

Directors:

David A. Bryson, CPA
Gary A. Wintermeyer, CPA
Bradford M. Hair, CPA
Jeanne A. Potter, CPA
Daniel J. O'Hare, CPA
Kathi Niffenegger, CPA
Fred W. Bogart, CPA
Allen E. Eschenbach, CPA
Michael T. Gaudel, CPA
R. Lance Cowart, CPA



CERTIFIED PUBLIC ACCOUNTANTS
TAX AND BUSINESS ADVISORS

Directors Emeritus:
Fred L. Glenn
Stephen A. Burdette
David W. Phillips, CPA

Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95812-2569

Enclosed is the organization's 2003 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

Please sign and mail on or before November 15, 2004.

Mail to - Internal Revenue Service Center
Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

Mail to - Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0701

Please sign and mail Form 199 on or before December 15, 2004.

Enclose a check for \$10.

Make check payable to Franchise Tax Board.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, request may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We have enclosed mailing envelopes for your convenience in filing the return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

GBP&B Tax and Business Advisors

GBP&B Tax and Business Advisors

YEAR
2003

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning	MONTH JANUARY	DAY 1	YEAR 2003	and ending	MONTH DECEMBER	DAY 31	YEAR 2003
IMPORTANT: Your number is required.							
California corporation number D-1423669	Federal employer identification number 33-0312364						
Corporation/Organization name BLOOD CENTERS OF CALIFORNIA, INC.				A Final return? <input type="checkbox"/> Yes. Check applicable box <input checked="" type="checkbox"/> No <input type="radio"/> Dissolved <input type="radio"/> Withdrawn <input type="radio"/> Merged/Reorganized (attach explanation)			
Address P.O. BOX 2569				B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120			
City SACRAMENTO, CA				C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/>			
State CA				D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ZIP Code 95812-2569				E Accounting method used ACCRUAL			
				F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 e (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust			

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	910.
	2	Gross dues and assessments from members and affiliates	•	2	79,392.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	•	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	•	4	80,302.
	5	Cost of goods sold		5	
	6	Cost or other basis, and sales expenses of assets sold		6	
	7	Total costs. Add line 5 and line 6		7	
	8	Total gross income. Subtract line 7 from line 4		8	80,302.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	57,532.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	22,770.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F		11	10.
	12	Penalty for failure to file on time. See General Instruction L		12	
	13	Use tax. See instructions		13	
	14	Balance due. Add line 11, line 12, and line 13		14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of DEAN ELLER Daytime telephone (559) 224-2900
located at 3445 NORTH FIRST STREET, FRESNO, CA 93726

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN P00129754
	Firm's name (or yours, if self-employed) and address GBP&B TAX AND BUSINESS SERVICES, INC. 1150 PALM STREET SAN LUIS OBISPO, CA 93401		FEIN 95-2772601	Daytime telephone 805-544-1441

328941/11-29-03

For Privacy Act Notice, get form FTB 1131.

19903104022

Form 199 C1 2003 Side 1

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	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income SEE STATEMENT 1	7	910.
	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	910.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other SEE STATEMENT 3	17	57,532.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	57,532.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		123,196.		118,689.
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 (number of loans _____)				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation	()	()
11 Land				
12 Other assets				
13 Total assets		123,196.		118,689.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 4		45,913.		18,636.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation		57,000.		
21 Retained earnings or income fund		20,283.		100,053.
22 Total liabilities and net worth		123,196.		118,689.

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	22,770.	7	Income recorded on books this year not included in this return	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	22,770.
6	Total Add line 1 through line 5	22,770.			

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INVESTMENT INCOME		910.	
TOTAL TO FORM 199, PART II, LINE 7		910.	

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TOM SCHALLERT 2524 HARRISON, EUREKA, CA 95501	PAST PRESIDENT 2	0.
CHERIE EVANS, MD 6230 CLAREMONT AVE, OAKLAND, CA 94618	PRESIDENT 2	0.
VICKI FINSON 902 LAGUNA, SANTA BARBARA, CA 93101	VICE PRESIDENT 2	0.
DEAN ELLER 3445 N. FIRST ST., FRESNO, CA 93726	TREASURER 2	0.
ROGER SVOBODA 270 MASONIC AV, SAN FRANCISCO CA 95118	SECRETARY 2	0.
CATHY BRYAN 2324 BETHARDS DR, SANTA ROSA CA 95405	CHAIR LEGISLATIVE 2	0.
LEONOR FERNANDO, MD 1625 STOCKTON BLV, SACRAMENTO CA 95816	CHAIR MTAC 2	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
MEETING EXPENSES	6,856.
ACCOUNTING	3,805.
TAXES	10.
MISCELLANEOUS	321.
BANK FEES	40.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	46,500.
TOTAL TO FORM 199, PART II, LINE 17	57,532.

