

2007 Exempt Org. Return prepared by:

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

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

CLIENT 40

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

June 6, 2008

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

Dear Steve:

Enclosed is your 2007 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page three. No tax is payable with the filing of this return. Mail your Federal return on or before August 15, 2008 to:

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

Enclosed is your 2007 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 15, 2008. Mail the California return on or before December 15, 2008 and make the check payable to:

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

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

Sincerely,



Gary L. Woehl, CPA

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2007

Department of the Treasury
 Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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 2007 calendar year, or tax year beginning , 2007, and ending ,

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>Blood Centers of California, Inc. P.O. Box 2569 Sacramento, CA 95814</p>	<p>D Employer identification number 33-0312364</p> <p>E Telephone number (916) 376-6005</p> <p>F Group Exemption Number</p>
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• 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 Website: ▶ 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 is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$ 76,254.

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		66,621.
	4 Investment income		9,633.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory. Subtract ln 5b from ln 5a (attach schd)	5c	
	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)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	76,254.
	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	4,185.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ _____ See Statement 1)	16	62,489.
	17 Total expenses (add lines 10 through 16)	17	66,674.
	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	9,580.
	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	196,039.
	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	205,619.

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	195,204.	22 205,619.
23 Land and buildings		23
24 Other assets (describe ▶ See Statement 2)	835.	24
25 Total assets	196,039.	25 205,619.
26 Total liabilities (describe ▶ _____)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	196,039.	27 205,619.

Part III Statement of Program Service Accomplishments (See the 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 \$) 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 (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 statement requirement in the instructions.) See Statement 6

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.		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
37 a 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
38 a 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		

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40 a 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.....

	Yes	No
40b	N/A	
40c		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....

41 List the states with which a copy of this return is filed ▶ CA

42 a The books are in care of ▶ Steve Ferraiuolo Telephone no. ▶ (916) 376-6005
 Located at ▶ 1625 Stockton Blvd. Sacramento CA ZIP + 4 ▶ 95816-7089

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:.. ▶ _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?.....
 If 'Yes,' enter the name of the foreign country:.. ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ **43** N/A

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.

Please Sign Here

Signature of officer: Steve Ferraiuolo Date: _____
 Type or print name and title: Treasurer

Paid Preparer's Use Only

Preparer's signature: Gary L. Woehl, CPA Date: 6/06/08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): P00169266
 Firm's name (or yours if self-employed), address, and ZIP + 4: Gary L. Woehl, CPA
3439 Brookside Road, Suite 201
Stockton, CA 95219
 EIN: 94-2624880
 Phone no.: (209) 951-9999

BAA

TEEA0812L 12/27/07

Form 990-EZ (2007)

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.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations 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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

Telephone No. ▶ (916) 376-6005 FAX No. ▶ (916) 374-9161

- 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 section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2007 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	3a	\$	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.	3b	\$	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.	3c	\$	0.

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

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

Client 40

Blood Centers of California, Inc.

33-0312364

6/06/08

05:29PM

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

Advertising.....	\$	300.
Bank Charges.....		17.
Conferences And Meetings.....		11,927.
Consulting & Professional Fees.....		42,000.
Dues.....		94.
Filing Fees.....		30.
Insurance.....		1,605.
Management Fees.....		6,000.
Supplies.....		516.
Total	\$	62,489.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Interest Receivable.....	\$ 835.	\$ 0.
Total	\$ 835.	\$ 0.

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.		
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 0.</u>

**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 North First Street Fresno, CA 93726	President \$ 5.00	0. \$	0. \$	0.
Roger Svoboda 270 Masonic Avenue San Francisco, CA 94118-4496	President-Elect 5.00	0.	0.	0.
Vicki Finson 4119 Broad Street, Suite 100 San Luis Obispo, CA 93401	Past-President 5.00	0.	0.	0.
Steve Ferraiuolo 1625 Stockton Blvd. Sacramento, CA 95816-7089	Treasurer 5.00	0.	0.	0.
Charlie Wilcox 100 Red Cross Circle Pomona, CA 91768	Secretary 5.00	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

Client 40

Blood Centers of California, Inc.

