2010 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

Form **990-E**Z

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-1150

2010

Open to Public Inspection

		e 2010 calendar year, or tax year beginning , 2010, and ending	mployer id	stification number	
뭐		applicable: C	Employer identification number 33-0312364		
\vdash		Dioda contoir or ourrecting, and			
	Name c	1.0. Box 2005	Telephone number		
H	Initial re		$(310)^{-2}$	267-8102	
H		F G	roup Exer	mption	
Ħ		tion pending N	umber		
G	Accou	ınting Method: Cash X Accrual Other (specify) ► H Check ► [X if the c	organization is not	
		ite: N/A required to	attach So	chedule B (Form	
J	Tax-ex	empt status (ck only one) — 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 990, 990-E			
	\$50,0 organ	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are no one. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (sization chooses to file a return, be sure to file a complete return.	see instru	ot more than actions). But if the	
L	Add li asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al . ►\$	77,078.	
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruc-	ctions to	or Part I.)	
		Check if the organization used Schedule O to respond to any question in this Part I		<u>X</u>	
	1	Contributions, gifts, grants, and similar amounts received			
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments		76,799.	
	4	Investment income		279.	
	5a	Gross amount from sale of assets other than inventory 5a			
		Less: cost or other basis and sales expenses			
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c		
	6	Gaming and fundraising events			
R	10.75	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
V		Gross income from fundraising events (not including \$ of contributions			
REVERU	~		120		
Ĕ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	C	Less: direct expenses from gaming and fundraising events	1962		
		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			
	b	Less: cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c		
	8	Other revenue (describe in Schedule O)			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	> 9	77,078.	
	10	Grants and similar amounts paid (list in Schedule O)	. 10		
	11	Benefits paid to or for members	. 11		
Ê	12	Salaries, other compensation, and employee benefits	. 12		
EXPENSES	13	Professional fees and other payments to independent contractors	. 13	53,180.	
N	14	Occupancy, rent, utilities, and maintenance		19 94	
Ē	15	Printing, publications, postage, and shipping	. 15		
5	16	Other expenses (describe in Schedule O)	. 16	10,239.	
	17	Total expenses. Add lines 10 through 16	▶ 17	63,419.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	13,659.	
	A 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	r		
N E	S	figure reported on prior year's return)	. 19	243,276.	
Τ!	19 S E T 20	Other changes in net assets or fund balances (explain in Schedule O)	. 20		
	s 21	Net assets or fund balances at end of year. Combine lines 18 through 20	≥ 21	256,935.	
B/	AA Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)	

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

Par	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									
	Check if the organization used Sche	dule O to respond to any que	ston in this r are i	(A	Beginning of yea	r	(B) End of year			
22	Cash, savings, and investments				243,276.		256,935.			
23	Land and buildings	****				23				
24	Other assets (describe in Schedule O) _)		242 276	24	256,935.			
25	Total assets			_	243,276.	25 26	256,935.			
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of c	olumn (P) must agree with li	ine 21)	-	243,276.		256,935.			
	t III Statement of Program Serv	ice Accomplishments	(see the instra for I	Part			Expenses			
rai	Check if the organization used Sci	nedule O to respond to any q	uestion in this Par	t III.	IXII	(Requ	uired for section			
What						501(0	c)(3) and 501(c)(4) nizations and section			
Desc	is the organization's primary exempt purpose? See tribe what was achieved in carrying out the ribe the services provided, the number of	organization's exempt purpo	oses. In a clear an	d co	ncise manner,	4947	(a)(1) trusts; optional			
prog	ram title.	persons benefited, and other	Tolovani illioimati	011 10	, cucii	for ot	hers.)			
28	See Schedule 0									
	(Grants \$) If thi		ants check here			28 a				
29	(Grants \$) ii tiii					200				
23										
						10				
	(Grants \$) If thi	s amount includes foreign gra	ants, check here			29 a				
30										
	(O	s amount includes foreign gr	ants check here			30 a				
21	(Grants \$) If this Other program services (describe in Sch	s amount includes loreign gr	arits, check here							
31	(Grants \$) If thi	s amount includes foreign gr	ants, check here		▶□	31 a				
32	Total program service expenses (add lir	nes 28a through 31a)				32				
Pa	rt IV List of Officers, Directors,	Trustees, and Key Emp	oloyees. List each o	one ev	en if not compensated.	(see t	he instructions for Part IV.)			
	Check if the organization used So	thedule O to respond to any o	question in this Pa	rt IV.	(d) Contributions		(a) Expense account			
	(a) Name and address	(b) Title and average hours per week devoted	not paid, enter -	0)	employee benefit plan	s and	(e) Expense account and other allowances			
		to position	The second of th		deferred compensat	tion				
	ger_Svoboda	Past-President 5.00		0.		0.	0.			
21	O Masonic Avenue n Francisco, CA 94118-4496	5.00								
	eve Ferraiuolo	President		0.		0.	0.			
10	536 Peter A. McCuen Blvd.	10.00								
Ma	ther, CA 95655-4128									
	eg Gallion	President-Elect		0.		0.	0.			
59	01 Truxton Avenue	7.00								
	kersfield, CA 93309	Treasurer		0.		0.	0.			
	m Bumerts, MT 7 Westwood Plaza, B403	8.00		0.		٥.				
	s Angeles, CA 90095-7418	0.00								
	ura Williston	Secretary		0.		0.	0.			
	24 Harrison Avenue	5.00								
Eu	reka, CA 95501-3229									
					1					
20 ==							W = 30.2%-1 = 1			
						2				
					1					