FORM 199	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	45,913.	18,636.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	45,913.	18,636.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BLOOD CENTERS OF CALIFORNIA, INC.		D Employer identification number 33-0312364		
		Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 2569		Room/suite 	E Telephone number (760) 773-4190	
		City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95812-2569		F Group Exemption Number ▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Web site: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **80,302.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9		
Revenue	1 Contributions, gifts, grants, and similar amounts received																	
	2 Program service revenue including government fees and contracts																	
	3 Membership dues and assessments																79,392.	
	4 Investment income																910.	
	5a Gross amount from sale of assets other than inventory																	
	b Less: cost or other basis and sales expenses																	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)																	
	b Less: direct expenses other than fundraising expenses																	
c Net income or (loss) from special events and activities (line 6a less line 6b)																		
7a Gross sales of inventory, less returns and allowances																		
b Less: cost of goods sold																		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)																		
8 Other revenue (describe ▶ _____)																		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																	80,302.	
Expenses	10 Grants and similar amounts paid																	
	11 Benefits paid to or for members																	
	12 Salaries, other compensation, and employee benefits																	
	13 Professional fees and other payments to independent contractors																46,500.	
	14 Occupancy, rent, utilities, and maintenance																	
	15 Printing, publications, postage, and shipping																	
	16 Other expenses (describe ▶ SEE STATEMENT 1)																11,032.	
17 Total expenses (add lines 10 through 16)																	57,532.	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)																22,770.	
	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)																77,283.	
	20 Other changes in net assets or fund balances (attach explanation)																	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)																	100,053.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		123,196.	118,689.
23 Land and buildings			
24 Other assets (describe ▶ _____)			
25 Total assets		123,196.	118,689.
26 Total liabilities (describe ▶ DEFERRED REVENUE)		45,913.	18,636.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		77,283.	100,053.

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE STATEMENT 2
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 THE EXEMPT FUNCTION OF THE PROGRAM EXPENSES IS RELATED TO THE COST OF LOBBYING AT THE STATE LEVEL FOR BLOOD BANK (Grants \$) 28a

29 REGULATIONS AND STANDARDS AND PROMOTION OF COMMON INTERESTS WITHIN THE BLOOD SERVICE AREAS. (Grants \$) 29a

30 (Grants \$) 30a

31 Other program services (attach schedule) (Grants \$) 31a

32 Total program service expenses (add lines 28a through 31a) 32 0.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Content: SEE STATEMENT 3

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.
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 unpaid at the start of the period covered by this return?
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9
40a 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
41 List the states with which a copy of this return is filed. CALIFORNIA
42 The books are in care of DEAN ELLER Telephone no. (559) 224-2900
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer: DEAN ELLER, Treasurer Date: 11/10/04

Paid Preparer's Use Only Preparer's signature: K. Piffeneberg Date: 11/10/04 Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed): GBP&B TAX AND BUSINESS SERVICES, INC. EIN:
address, and ZIP + 4: 1150 PALM STREET SAN LUIS OBISPO, CA 93401 Phone no.: 805-544-1441 Form 990-EZ (2003)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEETING EXPENSES		6,856.	
ACCOUNTING		3,805.	
TAXES		10.	
MISCELLANEOUS		321.	
BANK FEES		40.	
TOTAL TO FORM 990-EZ, LINE 16		11,032.	

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S STATEMENT 2
 PRIMARY EXEMPT PURPOSE

EXPLANATION

LOBBYING AT THE STATE LEVEL FOR BLOOD BANK REGULATIONS AND STANDARDS

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 3
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TOM SCHALLERT 2524 HARRISON, EUREKA, CA 95501	PAST PRESIDENT 2	0.	0.	0.
CHERIE EVANS, MD 6230 CLAREMONT AVE, OAKLAND, CA 94618	PRESIDENT 2	0.	0.	0.
VICKI FINSON 902 LAGUNA, SANTA BARBARA, CA 93101	VICE PRESIDENT 2	0.	0.	0.
DEAN ELLER 3445 N. FIRST ST., FRESNO, CA 93726	TREASURER 2	0.	0.	0.
ROGER SVOBODA 270 MASONIC AV, SAN FRANCISCO CA 95118	SECRETARY 2	0.	0.	0.
CATHY BRYAN 2324 BETHARDS DR, SANTA ROSA CA 95405	CHAIR LEGISLATIVE 2	0.	0.	0.

