

2015 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**

June 3, 2016

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

Dear David:

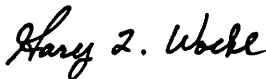
Your 2015 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2015 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by December 15, 2016. Mail your California payment voucher, Form 3586, on or before December 15, 2016 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

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

Sincerely,



Gary L. Woehl, CPA

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 private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2015**Open to Public
Inspection****A** For the 2015 calendar year, or tax year beginning , 2015, and ending ,

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814**D** Employer identification number

33-0312364

E Telephone number

(619) 400-8222

F Group Exemption
Number. ▶**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 67,334.**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. ☒

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	67,190.
	4	Investment income.....	4	144.
	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	67,334.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O).....	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	59,486.
	14	Occupancy, rent, utilities, and maintenance.....	14	
	15	Printing, publications, postage, and shipping.....	15	
	16	Other expenses (describe in Schedule O)..... See Schedule O	16	6,678.
	17	Total expenses. Add lines 10 through 16.....▶	17	66,164.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	1,170.
	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	271,637.
	20	Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.....▶	21	272,807.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II. ☐

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	271,637.	272,807.
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets.	271,637.	272,807.
26	Total liabilities (describe in Schedule O)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	271,637.	272,807.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III. <input checked="" type="checkbox"/>	(Required for section 501

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

<p>What is the organization's primary exempt purpose? <u>See Schedule O</u></p> <p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>(c)(3) and 501(c)(4) organizations; optional for others.)</p>
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O

(Grants \$) If this amount includes foreign grants, check here ▶

28 a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29 a

30

(Grants \$ _____) If this amount includes foreign grants, check here ☐

30 a

31

(Grants \$) If this amount includes foreign grants, check here ☐

31 a

32

Total program service expenses (add lines 28a through 31a).....

32

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

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

[illegible]

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 significant 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
35a 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)?	35a	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	35b	
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	35c	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
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?	37b	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 outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b N/A	
39 Section 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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.	40e	X
41 List the states with which a copy of this return is filed ▶ CA		
42a The organization's books are in care of ▶ David Wellis, Ph.D. Telephone no. ▶ (619) 400-8222 Located at ▶ 3636 Gateway Center Avenue, #100 San Diego CA ZIP + 4 ▶ 92102		
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)?	42b	X
If 'Yes,' enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	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		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	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.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	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.
- 49a 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		
49a		
49b		

(a) Name and title of each employee	(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 business address of each independent contractor	(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 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	Date			
	David Wellis, Ph.D.	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	Gary L. Woehl, CPA	6/03/16		P00169266
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			
Firm's name		Firm's EIN			
Firm's address		Phone no.			

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Blood Centers of California, Inc.

Employer identification number

33-0312364

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

Conferences and Meetings.....	\$	4,024.
Dues.....		125.
Expense Reimbursements.....		293.
Insurance.....		2,107.
State Filing Fee.....		10.
Teleconferencing.....		119.
Total	\$	<u>6,678.</u>

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.

**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- 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 (other than individual)	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 ► David Wellis, Ph.D.

Telephone No. ► (619) 400-8222 Fax No. ► _____

- 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, 2016, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☒ calendar year 2015 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 Forms 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 Forms 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 funds withdrawal (direct debit) 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

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2015**

Name of exempt organization

Employer identification number

Blood Centers of California, Inc.33-0312364

Name and title of officer

David Wellis, Ph.D.Treasurer**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>67,334.</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 2015 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 2015 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 2015 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 ▶ XDate ▶ 6/03/2016**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 2015 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 ▶

Gary L. Woehl, CPA

Date ▶

6/3/16

**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 (2015)**

Investment Income -
Interest on Savings:

Wells Fargo Bank	\$	144.
Total	\$	<u>144.</u>

2015

California Exempt Organization
Annual Information Return

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

BLOOD CENTERS OF CALIFORNIA, INC.

Additional information. See instructions.

California corporation number

1423669

FEIN

33-0312364

PMB no.