Par	tV Other Information (Note the statement requirements in the instructions for Part V.)			П
	Check if the organization used Schedule O to respond to any question in this Part V	Ť	Yes	No
	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	100	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	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ł	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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. 37a 0.			
ı	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
38 8	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		Х
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities			
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			
	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		1000
	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			
9	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	-		
	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	1000	Х
41	List the states with which a copy of this return is filed ►CA			
42	a The organization's	267	_01(12
	books are in care of Pam Bumerts 1elephone no. Pam Bumerts 20095	- 201	50T	14
	a The organization's books are in care of ▶ Pam Bumerts Located at ▶ 757 Westwood Plaza, Suite B403 Los Angeles CA ZIP + 4 ▶ 90095		<u>-</u>	
			Yes	No
	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		Х
	If 'Yes,' enter the name of the foreign country: ►			1300
	O. W. C. W. C.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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		Х
		120		
	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		▶	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		-	N/A
			Yes	1
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		Х
	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		Х
	c Did the organization receive any payments for indoor tanning services during the year?			Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	=385		
_	Schedule O	44 d		(2010)
BA	A TEEA0812L 02/18/11	orm 99	リーにん	(2010)

Form 990-E 2	z (2010) Blood Centers of Ca	lifornia, Inc.			33-0312	2364	P	age 4
			on seeds	No. of the second			Yes	No
45 Is any	related organization a controlled entity of	of the organization with	in the meani	ng of section	512(b)(13)?	45		X
a Did the of sect	e organization receive any payment from tion 512(b)(13)? If 'Yes,' Form 990 and S	n or engage in any tran: Schedule R may need t	saction with a o be complet	a controlled of ted instead of	entity within the meani f Form 990-EZ (see ins	ng st.) 45a		X
46 Did the	e organization engage, directly or indirectly and indirectly are sometimes of the solution of	tly, in political campaid	an activities of	on behalf of o	or in opposition to	100		Х
Part VI	Section 501(c)(3) organizations	and section 49470	a)(1) none	exempt cha	aritable trusts only	y. All sed	ction	
	501(c)(3) organizations and sec	tion 494/(a)(1) not	nexempt c	naritable tr	rusts must answer	question	าร	
	47-49b and 52, and complete th							
	Check if the organization used Schedul	e O to respond to any o	question in th	nis Part VI			Yes	No
47 Did the	e organization engage in lobbying activit	ies? If 'Yes ' complete	Schedule C.	Part II		47	103	
48 Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' com	plete Schedu	le E	48		0.24.
	e organization make any transfers to an							
	s,' was the related organization a section					49b		
50 Comple	lete this table for the organization's five yees) who each received more than \$10	highest compensated e	mployees (or	ther than offi	cers, directors, trustee there is none, enter 'N	s and key one.'		
		(b) Title and average	(c) Compe	ensation (d	Contributions to employee benefit plans and	(e) E>	pense	
(a) l	Name and address of each employee paid more than \$100,000	hours per week devoted to position			deferred compensation	other all		5
	4.49					-10-	-	
f Total	number of other employees paid over \$	100 000				-	200	
51 Comp	lete this table for the organization's five	highest compensated i	ndependent	contractors w	ho each received mor	e than \$10	0,000	of
comp	ensation from the organization. If there i	s none, enter 'None.'				(c) Com	-	
	(a) Name and address of each independent conf	ractor paid more than \$100,000	U .	-	b) Type of service	(0) 0011	pensatio	
	number of other independent contractor			· · · · · · · · · · · · · · · · · · ·				-
charit	ne organization complete Schedule A? N table trusts must attach a completed Sch	nedule A				. ► Ye	s [No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this retur and complete. Declaration of preparer (other than office	n, including accompanying sch cer) is based on all information	edules and stater of which prepare	ments, and to the er has any knowle	best of my knowledge and be edge.	elief, it is	-800-0	
					Date			
Sign	Signature of officer			,				
Here	Pam Bumerts Type or print name and title.				reasurer			
	Print/Type preparer's name	Preparer's signature	- 30 - 400	Date	Check X if P	ΓIN		-50000
Paid	Gary L. Woehl, CPA	Hory 2. Woll	CPA	6/06/11	1	001692	56	
Preparer	Firm's name ► Gary L. Woehl,	CPA	•	11/2-20				
Use Only	Firm's address ► 3439 Brookside		1		Firm's EIN ►	94-262		
Marriage	Stockton, CA 95		uctions		Phone no. (20	9) 951- . ►X Ye	999	9 No
BAA	S discuss this return with the preparer s	nown above: See instr	uctions			Form 99		

