

2012 Exempt Org. Return
prepared for:

Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814

Gary L. Woehl, CPA
3439 Brookside Road, Suite 201
Stockton, CA 95219

CLIENT 40

**GARY L. WOehl, CPA
3439 BROOKSIDE ROAD, SUITE 201
STOCKTON, CA 95219
(209) 951-9999**

May 22, 2013

Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814

Dear Pam:

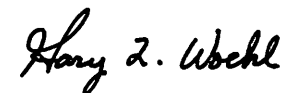
Your 2012 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2012 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by December 16, 2013. Mail the California return on or before December 16, 2013 and make the check payable to:

**FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0501**

Please be sure to call us if you have any questions.

Sincerely,


Gary L. Woehl, CPA

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> C Blood Centers of California, Inc. P.O. Box 2569 Sacramento, CA 95814 </td> <td style="width:30%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>33-0312364</td> </tr> <tr> <td>E Telephone number</td> <td>(310) 267-8102</td> </tr> <tr> <td>F Group Exemption Number</td> <td>..... ►</td> </tr> </table> </td> </tr> </table>	C Blood Centers of California, Inc. P.O. Box 2569 Sacramento, CA 95814	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>33-0312364</td> </tr> <tr> <td>E Telephone number</td> <td>(310) 267-8102</td> </tr> <tr> <td>F Group Exemption Number</td> <td>..... ►</td> </tr> </table>	D Employer identification number	33-0312364	E Telephone number	(310) 267-8102	F Group Exemption Number ►
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E Telephone number	(310) 267-8102								
F Group Exemption Number ►								
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____									
I Website: ► N/A									
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.									
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 72,006.									

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																																																																					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																																					
R E V E N U E	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td></td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>71,785.</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>221.</td></tr> <tr> <td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr> <td>5b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr> <td>5c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr> <td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr> <td>6a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr> <td>6b</td><td>Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td></td></tr> <tr> <td>6c</td><td>Less: direct expenses from gaming and fundraising events</td><td>6c</td><td></td></tr> <tr> <td>6d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td></td></tr> <tr> <td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr> <td>7b</td><td>Less: cost of goods sold</td><td>7b</td><td></td></tr> <tr> <td>7c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td></td></tr> <tr> <td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>72,006.</td></tr> </table>	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	71,785.	4	Investment income	4	221.	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 (Subtract line 5b from line 5a)	5c		6	Gaming and fundraising events			6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		6c	Less: direct expenses from gaming and fundraising events	6c		6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		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 (Subtract line 7b from line 7a)	7c		8	Other revenue (describe in Schedule O)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	72,006.
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Check if the organization used Schedule O to respond to any question in this Part II.

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Check if the organization used Schedule O to respond to any question in this Part IV

Form 990-EZ (2012)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a 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 outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39 a N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39 b N/A	
40 a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		
42 a The organization's books are in care of ▶ <u>Pam Bumerts</u> Telephone no. ▶ <u>(310) 267-8102</u> Located at ▶ <u>757 Westwood Plaza, Suite B403 Los Angeles CA</u> ZIP + 4 ▶ <u>90095-7418</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. ▶ <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45 b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

	Yes	No
47		
48		
49 a		
49 b		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ ☐ Yes ☐ No

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.

Sign Here	Signature of officer Pam Bumerts		Date		
	Type or print name and title. Treasurer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Gary L. Woehl, CPA	<i>Gary L. Woehl, CPA</i>	5/22/13		P00169266
	Firm's name ▶	Gary L. Woehl, CPA		Firm's EIN ▶	94-2624880
	Firm's address ▶	3439 Brookside Road, Suite 201 Stockton, CA 95219		Phone no. (209) 951-9999	

May the IRS discuss this return with the preparer shown above? See instructions. ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Blood Centers of California, Inc.

Employer identification number

33-0312364

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Lobbying at the state level for blood bank regulations and standards.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The exempt function of the program expenses is related to the cost of lobbying at
the state level for blood bank regulations and standards and promotion of common
interests within the blood service areas.

2012**Schedule O - Supplemental Information****Page 2****Client 40****Blood Centers of California, Inc.****33-0312364**

5/22/13

05:48PM

**Form 990-EZ, Part I, Line 16
Other Expenses**

Conferences and Meetings.....	\$	9,717.
Dues.....		94.
Filing Fee.....		10.
Insurance.....		3,472.
Office Expenses.....		468.
Web Design.....		600.
Total	\$	<u>14,361.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. . . . ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Blood Centers of California, Inc.	33-0312364
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	P.O. Box 2569	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Sacramento, CA 95814	

Enter the Return code for the return that this application is for (file a separate application for each return). **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Pam Bumerts _____

Telephone No. ► (310) 267-8102 _____ FAX No. ► (310) 267-3552 _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2013, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 2012 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____.

2012Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

Blood Centers of California, Inc.33-0312364

Name and title of officer

Pam BumertsTreasurer**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1 a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here..... ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	<u>72,006.</u>
3 a Form 1120-POL check here..... ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here..... ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here... ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c).....	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Gary L. Woehl, CPA to enter my PIN 07488 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ **Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.....

68473407488
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 5/22/13

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO

2012

Federal Supporting Detail

Page 1

Client 40

Blood Centers of California, Inc.

