	\$ 43,053	\$ 20,283

See accompanying notes and accountant's report.

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)
Statement of Cash Flows

	Years Ended December 31,	
	2003	2002
	Compilation	Review
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ 22,770	\$ 32,670
Changes in operating assets and liabilities:		
Deferred revenue	(27,277)	42,453
Net Cash (Used) Provided by Operating Activities	(4,507)	75,123
NET CHANGES IN CASH AND CASH EQUIVALENTS	(4,507)	75,123
CASH AND CASH EQUIVALENTS – Beginning	123,196	48,073
CASH AND CASH EQUIVALENTS – Ending	<u>\$ 118,689</u>	<u>\$ 123,196</u>

See accompanying notes and accountant's report.

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)
Notes to Financial Statements
December 31, 2003 and 2002

NOTE 1: SUMMARY OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES –

This summary of activities and significant accounting policies of Blood Centers of California, Inc. is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management, who is responsible for the financial statements integrity and objectivity.

Organization:

Blood Centers of California, Inc. was established on December 1, 1987, and its primary activities at that stage of formation consisted of recruiting charter members and raising capital. The Organization has since then established an association of nonprofit blood centers to promote the common interest of such services and organization, and assistance of nonprofit blood center services and organizations in California and elsewhere by creating the means to combine resources and promote more efficient and effective blood services, and promotion of the activities and interest of nonprofit blood services and organizations.

Donations:

Many individuals donate significant time and services to advance the objectives of the Organization. These services have not been recorded in the financial statements because no objective basis is available to measure the value of such services.

Estimates:

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Financial Statement Presentation:

The Organization maintains its accounts on the accrual basis method of accounting, which is in accordance with generally accepted accounting principles. Net assets are classified as unrestricted, temporarily restricted, or permanently restricted. Net assets are generally reported as unrestricted unless assets are received with explicit stipulations that limit the use of the asset. The Organization does not have any temporarily or permanently restricted net assets.

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)
Notes to Financial Statements - Continued
December 31, 2003 and 2002

NOTE 1: SUMMARY OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES
- CONTINUED -

Income Taxes:

Blood Centers of California, Inc. was organized under the nonprofit laws of the State of California and has been determined to be exempt from Federal and California taxes under Code Section 501(c)(6) of the Internal Revenue Code and the State of California Revenue and Taxation Code.

Cash and Cash Equivalents:

For purposes of the statement of cash flows, Blood Centers of California, Inc. considers highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents. Included in cash and cash equivalents were deposits in money market accounts of \$97,275 and \$118,865 at December 31, 2003 and 2002, respectively.

Concentration of Credit Risk:

Blood Centers of California, Inc., which periodically maintains balances in depository accounts in excess of the FDIC insurance limit, performs ongoing credit evaluations of its depository institutions and has not experienced any losses on its depository accounts. The Organization has uninsured cash bank balances in the amount of \$18,689 and \$23,196 as of December 31, 2003 and 2002, respectively.

The Organization grants credit to the charter members, substantially all of whom are blood banks in California. These accounts receivable are considered to be 100% current and collectible. An allowance for doubtful accounts is not provided as management believes that accounts receivable are fully collectible.

NOTE 2: UNRESTRICTED NET ASSETS – CHARTER CONTRIBUTIONS –

Nineteen charter member blood banks in California each contributed \$3,000 before October 1, 1988, as an initial financial contribution. In addition, each member contributed considerable unreimbursed expense, time, and expertise in organizing the Organization. The "Charter Contributions" in the amount of \$57,000 represents the cash contributions of the Organization's charter members reported under unrestricted net assets.

BLOOD CENTERS OF CALIFORNIA, INC.
(A CALIFORNIA NONPROFIT MUTUAL BENEFIT CORPORATION)
Notes to Financial Statements - Continued
December 31, 2003 and 2002

NOTE 3: DEFERRED REVENUE –

The amount recorded as deferred revenue represents dues for 2004 and 2003 received prior to the year ending December 31, 2003 and 2002, respectively.