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

33-0312364 Blood Centers of California, Inc 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.

2010	Schedule O - Supplemental Information	Page 2
Client 40	Blood Centers of California, Inc.	33-0312364
6/06/11 Form 990-EZ, Part Other Expenses	I, Line 16	05:20PN
Conferences, Conferences, Conferences, Conference Confe	sonventions, and Meetings resements Total \$\frac{1}{2}\$	67. 5,745. 394. 1,985. 10. 1,497. 541. 10,239.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

internar revenu	e Service 1 ne d Ser	oute uppi	iodalon for edon returni			
	re filing for an Automatic 3-Month Extension, con					▶ 🏻
	re filing for an Additional (Not Automatic) 3-Mont		보기 가는 사람들이 하는 아니라 아니라 아니라 나를 살아가 되었다.			
	plete Part II unless you have already been grante		(1996) (1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1997) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977) 1977)			
corporation request an e Associated	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which miling of this form, visit www.irs.gov/efile and click of this can be seen that the control of the c	automatic) Part I or Paust be sent) 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructi	ctronic format	cally file Fo tion Return	orm 8868 to for Transfers
	Automatic 3-Month Extension of Time.					
	on required to file Form 990-T and requesting an a			comple	ete Part I c	valv ▶ □
	rporations (including 1120-C filers), partnerships,					
moonio tan	Name of exempt organization			Emplo	ver identificat	tion number
Type or					•	
print	Blood Centers of California,	Γnα		33-	0312364	1
File by the	Number, street, and room or suite number. If a P.O. box, see in			33	0312304	<u> </u>
due date for	P.O. Box 2569					
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress see instr	uctions			
		1033, 300 man	401013.			
	Sacramento, CA 95814					
Enter the Re	eturn code for the return that this application is fo	r (file a sep	parate application for each return)			03
Application Is For		Return Code	Application Is For	->-		Return Code
Form 990 01 Form 990-T (corporation)						07
Form 990-B	L	02	Form 1041-A		08	
Form 990-E	Z	03	Form 4720		09	
Form 990-P		04	Form 5227		10	
	(section 401(a) or 408(a) trust)	05	Form 6069		11	
**************************************	(trust other than above)	06	Form 8870		12	
Telephor If the or If this is check the exter 1 I request the exter The exter The exter The exter The exter Telephor The exter Telephor The exter The ext	as are in the care of . ▶ Pam Bumerts The No. ▶ (310) 267-8102 The ganization does not have an office or place of busing for a Group Return, enter the organization's four his box . ▶ . If it is for part of the group, check the group is for. The group Return is for part of the group, check the group is for. The group Return is for part of the group, check the group is for. The group Return is for the group is for a corporate standard in the group is for the organization's return for: The group Return is for the group is for the group is for the group is for the organization's return for: The group Return is for the group	siness in the digit Group k this box. ation require ganization r	exemption Number (GEN) If and attach a list with the names a ed to file Form 990-T) extension of time eturn for the organization named above.	this is	for the wh	nole group,
2 If the	tax year entered in line 1 is for less than 12 mont nange in accounting period		The state of the s	al retu	ırn	
3a If this nonrel	application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions	720, or 606	9, enter the tentative tax, less any	3a	\$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al	lowed as a	credit	3 b	\$	0.
	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See					0.
payment ins			s Form 8868, see Form 8453-EO and For	m 887		0 (01 0011)
DAA FORP	aperwork Reduction Act Notice, see Instructions	•			Form 886	8 (Rev. 1-2011)

