

2011 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 6, 2012

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

Dear Pam:

Enclosed is your 2011 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before August 15, 2012 to:

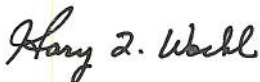
DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2011 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by December 17, 2012. Mail the California return on or before December 17, 2012 and make the check payable to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

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

Sincerely,



Gary L. Woehl, CPA

**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)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning _____, **2011, and ending** _____,

| | | |
|--|--|---|
| B Check if applicable: | C | D Employer identification number |
| <input type="checkbox"/> Address change | Blood Centers of California, Inc. P.O. Box 2569 Sacramento, CA 95814 | 33-0312364 |
| <input type="checkbox"/> Name change | | E Telephone number |
| <input type="checkbox"/> Initial return | | (310) 267-8102 |
| <input type="checkbox"/> Terminated | | F Group Exemption Number |
| <input type="checkbox"/> Amended return | | |
| <input type="checkbox"/> Application pending | | |

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀(insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 73,127.

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

| | | | |
|--|---|---------|----------|
| R E V E N U E | 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 | 72,799. |
| | 4 Investment income | 4 | 328. |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b 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 | | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d 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 | | |
| b Less: cost of goods sold | 7b | | |
| c 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 | 73,127. | |
| E X P E N S E S | 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 | 55,485. |
| | 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 | 13,200. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 68,685. |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 4,442. | |
| A S S E T S | 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 | 256,935. |
| | 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 | 261,377. |

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

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

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | 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). | | 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)? | | 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. | | |
| 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. | | 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. | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | 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: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | | |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0. | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. | | X |
| 41 List the states with which a copy of this return is filed ▶ CA | | |

42a The organization's books are in care of ▶ Pam Bumerts Telephone no. ▶ (310) 267-8102
 Located at ▶ 757 Westwood Plaza, Suite B403 Los Angeles CA ZIP + 4 ▶ 90095-7418

| | 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)? If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: . . . ▶ _____ | | X |

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. ▶ **43** N/A

| | Yes | No |
|--|-----|----|
| 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | 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. | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | | 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. | | |
| 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? | | 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). | | 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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

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.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and 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 |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Pam Bumerts Date: _____
 Type or print name and title: Treasurer

Paid Preparer Use Only
 Print/Type preparer's name: Gary L. Woehl, CPA Preparer's signature: Gary L. Woehl, CPA Date: 6/06/12
 Firm's name: Gary L. Woehl, CPA Check if self-employed PTIN: P00169266
 Firm's address: 3439 Brookside Road, Suite 201 Stockton, CA 95219 Firm's EIN: 94-2624880
 Phone no.: (209) 951-9999

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

Blood Centers of California, Inc.

33-0312364

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

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

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

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

Client 40

Blood Centers of California, Inc.

33-0312364

6/06/12

02:47PM

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

| | | |
|-------------------------------|----------|----------------|
| Conferences and Meetings..... | \$ | 10,558. |
| Dues..... | | 94. |
| Filing Fee..... | | 10. |
| Insurance..... | | 1,736. |
| Office Expenses..... | | 352. |
| Web Design..... | | 450. |
| | Total \$ | <u>13,200.</u> |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- 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 <small>File by the due date for filing your return. See instructions.</small> | <small>Name of exempt organization or other filer, see instructions.</small> | <small>Employer identification number (EIN) or</small> |
| | Blood Centers of California, Inc. | <input checked="" type="checkbox"/> 33-0312364 |
| | <small>Number, street, and room or suite number. If a P.O. box, see instructions.</small> | <small>Social security number (SSN)</small> |
| | P.O. Box 2569 | <input type="checkbox"/> |
| | <small>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</small> | |
| | 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 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

● The books are in the care of. ▶ Pam Bumerts -----

Telephone No. ▶ (310) 267-8102 ----- FAX No. ▶ (310) 267-3552 -----

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20 11 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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

Client 40

Blood Centers of California, Inc.

33-0312364

6/06/12

02:47PM

**Investment Income -
Interest on Savings:**

| | | |
|-----------------------|----|-------------|
| Wells Fargo Bank..... | \$ | 317. |
| Total | \$ | <u>317.</u> |

**Investment Income -
Dividend Income:**

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

California Exempt Organization Annual Information Return

Calendar Year 2011 or fiscal year beginning month day year, and ending month day year
Corporation/Organization Name BLOOD CENTERS OF CALIFORNIA, INC.
Address (suite, room, or PMB no.) P.O. BOX 2569
City SACRAMENTO, CA 95814
California corporation number D-1423669
FEIN 33-0312364

A First Return. B Amended Return. C IRC Section 4947(a)(1) trust. D Final Return. E Check accounting method. F Federal return filed. G Is this a group filing for the subordinates/affiliates? H Is this organization in a group exemption? I Did the organization have any changes in its activities...