33-0312364

5/22/13

05:48PM

Investment Income -
Interest on Savings:

Wells Fargo Bank.....	\$	210.
Total	\$	<u>210.</u>

Investment Income -
Dividend Income:

Wells Fargo Advantage Funds.....	\$	11.
Total	\$	<u>11.</u>

2012

California Exempt Organization
Annual Information Return

199

Calendar Year 2012 or fiscal year beginning month		day	year	, and ending month	day	year
Corporation/Organization Name						California corporation number
BLOOD CENTERS OF CALIFORNIA, INC.						D-1423669
Address (suite, room, or PMB no.)						FEIN
P.O. BOX 2569						33-0312364
City				State	ZIP Code	
SACRAMENTO				CA	95814	

- A First Return ☐ Yes ☒ No
- B Amended Return ☐ Yes ☒ No
- C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D Final Return • ☐ Dissolved • ☐ Surrendered (Withdrawn)
• ☐ Merged/Reorganized Enter date: •

E Check accounting method:

- 1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

F Federal return filed?

- 1 • ☐ 990T 2 • ☐ 990 (PF) 3 • ☐ Sch H (990)

- G Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No

If 'Yes,' attach a roster. See instructions

- H Is this organization in a group exemption? ☐ Yes ☒ No

If 'Yes,' What's the parent's name?

- I 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? ☐ Yes ☒ No

If 'Yes,' explain, and attach copies of revised documents.

- J 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)? ☐ Yes ☒ No
If 'Yes,' complete and attach form FTB 3509.

- K Is the organization exempt under R&TC Section 23701g? .. ☐ Yes ☒ No
If 'Yes,' enter gross receipts from nonmember sources. \$

- L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required ☐

- M Is the organization a Limited Liability Company? ☐ Yes ☒ No

- N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

- O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

CACA1112L 10/11/12

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	221.
	2	Gross dues and assessments from members and affiliates	71,785.
	3	Gross contributions, gifts, grants, and similar amounts received	
	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 \$50,000, see General Instruction B...	72,006.
Expenses	5	Cost of goods sold.	
	6	Cost or other basis, and sales expenses of assets sold.	
	7	Total costs. Add line 5 and line 6.	
	8	Total gross income. Subtract line 7 from line 4.	72,006.
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18.	68,061.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	3,945.
	11	Filing fee \$10 or \$25. See General Instruction F.	10.
	12	Total payments.	
Sign Here	13	Penalties and Interest. See General Instruction J.	
	14	Use tax. See General Instruction K.	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	10.
	16	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.	

Sign Here	Signature of officer	TREASURER	Date	Telephone
				(310) 267-8102
Paid Preparer's Use Only	Preparer's signature	GARY L. WOHL, CPA	Date	Check if self-employed
			5/22/13	<input checked="" type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	3439 BROOKSIDE ROAD, SUITE 201 STOCKTON, CA 95219	PTIN	FEIN
			P00169266	94-2624880
May the FTB discuss this return with the preparer shown above? See instructions.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	
	2	Interest	•	2	210.
	3	Dividends	•	3	11.
	4	Gross rents	•	4	
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See instructions)	•	6	
	7	Other income. Attach schedule	•	7	
Expenses and Disbursements	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	221.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	
	10	Disbursements to or for members.	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule... SEE . STATEMENT . 1	•	11	0.
	12	Other salaries and wages	•	12	
	13	Interest	•	13	
	14	Taxes	•	14	
	15	Rents	•	15	
	16	Depreciation and depletion (See instructions)	•	16	
	17	Other Expenses and Disbursements. Attach schedule	•	17	68,061.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	68,061.

Schedule L Balance Sheets**Beginning of taxable year****End of taxable year**

Assets	(a)	(b)	(c)	(d)
1 Cash		261,377.		265,322.
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				
9 Other investments Attach schedule				
10a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 Total assets		261,377.		265,322.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		261,377.		265,322.
22 Total liabilities and net worth		261,377.		265,322.

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 \$50,000

1 Net income per books	•	3,945.	7 Income recorded on books this year not included in this return. Attach sch	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year.	•	
3 Excess of capital losses over capital gains	•		Attach schedule.	•	
4 Income not recorded on books this year. Attach schedule.	•		9 Total. Add line 7 and line 8.		
5 Expenses recorded on books this year not deducted in this return. Attach schedule.	•		10 Net income per return. Subtract line 9 from line 6.		3,945.
6 Total. Add line 1 through line 5.		3,945.			

Client 40

Blood Centers of California, Inc.

33-0312364

5/22/13

05:48PM

Statement 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Steven Ferraiuolo 10536 Peter A. McCuen Blvd. Mather, CA 95655-4128	Past-President 5.00	\$ 0.	\$ 0.	\$ 0.
Greg Gallion 5901 Truxton Avenue Bakersfield, CA 93309	President 10.00	0.	0.	0.
Laura Williston 2524 Harrison Avenue Eureka, CA 95501-3229	President-Elect 7.00	0.	0.	0.
Pam Bumerts, MT 757 Westwood Plaza, B403 Los Angeles, CA 90095-7418	Sec. / Treas. 10.00	0.	0.	0.
		Total \$ 0.	\$ 0.	\$ 0.

Statement 2
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 3,300.
Conferences and Meetings.....	9,717.
Dues.....	94.
Filing Fee.....	10.
Insurance.....	3,472.
Lobbying fees.....	44,100.
Management fees.....	6,300.
Office Expenses.....	468.
Web Design.....	600.
Total	<u>\$ 68,061.</u>