#### FRITH-SMITH & ARCHIBALD, LLP 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367

PRADER-WILLI CALIFORNIA FOUNDATION 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED DECEMBER 31, 2012 FOR:

PRADER-WILLI CALIFORNIA FOUNDATION AS FOLLOWS...

- 2012 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2012 SCHEDULE A PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
- 2012 SCHEDULE B SCHEDULE OF CONTRIBUTORS
- 2012 SCHEDULE D SUPPLEMENTAL FINANCIAL STATEMENTS
- 2012 SCHEDULE I GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
- 2012 SCHEDULE L TRANSACTIONS WITH INTERESTED PERSONS
- 2012 SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
- 2012 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION
- 2012 CALIFORNIA FORM 199 EXEMPT ORGANIZATION STATEMENT OF RETURN
- 2012 RRF-1 REGISTRATION/RENEWAL FEE REPORT
- 2012 CALIFORNIA 8453-EO E-FILE RETURN AUTHORIZATION FOR EXEMPT ORG.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

MARY ARCHIBALD, CPA FRITH-SMITH & ARCHIBALD, LLP

# FRITH-SMITH & ARCHIBALD, LLP 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367

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INSTRUCTIONS FOR FILING
PRADER-WILLI CALIFORNIA FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2012

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

FRITH-SMITH & ARCHIBALD, LLP 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS CA 91367

OR FAX YOUR SIGNED FORM 8879-EO TO:

FRITH-SMITH & ARCHIBALD, LLP MARY ARCHIBALD, CPA 818-774-3780

PAYMENT OF TAX...
NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 15, 2013. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

#### Form 8879-EO

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

OMB No.	1545-1878
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For calendar year 2012, or fiscal year beginning 01/01, 2012, and ending 12/31, 20 12

Department of the Treasury

Form 990-PF check here ▶

Form 8868 check here ▶

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

Internal Revenue Service Employer identification number Name of exempt organization 95-3480752 PRADER-WILLI CALIFORNIA FOUNDATION Name and title of officer RENEE TARICA, TREASURER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I. X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here ▶ **b** Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . . 2b 2a Form 990-EZ check here ▶ **b** Total tax (Form 1120-POL, line 22) Form 1120-POL check here ▶

b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b

b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

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

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

	nic return and, if applicable, the organization's consent to electronic fur		my signature for the org	anizations
Officer'	Is PIN: check one box only I authorize FRITH-SMITH & ARCHIBALD,  ERO firm name	to enter my PIN	1 2 3 4 5  Enter five numbers, but do not enter all zeros	as my signature
	on the organization's tax year 2012 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.			
	As an officer of the organization, I will enter my PIN as my signature of If I have indicated within this return that a copy of the return is being f the IRS Fed/State program, I will enter my PIN on the return's disclos	iled with a state ag	jency(ies) regulating ch	•
Officer's s	signature <b>&gt;</b>	Date	▶11/06/2013	
Part II	Certification and Authentication			
	<b>EFIN/PIN.</b> Enter your six-digit electronic filing identification (EFIN) followed by your five-digit self-selected PIN.	g	5 3 0 0 9 9	5 4 7 1
	•		do not enter all a	zeros
I certify	that the above numeric entry is my PIN, which is my signature on the	2012 electronically	filed return for the org	ganization

indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date 11/06/2013ERO's signature ▶ \_

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

A F	or th	ne 201	2 calendar year, or tax year beginning , 2012	, and endin	ıg			, 20	
			C Name of organization			D Employer ide	entification	number	
ВС	neck if a	pplicable:	PRADER-WILLI CALIFORNIA FOUNDATION			95-3480	)752		
	Addre		Doing Business As						
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone no	umber		
	Initia	l return	514 N. PROSPECT AVENUE STE 110-LL			(310) 37	2-5053		
	Term	inated	City, town or post office, state, and ZIP code						
	Amer		REDONDO BEACH, CA 90277			<b>G</b> Gross receipt	ts \$	191	L,207.
		cation	F Name and address of principal officer: RENEE TARICA			H(a) Is this a grou	p return for	Yes	X No
	_ pena	mg	514 N PROSPECT AVE, STE 110 LL REDONDO BEAC	H, CA 90	2	affiliates? <b>H(b)</b> Are all affilia	tes included?	Yes	No
ī	Tax-ex	cempt st	·			If "No," attac	ch a list. (see ir	nstructions)	
J	Webs	ite: 🕨	WWW.PWCF.ORG			H(c) Group exemp	otion number	<b>•</b>	
K	Form	of organ	nization: X Corporation Trust Association Other	L Year of	f formati	ion: 1979 <b>M</b>	State of lega	al domicile	: CA
Pa	rt I	Su	mmary	I		<u> </u>			
	1	Briefly	/ describe the organization's mission or most significant activities:						
			PROVIDE PARENTS AND PROFESSIONALS A STATE NETV	VORK OF	INFOR				
ng L			CCACY, AND SUPPORT SERVICES TO EXPRESSLY MEET				N		
пa			ADULTS WITH PRADER-WILLI SYNDROME AND THEIR E						
Governance	2	Check	this box if the organization discontinued its operations or dispose	ed of more that	 an 25%	of its net assets	 S.		
<u>ن</u> ھ	3		er of voting members of the governing body (Part VI, line 1a)				1 1		11.
	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)				4		11.
Ϋ́	5		number of individuals employed in calendar year 2012 (Part V, line 2a)						2.
Activities	6		number of volunteers (estimate if necessary)						60.
٩	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a		
			nrelated business taxable income from Form 990-T, line 34						
		1101 01	modulos suchicos taxasis incomo nom rom coo 1, inico 1 1 1 1 1 1 1 1 1			Prior Year		Current Y	 ⁄ear
	8	Contr	ibutions and grants (Part VIII, line 1h)			164,02			5,639.
nue	9	Progra	am service revenue (Part VIII, line 2g)			29,46			7,681.
Revenue	10	Invest	iment income (Part VIII, column (A), lines 3, 4, and 7d)			-26,12			7,480.
æ	11		revenue (Part VIII, column (A), lines 5, 4, and 7d)			4,92			5,802.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			172,28			0,602.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			12,84			L,625.
	14		its paid to or for members (Part IX, column (A), line 4)			12,01	0		0
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0	51	 L,036.
Expenses			es, other compensation, employee benefits (Part IX, column (A), lines 3-10) ssional fundraising fees (Part IX, column (A), line 11e)				0		0.000
ben	10a	Total	fundraising expenses (Part IX, column (A), line 25)   1,70	9					
Ä			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			195,12	5	136	5,124.
			expenses (Part IX, Column (A), lines Tra-Tru, TTI-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			207,96			3,785.
	19					-35,68			3,183.
-Se	19	Kevei	nue less expenses. Subtract line 18 from line 12		Regin	ning of Current Y		End of Ye	
Net Assets or Fund Balances	20	Total	cocoto (Port V. line 16)		Dogiiii	896,87			7,290.
Ass	21		assets (Part X, line 16) liabilities (Part X, line 26)			000,07	0		, <u>, 2, 50 .</u>
met/	22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21 from line 20.			896,87	<del>-</del>	915	7,290.
	rt II		gnature Block			0,00,07			7270.
			of perjury, I declare that I have examined this return, including accompanying schedu	ules and staten	nents a	nd to the hest of	my knowle	dge and t	
true	, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer ha	s any kn	iowledge.			
Sig	n		Signature of officer			Date			
Hei	·e	'	RENEE TARICA TREASU	IDFD					
			Type or print name and title	71/11/					
_		Print/	Type preparer's name Preparer's signature	Date		Charle	; PTIN		
Paic			. Topard a digradura		Check     if   PTIN				
Pre	oarer	-	מוז מוגמווטמג : EDITU_CMTTTI : מוז מוגמווטמג	1 11/06	J / Z U I				, <u>,</u> , , , , , , , , , , , , , , , , ,
Use	Only		sname FRITH-SMITH & ARCHIBALD, LLP				95-4714 818-774		<u> </u>
Max	thol		saddress 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA						$\overline{}$
iviay	uie I	NO UIS	odos uno return with the preparet shown above? (see instructions)				LX	Yes	No

PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752 Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: TO PROVIDE PARENTS AND PROFESSIONALS A STATE NETWORK OF INFORMATION, ADVOCACY, AND SUPPORT SERVICES TO EXPRESSLY MEET THE NEEDS OF CHILDREN AND ADULTS DIAGNOSED WITH PRADER-WILLI SYNDROME AND THEIR FAMILIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 47,094. including grants of \$ 4a (Code: ) (Expenses \$ ) (Revenue \$ AWARENESS PROGRAMS: 1) WALKING FOR PRADER-WILLI SYNDROME EVENT. THIS STATEWIDE EVENT RAISED THE PUBLIC'S AWARENESS OF THIS RARE MEDICAL DISORDER AND PROVIDED SUPPORT AND NETWORKING OPPORTUNITIES FOR FAMILIES RAISING A CHILD WITH PRADER-WILLI SYNDROME. 2) PUTT FOR PRADER-WILLI SYNDROME CHARITY GOLF TOURNAMENT. EVENT RAISED THE PUBLIC'S AWARENESS OF PRADER-WILLI SYNDROME AND FUNDS TO SUPPORT OPERATIONS OF THE PWCF. <sub>92,612.</sub> including grants of \$ **4b** (Code: ) (Expenses \$ SUPPORT & ADVOCACY PROGRAMS: PWCF'S PRADER-WILLI SYNDROME CAMP IS THE ONLY MEDICALLY-SPECIALIZED CAMP IN THE STATE OF CALIFORNIA THAT EXCLUSIVELY SERVES PERSONS WITH PRADER-WILLI SYNDROME. WE SERVED OVER 60 CAMPERS RANGING IN AGE FROM 8-65 YEARS. **4c** (Code: ) (Expenses \$ 53,805. including grants of \$ 30,125. ) (Revenue \$ ATTACHMENT 1

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$

**4e Total program service expenses** ► 193,511.

Form 990 (2012)
Part IV Chacklist of Required Schodules

Part	Checklist of Required Schedules		V	N.
	1 (1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		3.7
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		71
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		Х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.,		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Page **4** 

#### Part IV **Checklist of Required Schedules** (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Χ 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . Did the organization maintain an escrow account other than a refunding escrow at any time during the vear 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b If "Yes," complete Schedule L, Part I Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Χ

Form	990 (2012)		F	Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return _ 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		- 21
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	0-		37
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Λ
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

JSA 2E1040 1.000

Form **990** (2012)

14a

... 14b

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?................ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c describe in Schedule O how this was done 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a The organization's CEO, Executive Director, or top management official If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_CA,\_\_ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

Form **990** (2012)

organization: ▶ RENEE TARICA 514 N. PROSPECT AVENUE SUITE 110LL REDONDO BEACH, CA 90277

Part VII

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list an)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JULIE CASEY	1.50									
PRESIDENT		Х		Х				0	0	0
(2) KIMBERLEE MORGAN	1.00									
SECRETARY		Х		Х				0	0	0
(3) TOM MCRAE	1.00									
DIRECTOR	-†	Х						0	0	0
(4) CHRIS PATAY	1.00									
VICE PRESIDENT	-†	Х		Х				0	0	0
(5) WHITNEY BRAS	1.00									
DIRECTOR	-	Х						0	0	0
(6) RENEE TARICA	6.50									
TREASURER		Х		Х				0	0	0
(7) DON CARLSON	1.00									
DIRECTOR		Х						0	0	0
(8) JUNE-ANNE GOLD, M.D. DIRECTOR	1.00	X						0	0	0
(9) PAULA WATNEY DIRECTOR	1.00	X						0	0	0
(10)JULIE TAUSCHER	1.00									
DIRECTOR	-†	Х						0	0	0
(11)ROGER GOATCHER DIRECTOR	1.00	Х						0	0	0
(12)LISA GRAZIANO EXECUTIVE DIRECTOR	20.00				Х			38,500.	0	0
(13)										
(14)										

Form **990** (2012)

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Form 990 (2012) Page **8** 

	rt VIII Section A Officers Directors Tru	uotooo Ka	v En	- nla			and L	lia.	hoot Component	od Emplo	V000 /o	- n4in	Page <b>o</b>
Pa	rt VII Section A. Officers, Directors, Tru		y ⊏ii	ipic			and n	ııg			yees (co		
	(A) Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than or is both a or/truste	an	(D)  Reportable compensation from the	Reporta compensati relate organiza	on from	Estir amo ot	F) mated unt of her ensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		organ and i	n the nization related izations
	Sub-total							<b></b>	38,500.		0		0
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A					 	<b>▶</b>	38,500.		0		0
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re	eceived more than	\$100,000	of		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	) If	"Yes,	, a	nd other compens complete Schedu	sation from le <i>J for</i>	the such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on 1	from	any					5	Х
Se	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization. Report of year.												
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) ompensa	ition

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

### Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	10,043. 8,130.				
Contrib and Oth	g	and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f: \$	108,466.				
	<u>h</u>	Total. Add lines 1a-1f		126,639.			
'n			Business Code				
Program Service Revenue	2a b c d	SUPPORT & ADVOCACY - CAMP EDUCATION	900099 611710	32,341. 5,340.	32,341. 5,340.		
rogra	f	All other program service revenue					
<u>ā</u>	<u>g</u> 3	Total. Add lines 2a-2f  Investment income (including dividends, inte other similar amounts). ATTACHMENT 2	rest, and	37,681. 10,480.			10,480.
	4 5 6a b	Income from investment of tax-exempt bond Royalties		0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b c	Less: cost or other basis and sales expenses Gain or (loss)					
enne	d 8a	Net gain or (loss)	ATCH 3	0			
Other Revenue	b	of contributions reported on line 1c).  See Part IV, line 18	6,478.				
ŏ	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		-134.			
	b c	Less: direct expenses k Net income or (loss) from gaming activities	,	0			
	10a	Gross sales of inventory, less returns and allowances	3,957.				
	b c	Less: cost of goods sold . ATCH . 5 . k Net income or (loss) from sales of inventory.  Miscellaneous Revenue	4,127. Business Code	-170.			-170
	11a b	REIMBURSEMENTS	900099	6,106.	6,106.		
	c d	All other revenue					
	е	Total. Add lines 11a-11d	<del> •</del>	6,106.			
	12	Total revenue. See instructions		180,602.	43,787.		10,310.

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	31,625.	31,625.							
2	Grants and other assistance to individuals in	0								
	the United States. See Part IV, line 22	U								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,	0								
3	trustees, and key employees	38,500.	28,875.	8,663.	962.					
6	Compensation not included above, to disqualified	2373331	2070.01	0,000.	, , , ,					
Ü	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	8,326.	6,245.	2,081.						
8	Pension plan accruals and contributions (include section	,	, -	, :						
-	401(k) and 403(b) employer contributions) • • • • •	0								
9	Other employee benefits	0								
10	Payroll taxes	4,210.	3,157.	918.	135.					
11	Fees for services (non-employees):									
а	Management	0								
	Legal	0								
c	Accounting	3,000.	2,250.	750.						
	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	3,212.	2,409.	803.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	10,838.	9,484.	1,174.	180.					
12	Advertising and promotion	0	10.062	865	266					
13	Office expenses	11,394.	10,263.	765.	366.					
14	Information technology	2,646.	1,985.	595.	66.					
15	Royalties	13,380.	10 025	2 2/5						
16	Occupancy	11,431.	10,035. 8,879.	3,345.						
17 10	Travel	11,431.	0,019.	2,332.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	22,005.	22,005.							
20	Interest	0	,							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	192.		192.						
23	Insurance	2,513.	1,885.	628.						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
_	SUPPORT ADVOCACY EXP	34,053.	34,053.							
	AWARENESS PROGRAM EXP	13,243.	13,243.							
	TRAINING PROGRAM EXP	3,500.	3,500.							
d	PAYROLL PROCESSING FEE	627.	470.	157.						
	All other expenses	4,090.	3,148.	942.	4 = 4 =					
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	218,785.	193,511.	23,565.	1,709.					
26	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0								
	· · · · · · · · · · · · · · · · · · ·	ı								

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Form 990 (2012) Page **11** 

#### Part X Balance Sheet

		Check if Schedule O contains a response t	o an	/ guestion in this Part	ł X		
		Checkii Concadio C containo a respense	. <del></del>	, queenen in une r ai	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			119,757.	1	17,402.
	2	Savings and temporary cash investments			39,332.	2	228,689.
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and f	forme	r officers, directors,			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont	,		0	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B),	ons (as and o	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary		_	
ts	l _	organizations (see instructions). Complete Part II of Sche			0		0
Assets	7	Notes and loans receivable, net			705	7	0
Ř	8	Inventories for sale or use			705. 0	8	4,451.
	9	Prepaid expenses and deferred charges	<i></i>		U	9	0
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	960.			
	h	Less: accumulated depreciation			192.	100	0
	11	Investments - publicly traded securities			0		0
	12	Investments - other securities. See Part IV, line 11			418,916.		439,995.
	13	Investments - program-related. See Part IV, line 11			317,242.		226,027.
	14	Intangible assets			0		0
	15	Other assets. See Part IV, line 11			726.		726.
	16	Total assets. Add lines 1 through 15 (must equal			896,870.	16	917,290.
	17	Accounts payable and accrued expenses				17	0
	18	Grants payable		18	0		
	19	Deferred revenue		19	0		
	20	Tax-exempt bond liabilities				20	0
es	21	Escrow or custodial account liability. Complete Pa			0	21	0
Liabilities	22	Loans and other payables to current and for					
Liak		trustees, key employees, highest compen-			0		0
_		disqualified persons. Complete Part II of Schedule			0	22	0
	23 24	Secured mortgages and notes payable to unrelated to unrel			0	23 24	0
	25	Other liabilities (including federal income tax,			0	24	0
	23	parties, and other liabilities not included on lines					
		of Schedule D		, .	0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25			0		0
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	chec				
Fund Balances	27	Unrestricted net assets			888,504.	27	909,111.
3ali	28	Temporarily restricted net assets			8,366.	28	8,179.
ᅙ	29	Permanently restricted net assets		<u></u> [	0	29	0
or Fui		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
its	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ne	33	Total net assets or fund balances			896,870.	33	917,290.
	34	Total liabilities and net assets/fund balances			896,870.	34	917,290.