Client 40 Blood Centers of California, Inc. 6/06/11 Investment Income - Interest on Savings: Wells Fargo Bank \$ Wells Fargo Bank Wells Fargo Bank Total \$ Investment Income - Interest on Savings Bank Bank Bank Bank Bank Bank Bank Bank	Page 1 33-0312364 05:20PM 101. 20841. 268.
Investment Income - Interest on Savings: Wells Fargo Bank \$ Wells Fargo Bank Bank Total Investment Income -	05:20PM 101. 208. -41.
Investment Income - Interest on Savings: Wells Fargo Bank \$ Wells Fargo Bank - Early Withdrawal Penalty. Total \$ Investment Income -	101. 208. -41.
Wells Fargo Bank \$ Wells Fargo Bank \$ Wells Fargo Bank - Early Withdrawal Penalty. Total \$ Investment Income -	208. -41.
Wells Fargo Bank - Early Withdrawal Penalty Total \$ Investment Income -	208. -41.
Investment Income -	
Wells Fargo Advantage Funds \$ Total \$	11. 11.

orm 99	90-EZ (2010) Blood Centers of C	alifornia, Inc			33-0312	364	F	age
45 Is	any related organization a controlled entity	of the organization wit	hin the me		E- 5104.440.0	F	Yes	No
a Di	d the organization receive any payment from section 512(b)(13)? If 'Yes,' Form 990 and	m or engage in any tra	nsaction w	ith a controlle	tion 512(b)(13)? ed entity within the meaning	45	10727	X
46 Di	d the organization engage directly or indicate	Schedule R may need	to be com	pleted instea	d of Form 990-EZ (see ins	t.) 45 a	Autora	X
ca	d the organization engage, directly or indire indidates for public office? If 'Yes,' complete the section FOTON'S	e Schedule C, Part I	ign activitie	es on behalf	of or in opposition to	46	721 W	Х
Part V	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	s and section 4947	(a)(1) no	nexempt of	shouldable dureds and	Α 11	ction ns	
	Check if the organization used Schedu							П
47 Did							Yes	No
48 Is	d the organization engage in lobbying activi the organization a school as described in so	ties? If 'Yes,' complete	Schedule	C, Part II		47		
45 a DI	the organization make any transfers to an	exempt non-charitable	related or	ganization?		100		
DIT	res, was the related organization a section	1 527 organization?			39	10 h		
50 Co	mplete this table for the organization's five aployees) who each received more than \$10	highest compensated e	employees	(other than o	officers, directors, trustees	and key		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Cor	mpensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour other allo	nt and	\$
								_
						255-000-0	-0-	
				150				
51 Cor	mplete this table for the organization's five inpensation from the organization. If there is (a) Name and address of each independent controls.	none, enter none.		t contractors	who each received more t	(c) Compe		
				+				
				1				
d Tota	al number of other independent contractors	and receiving aver \$1	00.000				nany na	
52 Did char	the organization complete Schedule A? Not ritable trusts must attach a completed Sche	te: All section 501(c)(3)) organizat	ions and 494	▶	Yes		No
Jnder penal true, correct	ties of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	including accompanying sched) is based on all information of	ules and state f which prepar	ements, and to the	e best of my knowledge and belief,	it is		1.10
	Signature of officer	mmer			× 7/6/11			
Sign Here	Pam Bumerts				Date		100	
	Type or print name and title.				<u> </u>			
42.72	Annual Control of the	Preparer's signature		Date	Check X if PTIN			
aid reparer	Gary L. Woehl, CPA	Lary 2. World	CPA	6/06/11		169266		
se Only	Firm's name Gary L. Woehl, C. 3439 Brookside Ro	oad, Suite 201				0.00		
1501 	Stockton, CA 952					-26248 951-99		
lay the IF	RS discuss this return with the preparer sho		tions			X Yes	N	
BAA						orm 990-E		

