

GARY L. WOEHL

Certified Public Accountant

3439 Brookside Road, Suite 201 ▪ Stockton, CA 95219 ▪ Telephone (209) 951-9999 ▪ Fax (209) 951-9920
Member of AICPA ▪ California State Society ▪ Peer Review Program

January 14, 2014

Blood Centers of
California, Inc.
757 Westwood Plaza, Suite B403
Los Angeles, CA 90095-8358

Dear Pam:

The following forms have been prepared for your immediate attention:

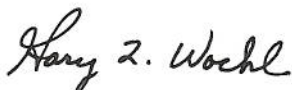
Form 1096 - Annual Summary and Transmittal Information Returns for 2013:

1. Sign and date Form 1096.
2. Mail Form 1096 and the completed 1099-Misc Forms to the address below on or before February 28, 2014.
Do not staple the forms together.

Department of the Treasury
Internal Revenue Service Center
Kansas City, MO 64999

3. Please distribute the 1099-Misc Forms to the recipients as soon as possible.

Sincerely,



Gary L. Woehl, CPA

| | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------|--|
| Form 1096 Department of the Treasury Internal Revenue Service | Annual Summary and Transmittal of U.S. Information Returns | OMB No. 1545-0108 <div style="font-size: 2em; font-weight: bold;">2013</div> | | | | | | | | | | | | | | | | |
| FILER'S name Blood Centers of California, Inc. Street address (including room or suite number) 757 Westwood Plaza, Suite B403 City or town, province or state, country, and ZIP or foreign postal code Los Angeles, CA 90095-7418 | | | | | | | | | | | | | | | | | | |
| Name of person to contact Pam Bumerts | | Telephone number 310 267-8102 | | | | | | | | | | | | | | | | |
| Email address | | Fax number 310 267-3552 | | | | | | | | | | | | | | | | |
| 1 Employer identification number 33-0312364 | | 2 Social security number | | | | | | | | | | | | | | | | |
| 3 Total number of forms 3 | | 4 Federal income tax withheld \$ 0.00 | | | | | | | | | | | | | | | | |
| 5 Total amount reported with this Form 1096 \$ 56330.00 | | For Official Use Only | | | | | | | | | | | | | | | | |
| 6 Enter an "X" in only one box below to indicate the type of form being filed. | | | | | | | | | | 7 If this is your final return, enter an "X" here <input type="checkbox"/> | | | | | | | | |
| W-2G 32 | 1097-BTC 50 | 1098 81 | 1098-C 78 | 1098-E 84 | 1098-T 83 | 1099-A 80 | 1099-B 79 | 1099-C 85 | 1099-CAP 73 | 1099-DIV 91 | 1099-G 86 | 1099-H 71 | 1099-INT 92 | 1099-K 10 | 1099-LTC 93 | 1099-MISC 95 | 1099-OD 96 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| 1099-PATR 97 | 1099-Q 31 | 1099-R 98 | 1099-S 75 | 1099-SA 94 | 3921 25 | 3922 26 | 5498 28 | 5498-ESA 72 | 5498-SA 27 | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.



Signature ▶ Title ▶ Treasurer Date ▶

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after they were published, go to www.irs.gov/form1096.

Reminder. The only acceptable method of filing information returns with Internal Revenue Service/Information Returns Branch is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220.

Caution. If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2013 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2014.
- With Forms 5498, file by June 2, 2014.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

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|---|--------------------------------------|--|--|--|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | | 1 Rents | OMB No. 1545-0115 | |
| Blood Centers of California, Inc. 757 Westwood Plaza, Suite B403 Los Angeles, CA 90095-7418 (310) 267-8102 | | \$ | 2013 | |
| | | 2 Royalties | | |
| PAYER'S federal identification number | | 3 Other income | Form 1099-MISC | |
| 33-0312364 | RECIPIENT'S identification number | \$ | 4 Federal income tax withheld | Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1099. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. |
| 94-2624880 | 5 Fishing boat proceeds | \$ | 6 Medical and health care payments | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | |
| Gary L. Woehl, CPA | | \$ 5280.00 | \$ | |
| Street address (including apt. no.) | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds | |
| 3439 Brookside Road, Ste. 201 | | \$ | \$ | |
| City or town, province or state, country, and ZIP or foreign postal code | | 11 Foreign tax paid | 12 Foreign country or U.S. possession | |
| Stockton, CA 95219 | | \$ | \$ | |
| Account number (see instructions) | 2nd TIN not <input type="checkbox"/> | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | |
| \$ | \$ | \$ | \$ | |
| 15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income |
| \$ | \$ | \$ | \$ | \$ |