LEONOR FERNANDO, MD	CHAIR MTAC			
1625 STOCKTON BLV, SACRAMENTO CA	2			
95816		0.	0.	0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

0.	0.	0.
0.	0.	0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

YEAR
2003

California Exempt Organization Annual Information Return

FORM
199

MONTH DAY YEAR MONTH DAY YEAR
For calendar or fiscal year beginning JANUARY 1 2003 and ending DECEMBER 31 2003.

IMPORTANT: Your number is required.

California corporation number
D-1423669

Federal employer identification number
33-0312364

Corporation/Organization name

BLOOD CENTERS OF CALIFORNIA, INC.

Address
P.O. BOX 2569
City State ZIP Code
SACRAMENTO, CA 95812-2569

PMB no.
ZIP Code

A Final return? Yes. Check applicable box. No

Dissolved Withdrawn Merged/Reorganized (attach explanation)

If a box is checked, enter date

B Check forms filed this year: State: 109 100 100S 100W
Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N. Yes No

E Accounting method used ACCRUAL

F Type of organization Exempt under Section 23701 e (insert letter)
 IRC Section 4947(a)(1) trust

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

Receipts and Revenues (Attach check or money order here.)	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	910.
	2	Gross dues and assessments from members and affiliates	2	79,392.
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3		
	This line must be completed. If the result is less than \$25,000, see General Instruction C			
	4	Total gross receipts for filing requirement test. Add line 1 through line 3	4	80,302.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
Expenses	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	80,302.
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	57,532.
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	22,770.
	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Use tax. See instructions	13	
	14	Balance due. Add line 11, line 12, and line 13	14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of DEAN ELLER Daytime telephone (559) 224-2900

located at 3445 NORTH FIRST STREET, FRESNO, CA 93726

Please Sign Here

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

Signature of officer [Signature] Date 11/12/04 Title Treasurer Daytime telephone (559) 224-2900

Paid Preparer's Use Only

Paid Preparer's signature [Signature] Date 11/10/04 Check if self-employed Paid preparer's SSN or PTIN P00129754

Firm's name (or yours, if self-employed) and address GBP&B TAX AND BUSINESS SERVICES, INC. FEIN 95-2772601
1150 PALM STREET
SAN LUIS OBISPO, CA 93401 Daytime telephone 805-544-1441

328941/11-29-03

For Privacy Act Notice, get form FTB 1131.

19903104022

Form 199 C1 2003 Side 1

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	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income SEE STATEMENT 1	7	910.
	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	910.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	
	17	Other SEE STATEMENT 3	17	57,532.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	57,532.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		123,196.		118,689.
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 (number of loans _____)				
9	Other investments				
10	a Depreciable assets				
	b Less accumulated depreciation	()	()	()	()
11	Land				
12	Other assets				
13	Total assets		123,196.		118,689.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 4		45,913.		18,636.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation		57,000.		
21	Retained earnings or income fund		20,283.		100,053.
22	Total liabilities and net worth		123,196.		118,689.

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	22,770.	7	Income recorded on books this year not included in this return	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	22,770.
6	Total Add line 1 through line 5	22,770.			

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INVESTMENT INCOME		910.	
TOTAL TO FORM 199, PART II, LINE 7		910.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TOM SCHALLERT 2524 HARRISON, EUREKA, CA 95501	PAST PRESIDENT 2	0.
CHERIE EVANS, MD 6230 CLAREMONT AVE, OAKLAND, CA 94618	PRESIDENT 2	0.
VICKI FINSON 902 LAGUNA, SANTA BARBARA, CA 93101	VICE PRESIDENT 2	0.
DEAN ELLER 3445 N. FIRST ST., FRESNO, CA 93726	TREASURER 2	0.
ROGER SVOBODA 270 MASONIC AV, SAN FRANCISCO CA 95118	SECRETARY 2	0.
CATHY BRYAN 2324 BETHARDS DR, SANTA ROSA CA 95405	CHAIR LEGISLATIVE 2	0.
LEONOR FERNANDO, MD 1625 STOCKTON BLV, SACRAMENTO CA 95816	CHAIR MTAC 2	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
MEETING EXPENSES	6,856.
ACCOUNTING	3,805.
TAXES	10.
MISCELLANEOUS	321.
BANK FEES	40.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	46,500.
TOTAL TO FORM 199, PART II, LINE 17	57,532.