NOTE 4: CASH AND CASH EQUIVALENTS –

Cash and cash equivalents consisted of the following:

	<u>December 31,</u>	
	<u>2003</u>	<u>2002</u>
	<u>Compilation</u>	<u>Review</u>
Cash - Checking	\$ 21,414	\$ 4,331
Cash – Money Market	97,275	118,865
	<u>\$ 118,689</u>	<u>\$ 123,196</u>

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2003

Open to Public
Inspection

A For the 2003 calendar year, or tax year beginning

and ending

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

BLOOD CENTERS OF CALIFORNIA, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 2569

City or town, state or country, and ZIP + 4

SACRAMENTO, CA 95812-2569

D Employer identification number

33-0312364

E Telephone number

(760) 773-4190

F Group Exemption Number ▶

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Web site: ▶ N/A

J Organization type (check only one) — ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ 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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 80,302.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	79,392.
	4	Investment income	4	910.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	80,302.	
Expenses	10	Grants and similar amounts paid	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	46,500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	11,032.
	17	Total expenses (add lines 10 through 16)	17	57,532.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	22,770.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	77,283.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	100,053.

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	123,196.	118,689.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	123,196.	118,689.
26 Total liabilities (describe ▶ DEFERRED REVENUE)	45,913.	18,636.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,283.	100,053.

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)What is the organization's primary exempt purpose? **SEE STATEMENT 2**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 THE EXEMPT FUNCTION OF THE PROGRAM EXPENSES IS RELATED TO THE COST OF LOBBYING AT THE STATE LEVEL FOR BLOOD BANK

(Grants \$

28a**29 REGULATIONS AND STANDARDS AND PROMOTION OF COMMON INTERESTS WITHIN THE BLOOD SERVICE AREAS.**

(Grants \$

29a**30**

(Grants \$

30a**31 Other program services (attach schedule)** (Grants \$ **31a****32 Total program service expenses (add lines 28a through 31a)** **32** **0.****Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 41 of 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 & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 3				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b 501(c)(3) and (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 an explanation N/A		
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 N/A		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization N/A		
41 List the states with which a copy of this return is filed. CALIFORNIA		
42 The books are in care of DEAN ELLER Telephone no. (559) 224-2900		
Located at 3445 NORTH FIRST STREET, FRESNO, CA ZIP + 4 93726		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A		

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 *[Signature]* **Date** **11/12/04**

Type or print name and title **DEAN ELLER, Treasurer**

Paid Preparer's Use Only Preparer's signature *[Signature]* Date **11/10/04** Check if self-employed ☐ Preparer's SSN or PTIN **EIN**

Firm's name (or yours if self-employed) **GBP&B TAX AND BUSINESS SERVICES, INC.** Phone **805-544-1441**

address, and ZIP + 4 **1150 PALM STREET** no. **Form 990-EZ (2003)**

323431 12-17-03 **SAN LUIS OBISPO, CA 93401**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEETING EXPENSES		6,856.	
ACCOUNTING		3,805.	
TAXES		10.	
MISCELLANEOUS		321.	
BANK FEES		40.	
TOTAL TO FORM 990-EZ, LINE 16		11,032.	

FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	2
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EXPLANATION

LOBBYING AT THE STATE LEVEL FOR BLOOD BANK REGULATIONS AND STANDARDS

FORM 990-EZ	PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	3
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TOM SCHALLERT 2524 HARRISON, EUREKA, CA 95501	PAST PRESIDENT 2	0.	0.	0.
CHERIE EVANS, MD 6230 CLAREMONT AVE, OAKLAND, CA 94618	PRESIDENT 2	0.	0.	0.
VICKI FINSON 902 LAGUNA, SANTA BARBARA, CA 93101	VICE PRESIDENT 2	0.	0.	0.
DEAN ELLER 3445 N. FIRST ST., FRESNO, CA 93726	TREASURER 2	0.	0.	0.
ROGER SVOBODA 270 MASONIC AV, SAN FRANCISCO CA 95118	SECRETARY 2	0.	0.	0.
CATHY BRYAN 2324 BETHARDS DR, SANTA ROSA CA 95405	CHAIR LEGISLATIVE 2	0.	0.	0.

BLOOD CENTERS OF CALIFORNIA, INC.

33-0312364

LEONOR FERNANDO, MD

CHAIR MTAC

1625 STOCKTON BLV, SACRAMENTO CA

2

95816

0.

0.

0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

0.

0.