Street address (suite or room)

P.O. BOX 2569

City

SACRAMENTO

State

CA

ZIP code

95814

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return ☐ Yes ☒ No
- B** Amended Return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final Information Return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date (mm/dd/yyyy) ☐
- E** Check accounting method:
- 1 ☐ Cash 2 ☒ Accrual 3 ☐ Other
- F** Federal return filed? 1 ☐ 990T 2 ☐ 990-PF 3 ☐ Sch H (990)
- 4 ☐ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption? ☐ Yes ☒ No
- If 'Yes,' what is the parent's name?
- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities?

See instructions

☐ Yes ☐ No**K** Is the organization exempt under R&TC Section 23701g? ...

If 'Yes,' enter the gross receipts from

nonmember sources \$

N/A

☐ Yes ☒ No**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, 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**P** Is federal Form 1023/1024 pending? ...☐ Yes ☐ No

Date filed with IRS

CACA1112L 12/31/15

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.	1	144.
	2	Gross dues and assessments from members and affiliates.	2	67,190.
	3	Gross contributions, gifts, grants, and similar amounts received.	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 \$50,000, see General Instruction B.	4	67,334.
	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	67,334.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	66,164.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	1,170.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Instruction K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Instruction F.	15	10.
	16	Penalties and Interest. See General Instruction J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
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	Title	Date	Telephone
Paid Preparer's Use Only	Signature of preparer		Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		PTIN	
			FEIN	
			Telephone	
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	144.
	3	Dividends	•	3	
	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	
	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	144.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	
	10	Disbursements to or for members	•	10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	SEE STMT 1 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	SEE STATEMENT 2 66,164.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	66,164.

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

Assets	(a)	(b)	(c)	(d)
1 Cash		271,637.	•	272,807.
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			•	
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			•	
12 Other assets. Attach schedule			•	
13 Total assets		271,637.		272,807.
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 principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		271,637.	•	272,807.
22 Total liabilities and net worth		271,637.		272,807.

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	•	1,170.	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	•	
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6	•	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		1,170.			1,170.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2015**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Blood Centers of California, Inc.

Identifying number

33-0312364

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	67,334.
2	Total gross income (Form 199, line 8)	2	67,334.
3	Total expenses and disbursements (Form 199, Line 9)	3	66,164.

Part II Settle Your Account Electronically for Taxable Year 2015

4 ☐ Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign
Here


 Signature of officer

6/3/16
 Date

Treasurer
 Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**ERO's
signatureGary L. Woehl, CPA

Date

6/03/16

Check if
also paid
preparer ☒Check if
self-
employed ☒

ERO's PTIN

P00169266

Firm's name (or yours
if self-employed) and
address

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

FEIN

94-2624880

CA

ZIP Code 95219

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid
Preparer
Must
Sign**Paid
preparer's
signatureFirm's name
(or yours if self-
employed) and
address

Date

Check if self-
employed ☐

Paid preparer's PTIN

FEIN

ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

6/03/16

11:47AM

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>
Greg Gallion 11515 Bolthouse Drive Bakersfield, CA 93311	Past-President 5.00	\$ 0.	\$ 0.	\$ 0.
Laura Williston 2524 Harrison Avenue Eureka, CA 95501-3229	President 10.00	0.	0.	0.
Susan Noone 4119 Broad Street, Suite 100 San Luis Obispo, CA 93401	President-Elect 7.00	0.	0.	0.
David Wellis, Ph.D. 3636 Gateway Center Ave. #100 San Diego, CA 92102	Sec. / Treas. 10.00	0.	0.	0.
Gay Almquist, MSM, BS 1500 East Duarte Road Duarte, CA 91010	Representative 5.00	0.	0.	0.
Darrin Greenlee 100 Red Cross Circle Pomona, CA 91768	Representative 5.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

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

Accounting Fees.....	\$ 6,050.
Conferences and Meetings.....	4,024.
Dues.....	125.
Expense Reimbursements.....	293.
Insurance.....	2,107.
Lobbying fees.....	46,752.
Management fees.....	6,684.
State Filing Fee.....	10.
Teleconferencing.....	119.
Total	\$ 66,164.

2015

Federal Supporting Detail

Page 1

Client 40

Blood Centers of California, Inc.

33-0312364

6/03/16

11:51AM

Investment Income -
Interest on Savings:

Wells Fargo Bank.....	\$	144.
Total	\$	<u>144.</u>