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign... K Is the organization exempt under R&TC Section 23701g? L If organization is exempt under R&TC Section 23701d and is exclusively religious... M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year?

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

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line items for gross sales, dues, contributions, total gross receipts, cost of goods sold, total costs, total gross income, total expenses, and balance due.

Sign Here: Declaration of preparer. Signature of officer: GARY L. WOEHL, CPA. Title: TREASURER. Date: 6/06/12. Telephone: (310) 267-8102. Paid Preparer's Use Only: Preparer's signature: Gary L. Woehl, CPA. Firm's name: GARY L. WOEHL, CPA. Address: 3439 BROOKSIDE ROAD, SUITE 201, STOCKTON, CA 95219. Telephone: (209) 951-9999.

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

| | | | | |
|------------------------------------|----|---|----|---------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | |
| | 2 | Interest | 2 | 317. |
| | 3 | Dividends | 3 | 11. |
| | 4 | Gross rents | 4 | |
| | 5 | Gross royalties | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | 6 | |
| | 7 | Other income. Attach schedule | 7 | |
| | 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 | 328. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | 9 | |
| | 10 | Disbursements to or for members | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule... SEE STATEMENT 1 | 11 | 0. |
| | 12 | Other salaries and wages | 12 | |
| | 13 | Interest | 13 | |
| | 14 | Taxes | 14 | |
| | 15 | Rents | 15 | |
| | 16 | Depreciation and depletion (See instructions) | 16 | |
| | 17 | Other Expenses and Disbursements. Attach schedule... SEE STATEMENT 2 | 17 | 68,685. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | 18 | 68,685. |

| Schedule L Balance Sheets | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|----------|---------------------|----------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 256,935. | | 261,377. |
| 2 Net accounts receivable | | | | |
| 3 Net notes receivable | | | | |
| 4 Inventories | | | | |
| 5 Federal and state government obligations | | | | |
| 6 Investments in other bonds | | | | |
| 7 Investments in stock | | | | |
| 8 Mortgage loans | | | | |
| 9 Other investments Attach schedule | | | | |
| 10a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | | |
| 12 Other assets. Attach schedule | | | | |
| 13 Total assets | | 256,935. | | 261,377. |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | | | |
| 15 Contributions, gifts, or grants payable | | | | |
| 16 Bonds and notes payable | | | | |
| 17 Mortgages payable | | | | |
| 18 Other liabilities. Attach schedule | | | | |
| 19 Capital stock or principle fund | | | | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 Retained earnings or income fund | | 256,935. | | 261,377. |
| 22 Total liabilities and net worth | | 256,935. | | 261,377. |

| Schedule M-1 Reconciliation of income per books with income per return | | | | |
|---|---|--------|----|--|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | | |
| 1 | Net income per books | 4,442. | 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 | 4,442. | | |
| | | | | 4,442. |

Client 40

Blood Centers of California, Inc.

33-0312364

6/06/12

02:47PM

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

Current Officers:

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|---|--|-------------------|----------------------------------|------------------------------|
| Roger Svoboda 270 Masonic Avenue San Francisco, CA 94118-4496 | Past-President 5.00 | \$ 0. | \$ 0. | \$ 0. |
| Steve Ferraiuolo 10536 Peter A. McCuen Blvd. Mather, CA 95655-4128 | President 10.00 | 0. | 0. | 0. |
| Greg Gallion 5901 Truxton Avenue Bakersfield, CA 93309 | President-Elect 7.00 | 0. | 0. | 0. |
| Pam Bumerts, MT 757 Westwood Plaza, B403 Los Angeles, CA 90095-7418 | Treasurer 8.00 | 0. | 0. | 0. |
| Laura Williston 2524 Harrison Avenue Eureka, CA 95501-3229 | Secretary 5.00 | 0. | 0. | 0. |
| Total | | \$ 0. | \$ 0. | \$ 0. |

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

| | |
|-------------------------------|-------------------|
| Accounting Fees..... | \$ 5,085. |
| Conferences and Meetings..... | 10,558. |
| Dues..... | 94. |
| Filing Fee..... | 10. |
| Insurance..... | 1,736. |
| Lobbying fees..... | 44,100. |
| Management fees..... | 6,300. |
| Office Expenses..... | 352. |
| Web Design..... | 450. |
| Total | \$ 68,685. |

6/06/12

02:49PM

**Investment Income -
Interest on Savings:**

| | | |
|-----------------------|----|-------------|
| Wells Fargo Bank..... | \$ | 317. |
| Total | \$ | <u>317.</u> |

**Investment Income -
Dividend Income:**

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