0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

YEAR
2003

California Exempt Organization Annual Information Return

FORM
199

MONTH			DAY			YEAR			MONTH			DAY			YEAR								
For calendar or fiscal year beginning			JANUARY			1			2003			and ending			DECEMBER			31			2003		
IMPORTANT: Your number is required.																							
California corporation number D-1423669									Federal employer identification number 33-0312364														
Corporation/Organization name BLOOD CENTERS OF CALIFORNIA, INC.																							
Address P.O. BOX 2569												PMB no.											
City SACRAMENTO, CA												State 95812-2569											
ZIP Code 95812-2569																							
A Final return? <input type="checkbox"/> Yes. Check applicable box. <input checked="" type="checkbox"/> No • <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date																							
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120																							
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/>																							
D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
E Accounting method used ACCRUAL																							
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <input type="checkbox"/> IRC Section 4947(a)(1) trust																							

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Attach check or money order here.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	910.
	2 Gross dues and assessments from members and affiliates	2	79,392.
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions	3	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	4	80,302.
	5 Cost of goods sold	5	
	6 Cost or other basis, and sales expenses of assets sold	6	
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4	8	80,302.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	57,532.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	22,770.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.
	12 Penalty for failure to file on time. See General Instruction L	12	
	13 Use tax. See instructions	13	
	14 Balance due. Add line 11, line 12, and line 13	14	10.

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No

17 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter amount of gross receipts from nonmember sources \$

18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? ☐ Yes ☒ No
If "Yes," enter amount of total income reported \$

19 The financial records are in care of DEAN ELLER Daytime telephone (559) 224-2900
located at 3445 NORTH FIRST STREET, FRESNO, CA 93726

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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>[Signature]</i>	Date <i>11/12/04</i>	Title <i>Treasurer</i> Daytime telephone <i>(559) 224-2900</i>	
Paid Preparer's Use Only	Paid Preparer's signature <i>[Signature]</i>	Date <i>11/10/04</i>	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN P00129754
	Firm's name (or yours, if self-employed) and address GBP&B TAX AND BUSINESS SERVICES, INC. 1150 PALM STREET SAN LUIS OBISPO, CA 93401		FEIN 95-2772601 Daytime telephone 805-544-1441	

328941/11-29-03

For Privacy Act Notice, get form FTB 1131.

19903104022

Form 199 C1 2003 Side 1

01091110 756668 005910

2003.06030 BLOOD CENTERS OF CALIFORNIA 005910_1

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income SEE STATEMENT 1	7	910.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	910.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other SEE STATEMENT 3	17	57,532.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	57,532.

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
Assets				
1 Cash		123,196.		118,689.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations ...				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____) ...				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation	()		()	
11 Land				
12 Other assets				
13 Total assets		123,196.		118,689.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 4		45,913.		18,636.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation		57,000.		
21 Retained earnings or income fund		20,283.		100,053.
22 Total liabilities and net worth		123,196.		118,689.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	22,770.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	22,770.
6 Total			
Add line 1 through line 5	22,770.		

FORM 199	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
INVESTMENT INCOME	910.
TOTAL TO FORM 199, PART II, LINE 7	910.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TOM SCHALLERT 2524 HARRISON, EUREKA, CA 95501	PAST PRESIDENT 2	0.
CHERIE EVANS, MD 6230 CLAREMONT AVE, OAKLAND, CA 94618	PRESIDENT 2	0.
VICKI FINSON 902 LAGUNA, SANTA BARBARA, CA 93101	VICE PRESIDENT 2	0.
DEAN ELLER 3445 N. FIRST ST., FRESNO, CA 93726	TREASURER 2	0.
ROGER SVOBODA 270 MASONIC AV, SAN FRANCISCO CA 95118	SECRETARY 2	0.
CATHY BRYAN 2324 BETHARDS DR, SANTA ROSA CA 95405	CHAIR LEGISLATIVE 2	0.
LEONOR FERNANDO, MD 1625 STOCKTON BLV, SACRAMENTO CA 95816	CHAIR MTAC 2	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
MEETING EXPENSES	6,856.
ACCOUNTING	3,805.
TAXES	10.
MISCELLANEOUS	321.
BANK FEES	40.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	46,500.
TOTAL TO FORM 199, PART II, LINE 17	57,532.

FORM 199	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	45,913.	18,636.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	45,913.	18,636.