

2004 Exempt Org. Return prepared by:

Gary L. Woehl, CPA
7488 Shoreline Drive Suite A-2
Stockton, CA 95219-5433

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

CLIENT 40

**GARY L. WOHL, CPA
7488 SHORELINE DRIVE SUITE A-2
STOCKTON, CA 95219-5433
(209) 951-9999**

July 21, 2005

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

Dear Roger:

Enclosed is your 2004 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before August 15, 2005 to:

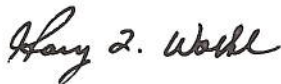
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2004 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 November 15, 2005. Mail the California return on or before November 15, 2005 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. Wohl, CPA

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2004 calendar year, or tax year beginning , 2004, and ending**B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
Blood Centers of California, Inc.
P.O. Box 2569
Sacramento, CA 95814**D** Employer identification number

33-0312364

E Telephone number

(415) 567-6400

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) ►**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Web site: ► N/A**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. ► \$ 98,738.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

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	97,612.
	4	Investment income	4	1,126.
	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 (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here .. <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
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 (line 7a less line 7b)	7c		
8	Other revenue (describe ►	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	98,738.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 1)	16	48,033.
	17	Total expenses (add lines 10 through 16)	17	48,033.
18	Excess or (deficit) for the year (line 9 less line 17)	18	50,705.	
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	100,053.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	150,758.

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 Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	118,689.	22 194,739.
23 Land and buildings		23
24 Other assets (describe ►		24
25 Total assets	118,689.	25 194,739.
26 Total liabilities (describe ► See Statement 2)	18,636.	26 43,981.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100,053.	27 150,758.

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

TEEA0803L 01/07/05

Form 990-EZ (2004)

Part III Statement of Program Service Accomplishments (See Instructions)What is the organization's primary exempt purpose? See Statement 3

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.

Expenses

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

28	<u>See Statement 4</u>		
	(Grants \$)	28 a	
29			
	(Grants \$)	29 a	
30			
	(Grants \$)	30 a	
31	Other program services (attach schedule)	(Grants \$)	31 a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See 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 and deferred compensation	(E) Expense account and other allowances
<u>See Statement 5</u>		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)See Statement 6

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.	37 a	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.	38 b	N/A
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9.	39 a	N/A
b	Gross receipts, included on line 9, for public use of club facilities.	39 b	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.		0.
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization.		0.
41	List the states with which a copy of this return is filed ▶ California		
42	The books are in care of ▶ Roger Svoboda Telephone no. ▶ (415) 749-6603		
	Located at ▶ 270 Masonic Avenue - San Francisco, CA ZIP + 4 ▶ 94118		
43	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. ▶ 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.

COPY

Signature of officer _____ Date _____

Roger Svoboda
Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Gary L. Woehl, CPA Date 7/21/05

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Gary L. Woehl, CPA
7488 Shoreline Drive Suite A-2
Stockton, CA 95219-5433

Check if self-employed ☒ Preparer's SSN or PTIN (See General Instruction W) P00169266

EIN ▶ 94-2624880

Phone no. ▶ (209) 951-9999

BAA

TEEA0812L 01/10/05

Form 990-EZ (2004)

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

▶ 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 ☒ **X**
 - 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.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Blood Centers of California, Inc.	33-0312364
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	P.O. Box 2569	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	Sacramento, CA 95814	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of. ▶ Roger Svoboda

Telephone No. ▶ (415) 749-6603 FAX No. ▶ _____

- 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 20 04 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year 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. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev 12-2004)

Client 40

Blood Centers of California, Inc.

33-0312364

7/21/05

04:57PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges.....	\$	26.
Conferences, Conventions, And Meetings.....		4,904.
Consulting & Professional Fees.....		36,391.
Dues.....		85.
Filing Fees.....		30.
Management Fees.....		6,000.
Penalties.....		50.
Supplies.....		547.
Total	\$	48,033.

Statement 2
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Deferred Revenue.....	\$ 18,636.	\$ 43,981.
Total	\$ 18,636.	\$ 43,981.

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

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

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
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.		
	\$ 0.	\$ 0.

Client 40

Blood Centers of California, Inc.

33-0312364

7/21/05

05:24PM

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Dean Eller 3445 N. First Street Fresno, CA 93726	President-Elect 5	\$ 0.	\$ 0.	\$ 0.
Vicki Finson 4119 Broad Street, Suite 100 San Luis Obispo, CA 93401	President 5	0.	0.	0.
Thomas Schallert 2524 Harrison Avenue Eureka, CA 95501-3229	Past-President 5	0.	0.	0.
Roger Svoboda 270 Masonic Avenue San Francisco, CA 94118	Treasurer 5	0.	0.	0.
Carma Lizza, MT Trans. Med. A4-238 POB 171315 Los Angeles, CA 90024-1713	Secretary 5	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

2004

Federal Supplemental Information

Page 1

Client 40

Blood Centers of California, Inc.

33-0312364

7/21/05

04:57PM

Investment Income -
Interest on Savings:

Wells Fargo Bank.....	\$	1,126.
Total	\$	<u>1,126.</u>

YEAR
2004

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month _____ day _____ year 2004, and ending month _____ day _____ year _____	
IMPORTANT: Your number is required.	
California corporation number D-1423669	Federal employer identification number (FEIN) 33-0312364
Corporation/Organization name Blood Centers of California, Inc.	
Address P.O. Box 2569	PMB no.
City Sacramento, CA 95814	State 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 Fed: ☐ 990
 Fed: ☒ 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 <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8. ●	1	1,126.
	2	Gross dues and assessments from members and affiliates ●	2	97,612.
	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	98,738.
	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	98,738.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	48,033.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	50,705.
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. N/A ☐ 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. Roger Svoboda Daytime telephone (415) 749-6603
 located at 270 Masonic Avenue - San Francisco, CA 94118

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.	
	<div style="text-align: center; font-size: 2em; color: blue; opacity: 0.5;">COPY</div> <div style="display: flex; justify-content: space-between;"> <div>Signature of officer _____</div> <div>Date _____</div> </div>	Treasurer Title _____ ● (415) 567-6400 Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature <div style="text-align: center;"> Gary L. Woehl, CPA </div>	Date 7/21/05 Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> Paid preparer's SSN or PTIN P00169266 FEIN 94-2624880 Daytime telephone (209) 951-9999
	Firm's name (or yours, if self-employed) and address 7488 Shoreline Drive Suite A-2 Stockton, CA 95219-5433	

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	1,126.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	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	1,126.
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	16	
	17	Other. Attach schedule. See Statement 2.	17	48,033.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	48,033.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		118,689.		194,739.
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans ..)				
9	Other investments. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		118,689.		194,739.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule. St. 3.		18,636.		43,981.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		100,053.		150,758.
22	Total liabilities and net worth		118,689.		194,739.

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	50,705.	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.	50,705.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5.	50,705.			

2004

Federal Supplemental Information

Page 1

Client 40

Blood Centers of California, Inc.

33-0312364

7/21/05

05:00PM

Investment Income -
Interest on Savings:

Wells Fargo Bank.....	\$	1,126.
Total	\$	<u>1,126.</u>