2010 California Exempt Organization Annual Information Return

FORM 199

Calendar	year 2010 or fiscal year begin							100
			day year		ending month	day		/ear
A FIIST		B Type of organization		ction 23701 E	(insert letter)	CO	RP#	
Corporation	X No /Organization Name		IRC Section 4947	(a)(1) trust			-142366	9
						FE	IN	
Address	CENTERS OF CALIFOR	RNIA, INC.				33	3-03123	64
	2011 0560							
P.O.	BOX 2569			-				
OT CO						Stat	e ZIP Code	
	MENTO, CA 95814		Name of the second					
	ed Return?		X No	contributions, ch	neck box. See General In	struction F		
	u a subordinate/affiliate in a group ex	emption?. Yes	X No		equired			•
a Is th	is a group filing for affiliates? General Instruction L				od used 1 🔲 Cas		X Accrual	3 Other
			No I	If exempt under	R&TC Section 23701d, It in any political campaign	as the org	anization dur	ing the year:
	es,' enter the number of affiliates			iculsiation of an	v Danor measure, or (3)	made an e	lection under	
	all affiliates included?	Yes	∐ No	R& IC Section 2:	3704.5 (relating to lobbyi ach form FTB 3509, Pol	na hy nuhl	ic charities \2	If 'Voc !
	lo,' attach a list. See instructions.)			Section 22701d C	organizations	iucai of Le	yısıauve Actı	7. [
by a	s a separate return filed by an organiz group ruling?	zation covered	□No I				ACCOUNT TO CO.	Yes No
e Fede	ral Group Exemption Number			articles of incorn	tion have any changes in oration, or bylaws that I	nave not he	on reported	to the
flsar	oster of subordinates attached?	Yes	No	Franchise Tax Bo	pard! If 'Yes,' complete	an explana	tion and attac	ch copies
E Final re) [] [es	□ M0		nents			Yes X No
• [Dissolved • Surrendere	ed (Withdrawn)	ĸ		on exempt under R&TC S			Yes X No
•	Merged/Reorganized (attach explan		1.50	If 'Yes,' enter am	nount of arass receipts f	rom		7 1co [V] 140
If a box	is checked, enter date			nonmember sour	ces	\$		
	he box if the organization filed the foll-		dulo:	Is the organization	n under audit by the IRS	or has th	е	
1 •		3 • (Schedule H) 990		IRS audited in a	prior year?		•	Yes X No
G If organ	ization is exempt under R&TC Section	23701d and is evaluation and	M		n a Limited Liability Co		● _	Yes X No
educatio	onal, or charitable, and is supported pr	rimarily (50% or more) by p	eligious, N ublic	report taxable inc	ion file Form 100 or For come?	m 109 to	• [Yes X No
Part I	Complete Part I unless not i			nstructions B a	and C			res A No
	1 Gross sales or receipts	from other sources. F	rom Side 2, Part	II. line 8.		1		279.
	2 Gross dues and assess	sments from members	and affiliates		•	2		76,799.
Receipts and	3 Gross contributions, gir	fts, grants, and similar	amounts receive	d		3		10, 199.
Revenues	 3 Gross contributions, gifts, grants, and similar amounts received. 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 						144 T. A. S. S	Shi Isha
	This line must be com	pleted. If the result is	less than \$25,000	see General I	nstruction R	4	1 1 1 1 1 1 1	
	5 Cost of goods sold		, , , , , , , , , , , , , , , , , , , ,	• 5	instruction b •		156° + 18° - 11'9.	77,078.
	6 Cost or other basis, an	d sales expenses of a	ssets sold	6				
	7 Total costs. Add line 5	and line 6		•		7	11 12974	
	o Total gross income. Su	btract line 7 from line	4		_	7 8		77 070
Expenses	9 Total expenses and dis	bursements. From Sig	le 2, Part II, line 1	8		9		77,078.
-vhelises	10 Excess of receipts over	expenses and disburg	sements. Subtract	line 9 from line		10		63,419.
100000000000000000000000000000000000000	11 Filing fee \$10 or \$25. S	See General Instruction	1 F	5 110111 1111	· · · · · · · · · · · · · · · ·	11		13,659.
Filing	12 Total payments					12		10.
Fee	13 Penalties and Interest.	See General Instruction	on J					
	14 Use tax. See General Ir	nstruction K				13	-5	
	1 13 Dalance due Add line	11 line 12 and line 1	1			14		
	I nen subtract line 12 fr	om the result				15		10.
Sign	Under penalties of perjury, I declare the correct, and complete. Declaration of p	nat I have examined this return preparer (other than taxpaver)	n, including accompanyi	ng schedules and st	atements, and to the bes	t of my kno	wledge and b	elief, it is true,
Here			Title	milli prepar	Date		elephone	
	Signature of officer	nners	TREASURER					
1000	Preparer's P	,	INDADURER	Date	₹ 7/6/11 Check		0) 267 Preparer's PTI	
aid .	signature Hosey d. L	woll CPA		6/06/11		7.75	169266	MOOM
reparer's se Only	Firm's name ARY L.	WOEHL, CPA			T I I I		EIN	
	(or yours, if self-employed) ► 3439 BR(OOKSIDE ROAD,	SUITE 201				262488	0
ì		N, CA 95219					elephone	
l	# 10 A 10					120	9) 951-	-9999
	May the FTB discuss this ret	urn with the preparer s	shown above? See	e instructions		. • 5	Yes	
							1 162	No