33-0312364

6/06/08

02:34PM

**Investment Income -
Interest on Savings:**

Wells Fargo Bank.....	\$	4,497.
Total	\$	<u>4,497.</u>

**Investment Income -
Dividend Income:**

Wells Fargo Advantage Funds.....	\$	5,136.
Total	\$	<u>5,136.</u>

TAXABLE YEAR
2007

**California Exempt Organization
Annual Information Return**

FORM
199

For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, 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 (including suite, room, or PMB no.) P.O. Box 2569	
City Sacramento, CA	State ZIP Code 95814

A Final return? Check applicable box. Yes 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	9,633.
	2 Gross dues and assessments from members and affiliates ●	2	66,621.
	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	76,254.
	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	76,254.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.	9	66,674.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	9,580.
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 'General Instruction M' ●	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, Form 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. Steve Ferraiuolo Daytime telephone (916) 376-6005
 located at 1625 Stockton Blvd. 95816-7089

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.

Please Sign Here	Signature of officer 	Date	Treasurer Title (916) 376-6005 Daytime telephone
	Paid Preparer's signature Gary L. Woehl, CPA	Date 6/06/08	Check if self-employed <input checked="" type="checkbox"/> ● Paid preparer's SSN or PTIN P00169266
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address 3439 Brookside Road, Suite 201 Stockton, CA 95219		FEIN 94-2624880 ● Daytime telephone (209) 951-9999

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	4,497.
	3	Dividends	3	5,136.
	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	9,633.
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	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 1	17	66,674.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	66,674.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		195,204.		205,619.
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		835.		
13 Total assets		196,039.		205,619.
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				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		196,039.		205,619.
22 Total liabilities and net worth		196,039.		205,619.

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	9,580.	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	9,580.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	9,580.			

6/06/08

05:21PM

Statement 1
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$	4,185.
Advertising.....		300.
Bank Charges.....		17.
Conferences And Meetings.....		11,927.
Consulting & Professional Fees.....		42,000.
Dues.....		94.
Filing Fees.....		30.
Insurance.....		1,605.
Management Fees.....		6,000.
Supplies.....		516.
	Total \$	<u>66,674.</u>

6/06/08

05:29PM

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

Advertising.....	\$	300.
Bank Charges.....		17.
Conferences And Meetings.....		11,927.
Consulting & Professional Fees.....		42,000.
Dues.....		94.
Filing Fees.....		30.
Insurance.....		1,605.
Management Fees.....		6,000.
Supplies.....		516.
Total	\$	<u>62,489.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Interest Receivable.....	\$ 835.	\$ 0.
Total	<u>\$ 835.</u>	<u>\$ 0.</u>

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.		
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 0.</u>

**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 North First Street Fresno, CA 93726	President 5.00	\$ 0.	\$ 0.	\$ 0.
Roger Svoboda 270 Masonic Avenue San Francisco, CA 94118-4496	President-Elect 5.00	0.	0.	0.
Vicki Finson 4119 Broad Street, Suite 100 San Luis Obispo, CA 93401	Past-President 5.00	0.	0.	0.
Steve Ferraiuolo 1625 Stockton Blvd. Sacramento, CA 95816-7089	Treasurer 5.00	0.	0.	0.
Charlie Wilcox 100 Red Cross Circle Pomona, CA 91768	Secretary 5.00	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

6/06/08

02:49PM

**Investment Income -
Interest on Savings:**

Wells Fargo Bank.....	\$	4,497.
Total	\$	<u>4,497.</u>

**Investment Income -
Dividend Income:**

Wells Fargo Advantage Funds.....	\$	5,136.
Total	\$	<u>5,136.</u>