FORM 199	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	45,913.	18,636.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	45,913.	18,636.

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2003

Form 990-EZ

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

Department of the Treasury
Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BLOOD CENTERS OF CALIFORNIA, INC.		D Employer identification number 33-0312364	
		Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 2569		Room/suite	E Telephone number (760) 773-4190
		City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95812-2569		F Group Exemption Number	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Web site: N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 80,302.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																										
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
b	Less: direct expenses other than fundraising expenses																											
c	Net income or (loss) from special events and activities (line 6a less line 6b)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																											
8	Other revenue (describe _____)																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 80,302.																											
Expenses	10	Grants and similar amounts paid																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors 46,500.																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe SEE STATEMENT 1) 11,032.																										
17	Total expenses (add lines 10 through 16) 57,532.																											
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17) 22,770.																										
	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) 77,283.																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year (combine lines 18 through 20) 100,053.																										

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	123,196.	118,689.
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	123,196.	118,689.
26	Total liabilities (describe DEFERRED REVENUE)	45,913.	18,636.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,283.	100,053.

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 **THE EXEMPT FUNCTION OF THE PROGRAM EXPENSES IS RELATED TO THE COST OF LOBBYING AT THE STATE LEVEL FOR BLOOD BANK**
(Grants \$) 28a

29 **REGULATIONS AND STANDARDS AND PROMOTION OF COMMON INTERESTS WITHIN THE BLOOD SERVICE AREAS.**
(Grants \$) 29a

30
(Grants \$) 30a

31 Other program services (attach schedule) (Grants \$) 31a

32 **Total program service expenses** (add lines 28a through 31a) 32 **0.**

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 3				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		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 unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39 501(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 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 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		N/A
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		N/A
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		N/A
41 List the states with which a copy of this return is filed. CALIFORNIA		
42 The books are in care of DEAN ELLER Telephone no. (559) 224-2900 Located at 3445 NORTH FIRST STREET, FRESNO, CA ZIP + 4 93726		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed) **GBP&B TAX AND BUSINESS SERVICES, INC.** EIN _____

address, and ZIP + 4 **1150 PALM STREET** Phone **805-544-1441**

SAN LUIS OBISPO, CA 93401 no. _____

DESCRIPTION	AMOUNT
MEETING EXPENSES	6,856.
ACCOUNTING	3,805.
TAXES	10.
MISCELLANEOUS	321.
BANK FEES	40.
TOTAL TO FORM 990-EZ, LINE 16	11,032.

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S
PRIMARY EXEMPT PURPOSE STATEMENT 2

EXPLANATION

LOBBYING AT THE STATE LEVEL FOR BLOOD BANK REGULATIONS AND STANDARDS

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TOM SCHALLERT 2524 HARRISON, EUREKA, CA 95501	PAST PRESIDENT 2	0.	0.	0.
CHERIE EVANS, MD 6230 CLAREMONT AVE, OAKLAND, CA 94618	PRESIDENT 2	0.	0.	0.
VICKI FINSON 902 LAGUNA, SANTA BARBARA, CA 93101	VICE PRESIDENT 2	0.	0.	0.
DEAN ELLER 3445 N. FIRST ST., FRESNO, CA 93726	TREASURER 2	0.	0.	0.
ROGER SVOBODA 270 MASONIC AV, SAN FRANCISCO CA 95118	SECRETARY 2	0.	0.	0.
CATHY BRYAN 2324 BETHARDS DR, SANTA ROSA CA 95405	CHAIR LEGISLATIVE 2	0.	0.	0.

BLOOD CENTERS OF CALIFORNIA, INC.

33-0312364

LEONOR FERNANDO, MD CHAIR MTAC
1625 STOCKTON BLV, SACRAMENTO CA 2
95816

0. 0. 0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

0. 0. 0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO