

2008 Exempt Org. Return prepared by:

Gary L. Woehl, CPA
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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 22, 2009

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

Dear Charlie:

Enclosed is your 2008 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before August 15, 2009 to:

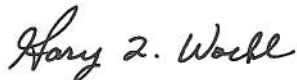
DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2008 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, 2009. Mail the California return on or before December 15, 2009 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)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, **2008, 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</p> <p>33-0312364</p> <p>E Telephone number</p> <p>(909) 859-7020</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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ **85,045.**

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

	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	78,903.
	4 Investment income.....	4	6,142.
REVENUE	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch).....	5c	
	6 Special events and activities (complete applicable parts of Schedule G). 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	85,045.
EXPENSES	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	52,650.
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	
	16 Other expenses (describe ▶ <u>See Statement 1</u>)	16	12,318.
	17 Total expenses (add lines 10 through 16)..... ▶	17	64,968.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	20,077.
ASSETS	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	205,619.
	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	225,696.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	205,619.	225,696.
23 Land and buildings.....	23	
24 Other assets (describe ▶ _____).....	24	
25 Total assets	205,619.	225,696.
26 Total liabilities (describe ▶ _____).....	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	205,619.	225,696.

Part V Other Information (Note the statement requirement in General Instruction V.)

		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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?.....		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?.....		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.....		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions..... ▶ 37 a 0.		
37b	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
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.....		N/A
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.....		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities.....		N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	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,' complete Schedule L, Part I.....		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization..... ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.....		X
41	List the states with which a copy of this return is filed ▶ <u>CA</u>		

42a The books are in care of ▶ Charles Wilcox Telephone no. ▶ (909) 859-7020
 Located at ▶ 100 Red Cross Circle Pomona CA ZIP + 4 ▶ 91768

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... If 'Yes,' enter the name of the foreign country: .. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?..... If 'Yes,' enter the name of the foreign country: .. ▶ _____		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.....		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.....		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?.....	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

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

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

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

Sign Here

Signature of officer: Charles Wilcox Date: _____

Type or print name and title: Treasurer

Paid Preparer's Use Only

Preparer's signature: Gary L. Woehl, CPA Date: 6/22/09 Check if self-employed: Preparer's Identifying Number (See instructions): 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

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

BAA Form 990-EZ (2008)

**Investment Income -
Interest on Savings:**

Wells Fargo Bank.....	\$	3,186.
Total	\$	<u>3,186.</u>

**Investment Income -
Dividend Income:**

Wells Fargo Advantage Funds.....	\$	2,956.
Total	\$	<u>2,956.</u>

California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month day year, and ending month day year

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 E (insert letter) IRC Section 4947(a)(1) trust

Corporation/Organization Name **BLOOD CENTERS OF CALIFORNIA, INC.** FEIN **33-0312364**

Address **P.O. BOX 2569** City **SACRAMENTO, CA 95814** State ZIP Code

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
a Is this a group filing for affiliates? See General Instruction L Yes No
b If 'Yes,' enter the number of affiliates
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number
f Is a roster of subordinates attached? Yes No
E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)
 If a box is checked, enter date
F Check the box if the organization filed: **1** 990T **2** 990PF **3** 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

H Accounting method used... **1** Cash **2** Accrual **3** Other
I 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
J 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
K Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Corporation? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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	6,142.
	2	Gross dues and assessments from members and affiliates.	2	78,903.
	3	Gross contributions, gifts, grants, and similar amounts received.	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	85,045.
	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	85,045.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	64,968.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	20,077.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.

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 **COPY** Title **TREASURER** Date _____ Telephone **(909) 859-7020**

Preparer's signature **Gary L. Woehl, CPA** Date **6/22/09** Check if self-employed Preparer's SSN/PTIN **P00169266**

Firm's name (or yours, if self-employed) and address **GARY L. WOEHL, CPA** **3439 BROOKSIDE ROAD, SUITE 201** **STOCKTON, CA 95219** FEIN **94-2624880** Telephone **(209) 951-9999**

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