Form 1099-MISC

77-0564162

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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|---|--------------------------------------|--|--|--|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | | 1 Rents | OMB No. 1545-0115 | |
| Blood Centers of California, Inc. 757 Westwood Plaza, Suite B403 Los Angeles, CA 90095-7418 (310) 267-8102 | | \$ | 2013 | |
| | | 2 Royalties | | |
| PAYER'S federal identification number | | 3 Other income | Form 1099-MISC | |
| 33-0312364 | RECIPIENT'S identification number | \$ | 4 Federal income tax withheld | Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1099. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. |
| 579-62-5492 | 5 Fishing boat proceeds | \$ | 6 Medical and health care payments | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | |
| Lydia Bourne dba Bourne & Associates | | \$ 50400.00 | \$ | |
| Street address (including apt. no.) | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds | |
| 44871 S. El Macero Drive | | \$ | \$ | |
| City or town, province or state, country, and ZIP or foreign postal code | | 11 Foreign tax paid | 12 Foreign country or U.S. possession | |
| El Macero, CA 95618 | | \$ | \$ | |
| Account number (see instructions) | 2nd TIN not <input type="checkbox"/> | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | |
| \$ | \$ | \$ | \$ | |
| 15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income |
| \$ | \$ | \$ | \$ | \$ |

Form 1099-MISC

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Department of the Treasury - Internal Revenue Service

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|---|-----------------------------------|--|--|--|-----------------------------|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | | 1 Rents \$ | OMB No. 1545-0115 2013 | | Miscellaneous Income |
| Blood Centers of California, Inc. 757 Westwood Plaza, Suite B403 Los Angeles, CA 90095-7418 (310) 267-8102 | | 2 Royalties \$ | Form 1099-MISC | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 3 Other income \$ | 4 Federal income tax withheld \$ | Copy A For Internal Revenue Service Center | |
| 33-0312364 | 545-33-9385 | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | File with Form 1096. | |
| RECIPIENT'S name | | 7 Nonemployee compensation \$ 650.00 | 8 Substitute payments in lieu of dividends or interest \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. | |
| Sabrina Torres-Royal dba Royal Web Designs Street address (including apt. no.) | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds \$ | | |
| 7485 Rush River Dr. #710-146 City or town, province or state, country, and ZIP or foreign postal code | | 11 Foreign tax paid \$ | 12 Foreign country or U.S. possession | | |
| Sacramento, CA 95831 | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| Account number (see instructions) | | 2nd TIN not <input type="checkbox"/> | 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ |
| | | | 17 State/Payer's state no. | 18 State income \$ | |

Form 1099-MISC

77-0564162

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Department of the Treasury - Internal Revenue Service

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|---|-----------------------------------|--|--|--|-------------------------|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | | 1 Rents \$ | OMB No. 1545-0115 2013 | | Miscellaneous Income |
| | | 2 Royalties \$ | Form 1099-MISC | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 3 Other income \$ | 4 Federal income tax withheld \$ | Copy A For Internal Revenue Service Center | |
| | | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | File with Form 1096. | |
| RECIPIENT'S name | | 7 Nonemployee compensation \$ | 8 Substitute payments in lieu of dividends or interest \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. | |
| Street address (including apt. no.) | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds \$ | | |
| City or town, province or state, country, and ZIP or foreign postal code | | 11 Foreign tax paid \$ | 12 Foreign country or U.S. possession | | |
| Account number (see instructions) | | 2nd TIN not <input type="checkbox"/> | 13 Excess golden parachute payments \$ | | |
| 15a Section 409A deferrals \$ | | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ |

Form 1099-MISC

77-0564162

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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|---|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Form 1096 Department of the Treasury Internal Revenue Service | Annual Summary and Transmittal of U.S. Information Returns | OMB No. 1545-0108 2013 | | | | | | | | | | | | | | | |
| FILER'S name Blood Centers of California, Inc. Street address (including room or suite number) 757 Westwood Plaza, Suite B403 City or town, province or state, country, and ZIP or foreign postal code Los Angeles, CA 90095-7418 | | | | | | | | | | | | | | | | | |
| Name of person to contact Pam Bumerts | | Telephone number 310 267-8102 | | | | | | | | | | | | | | | |
| Email address | | Fax number 310 267-3552 | | | | | | | | | | | | | | | |
| 1 Employer identification number 33-0312364 | 2 Social security number | 3 Total number of forms 3 | | | | | | | | | | | | | | | |
| 4 Federal income tax withheld \$ 0.00 | | 5 Total amount reported with this Form 1096 \$ 56330.00 | | | | | | | | | | | | | | | |
| 6 Enter an "X" in only one box below to indicate the type of form being filed. | | | | | | | | | | 7 If this is your final return, enter an "X" here <input type="checkbox"/> | | | | | | | |
| W-2G 32 | 1097-BTC 50 | 1098 81 | 1098-C 78 | 1098-E 84 | 1098-T 83 | 1099-A 80 | 1099-B 79 | 1099-C 85 | 1099-CAP 73 | 1099-DIV 91 | 1099-G 86 | 1099-H 71 | 1099-INT 92 | 1099-K 10 | 1099-LTC 93 | 1099-MISC 95 | 1099-OID 96 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1099-PATR 97 | 1099-Q 31 | 1099-R 98 | 1099-S 75 | 1099-SA 94 | 3921 25 | 3922 26 | 5498 28 | 5498-ESA 72 | 5498-SA 27 | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |



Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature *Pamela Bumerts* Title **Treasurer** Date *1/23/14*

Instructions

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Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220.

Caution. If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2013 General Instructions for Certain Information Returns.

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Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

- When to file.** File Form 1096 as follows.
- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2014.
 - With Forms 5498, file by June 2, 2014.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

| | |
|---|---|
| <p>If your principal business, office or agency, or legal residence in the case of an individual, is located in</p> <p>Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia</p> | <p>Use the following three-line address</p> <p style="text-align: center;">Department of the Treasury Internal Revenue Service Center Austin, TX 73301</p> |
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| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | | 1 Rents | OMB No. 1545-0115 | |
| Blood Centers of California, Inc. 757 Westwood Plaza, Suite B403 Los Angeles, CA 90095-7418 (310) 267-8102 | | \$ | 2013 | |
| | | 2 Royalties | | |
| PAYER'S federal identification number 33-0312364 | | \$ | Form 1099-MISC | |
| | | 3 Other income | 4 Federal income tax withheld | Copy A For Internal Revenue Service Center |
| RECIPIENT'S identification number 94-2624880 | 5 Fishing boat proceeds | \$ | 6 Medical and health care payments | |
| RECIPIENT'S name Gary L. Woehl, CPA | | \$ | 7 Nonemployee compensation | For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. |
| Street address (including apt. no.) 3439 Brookside Road, Ste. 201 | | \$ 5280.00 | 8 Substitute payments in lieu of dividends or interest | |
| City or town, province or state, country, and ZIP or foreign postal code Stockton, CA 95219 | | \$ | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds |
| Account number (see instructions) | | 11 Foreign tax paid | \$ | |
| 2nd TIN not <input type="checkbox"/> | | \$ | 12 Foreign country or U.S. possession | 14 Gross proceeds paid to an attorney |
| 15a Section 409A deferrals | 15b Section 409A income | 13 Excess golden parachute payments | \$ | |
| \$ | \$ | \$ | 16 State tax withheld | 17 State/Payer's state no. |
| | | \$ | \$ | 18 State income |
| | | \$ | \$ | \$ |

Form 1099-MISC

77-0564162

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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| Blood Centers of California, Inc. 757 Westwood Plaza, Suite B403 Los Angeles, CA 90095-7418 (310) 267-8102 | | \$ | 2013 | |
| | | 2 Royalties | | |
| PAYER'S federal identification number 33-0312364 | | \$ | Form 1099-MISC | |
| | | 3 Other income | 4 Federal income tax withheld | Copy A For Internal Revenue Service Center |
| RECIPIENT'S identification number 579-62-5492 | 5 Fishing boat proceeds | \$ | 6 Medical and health care payments | |
| RECIPIENT'S name Lydia Bourne dba Bourne & Associates | | \$ | 7 Nonemployee compensation | For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. |
| Street address (including apt. no.) 44871 S. El Macero Drive | | \$ 50400.00 | 8 Substitute payments in lieu of dividends or interest | |
| City or town, province or state, country, and ZIP or foreign postal code El Macero, CA 95618 | | \$ | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds |
| Account number (see instructions) | | 11 Foreign tax paid | \$ | |
| 2nd TIN not <input type="checkbox"/> | | \$ | 12 Foreign country or U.S. possession | 14 Gross proceeds paid to an attorney |
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| \$ | \$ | \$ | 16 State tax withheld | 17 State/Payer's state no. |
| | | \$ | \$ | 18 State income |
| | | \$ | \$ | \$ |

Form 1099-MISC

77-0564162

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Department of the Treasury - Internal Revenue Service

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|--|-------------------------|--|--|--|-------------------------|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. | | 1 Rents | OMB No. 1545-0115 | | Miscellaneous Income |
| Blood Centers of California, Inc. 757 Westwood Plaza, Suite B403 Los Angeles, CA 90095-7418 (310) 267-8102 | | \$ | 2013 | | |
| | | 2 Royalties | | | Form 1099-MISC |
| PAYER'S federal identification number | | 3 Other income | 4 Federal income tax withheld | Copy A For Internal Revenue Service Center | |
| | | RECIPIENT'S identification number | 5 Fishing boat proceeds | | |
| 33-0312364 | 545-33-9385 | \$ | \$ | File with Form 1096. | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. | |
| Sabrina Torres-Royal dba Royal Web Designs Street address (including apt. no.) | | \$ 650.00 | \$ | | |
| 7485 Rush River Dr. #710-146 City or town, province or state, country, and ZIP or foreign postal code | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds | | |
| Sacramento, CA 95831 Account number (see instructions) | | 11 Foreign tax paid | 12 Foreign country or U.S. possession | | |
| 2nd TIN no. <input type="checkbox"/> | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| 15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| \$ | \$ | \$ | \$ | \$ | |

Form 1099-MISC

77-0564162

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Department of the Treasury - Internal Revenue Service

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| | | \$ | 2013 | | |
| | | 2 Royalties | | | Form 1099-MISC |
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| | | RECIPIENT'S identification number | 5 Fishing boat proceeds | | |
| | | \$ | \$ | File with Form 1096. | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns. | |
| Street address (including apt. no.) | | \$ | \$ | | |
| City or town, province or state, country, and ZIP or foreign postal code | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds | | |
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| 2nd TIN no. <input type="checkbox"/> | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | |
| 15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| \$ | \$ | \$ | \$ | \$ | |

Form 1099-MISC

77-0564162

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

TAX YEAR 2013

WELLS FARGO BANK, N.A.
 1-800-TO-WELLS (800-869-3557)
 P.O. BOX 3908 114
 PORTLAND, OR 97208

E.I.N. 94-1347393



110101 1 AT 0.384 1553904



BLOOD CENTERS OF CALIFORNIA
 CALIFORNIA INC
 UCLA BLOOD BANK
 757 WESTWOOD PLZ # B403
 LOS ANGELES CA 90095-8358

PH

FOR TAX YEAR

2013

TAXPAYER ID NUMBER

33-0312364

2013 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

SAVINGS INT 2100 000001278887292
 BOX 1 INTEREST INCOME 218.93

TOTAL INTEREST 218.93

DC9311UTDY 110101 NNNNNNNNNN NNN NNN 001 001 114 220205 10770111.3

| 1099-INT | 1099-DIV | 1099-OID | 1099-MISC | 1099-B | *Form 1099-OID: This may not be the correct figure to report on your income tax return. See instructions on back. | | | |
|--|----------|----------|-----------|--------|--|--|---|--|
| This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. | | | | | 1099-INT, Interest Income, OMB No. 1545-0112 | 1099-A, Acquisition or Abandonment of Secured Property, OMB 1545-0877 | 1099-E, Student Loan Interest Statement, OMB No. 1545-1576 | |
| | | | | | 1099-DIV, Dividends and Distributions, OMB No. 1545-0110 | 1099-B, Proceeds from Broker and Barter Exchange Transactions, OMB 1545-0715 | 1099-S, Proceeds from Real Estate Transactions, OMB No. 1545-0997 | |
| | | | | | 1099-OID, Original Issue Discount, OMB No. 1545-0117 | 1099-C, Cancellation of Debt, OMB No. 1545-1424 | 1098, Mortgage Interest Statement, OMB No. 1545-0901 | |
| | | | | | 1099-MISC, Miscellaneous Income, OMB No. 1545-0115 | | | |
| This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines it has not been reported. | | | | | 1098 - MORTGAGE | | | |
| 1099-A, 1099-C | | | | | *Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. | | | |
| This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. | | | | | The information next to boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return. | | | |
| 1099-S | | | | | | | | |
| This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported. | | | | | | | | |

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS