

**2012 Exempt Org. Return**  
prepared for:

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

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

CLIENT 40

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

May 22, 2013

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

Dear Pam:

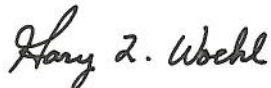
Your 2012 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

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

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

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

Sincerely,



Gary L. Woehl, CPA

**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)

OMB No. 1545-1150

**2012**

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 2012 calendar year, or tax year beginning , 2012, and ending ,

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p>Blood Centers of California, Inc.                  P.O. Box 2569                  Sacramento, CA 95814</p>	<p><b>D</b> Employer identification number                  33-0312364</p> <p><b>E</b> Telephone number                  (310) 267-8102</p> <p><b>F</b> Group Exemption Number..... ▶</p>
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**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 (check 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 ..... ▶ \$ 72,006.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I .....

		1	
1 Contributions, gifts, grants, and similar amounts received .....		2	
2 Program service revenue including government fees and contracts .....		3	71,785.
3 Membership dues and assessments .....		4	221.
4 Investment income .....			
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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....		9	72,006.
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	53,700.
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	14,361.
17 <b>Total expenses.</b> Add lines 10 through 16 .....		17	68,061.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....		18	3,945.
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	261,377.
20 Other changes in net assets or fund balances (explain in Schedule O) .....		20	
21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 .....		21	265,322.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

**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 .....	261,377.	22	265,322.
23 Land and buildings .....		23	
24 Other assets (describe in Schedule O) .....		24	
25 <b>Total assets</b> .....	261,377.	25	265,322.
26 <b>Total liabilities</b> (describe in Schedule O) .....	0.	26	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .....	261,377.	27	265,322.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)   
 Check if the organization used Schedule O to respond to any question in this Part III.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>See Schedule O</u>		
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.		
28 <u>See Schedule O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) .....		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 <b>Total program service expenses</b> (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.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Steven Ferraiuolo</u> Past-President	5	0.	0.	0.
<u>Greg Gallion</u> President	10	0.	0.	0.
<u>Laura Williston</u> President-Elect	7	0.	0.	0.
<u>Pam Bumerts, MT</u> Sec. / Treas.	10	0.	0.	0.
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**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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> 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>b</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.		
<b>c</b> 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
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b> N/A		
<b>40a</b> 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>b</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.		
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed ▶ None		
<b>42a</b> 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		
<b>b</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
<b>c</b> 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
<b>43</b> 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. ▶ <b>43</b> N/A		
<b>44a</b> 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>b</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
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
<b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>b</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 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.

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

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

49b		
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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f Total number of other employees paid over \$100,000.

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000.

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

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

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

**Paid Preparer Use Only**  
 Print/Type preparer's name: Gary L. Woehl, CPA Preparer's signature: Gary L. Woehl, CPA Date: 5/22/13  
 Firm's name: Gary L. Woehl, CPA Check  if self-employed PTIN: P00169266  
 Firm's address: 3439 Brookside Road, Suite 201 Firm's EIN: 94-2624880  
Stockton, CA 95219 Phone no.: (209) 951-9999

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

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.

Open to Public  
Inspection

Name of the organization

Blood Centers of California, Inc.

Employer identification number

33-0312364

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

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

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

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

Client 40

Blood Centers of California, Inc.

33-0312364

5/22/13

05:48PM

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

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



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

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](http://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**

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	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).

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

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

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

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

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

- ▶  calendar year 2012 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

3 a 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 .....	<b>3 a</b>	\$	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 .....	<b>3 b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3 c</b>	\$	0.

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

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization Blood Centers of California, Inc. Employer identification number 33-0312364

Name and title of officer Pam Bumerts 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>72,006.</u>
3 a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3 b	
4 a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	
5 a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5 b	

#### Part II Declaration and Signature Authorization of Officer

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

#### Officer's PIN: check one box only

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

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

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

Officer's signature ▶ *Gary L. Woehl, CPA* Date ▶ *5/22/13*

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68473407488  
do not enter all zeros

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

ERO's signature ▶ *Gary L. Woehl, CPA* Date ▶ *5/22/13*

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

Client 40

Blood Centers of California, Inc.

33-0312364

5/22/13

05:48PM

**Investment Income -  
Interest on Savings:**

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

**Investment Income -  
Dividend Income:**

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

California Exempt Organization Annual Information Return

Calendar Year 2012 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 State CA ZIP Code 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 23701g2...
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable...
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 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-15).

Sign Here: Signature of officer, Title (TREASURER), Date, Telephone (310) 267-8102.
Paid Preparer's Use Only: Preparer's signature (Gary L. Woehl, CPA), Date (5/22/13), Firm's name and address (3439 Brookside Road, Suite 201, Stockton, CA 95219), Telephone (209) 951-9999.