Form 990 (2012) Page **12** 

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			.80,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	18,	785.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-38,183			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		896,870			
5	Net unrealized gains (losses) on investments	5			58,	603.	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		9	17,	290.	
Part							
	Check if Schedule O contains a response to any question in this Part XII				Ш		
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	in in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npile	d or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight					
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant	?	2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xpla	in in				
	Schedule O.	-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t for	th in				
	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_		3b			

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

1

2

3

4

5

6 7 Χ

8 9

10

11

PRADER-WILLI CALIFORNIA FOUNDATION

hospital's name, city, and state:

509(a)(1) or section 509(a)(2).

section 170(b)(1)(A)(iv). (Complete Part II.)

described in section 170(b)(1)(A)(vi). (Complete Part II.)

Type II

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the

c Type III-Functionally integrated

Open to Public

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

Inspection **Employer identification number** 95-3480752 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the An organization operated for the benefit of a college or university owned or operated by a governmental unit described in A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the

**d** Type III-Non-functionally integrated

following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) Χ (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	143,882.	116,642.	111,344.	164,025.	126,639.	662,532.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	143,882.	116,642.	111,344.	164,025.	126,639.	662,532.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						55,655.
6	Public support. Subtract line 5 from line 4.						606,877.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	, , , , , , , , , , , , , , , , , , , ,		` ,	• • • • • • • • • • • • • • • • • • • •	` ,	,	
7 8	Amounts from line 4	143,882.	116,642.	111,344.	164,025.	126,639.	662,532.
Ū	payments received on securities loans, rents, royalties and income from similar sources	26,867.	12,656.	8,301.	-26,129.	10,480.	32,175.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1			4,649.	4,922.	5,973.	15,544.
11	Total support. Add lines 7 through 10						710,251.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	124,660.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup				1		
14 15	Public support percentage for 2012 (li Public support percentage from 2011		-			14 15	85.45 % 85.84 %
16a	331/3% support test - 2012. If the o	rganization did	not check the	box on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and <b>stop here.</b> The organization						
b	331/3% support test - 2011. If the o						
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part IV how the organization meets t			•			upported
	organization						▶ □
b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organisms		•				
	Explain in Part IV how the organizati						-
18	supported organization						▶ 🔲
	•						
	instructions	· · · · · · · · · · ·				ahadula A (Farm 0	

Schedule A (Form 990 or 990-EZ) 2012 Page **3** 

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				· ·	,	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		-		-	-	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6		-		-	-	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	as a section 5010	c)(3)
	organization, check this box and <b>stop here</b> .	J			,	,	^ ′
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,			mn (f))		15	%
16	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (lir		•	13, column (f))		17	%
18	Investment income percentage from 2011 S					18	%
	331/3% support tests - 2012. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2011. If the orga	-	-	•			
~	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization of		-	•		• •	

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCO	ME				
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
REIMBURSEMENTS			4,599.	4,737.	6,107.	15,443.
MISCELLANEOUS			50.	185.		235.
SPECIAL EVENT					-134.	-134.
TOTALS			4,649.	4,922.	5,973.	15,544.

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012** 

Internal Revenue Service **Employer identification number** Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	CASH CONTRIBUTION UNDER \$5,000  PROVIDED UPON REQUEST  REDONDO BEACH, CA 90277	\$81,466.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	THE STORR FAMILY FOUNDATION  33 BROOKRIDGE DR  GREENWICH, CT 06830	\$12,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	JOSEPH DROWN FOUNDATION  1999 AVENUE OF THE STARS, STE. #2330  LOS ANGELES, CA 90067	\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  FUNDRAISING CASH CONTRIBUTION UNDER \$5K  514 N. PROSPECT AVE. #110-LL	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No 4 (a)	Name, address, and ZIP + 4  FUNDRAISING CASH CONTRIBUTION UNDER \$5K  514 N. PROSPECT AVE. #110-LL  REDONDO BEACH, CA 90277  (b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 4 4 No. (a) No.	Name, address, and ZIP + 4  FUNDRAISING CASH CONTRIBUTION UNDER \$5K  514 N. PROSPECT AVE. #110-LL  REDONDO BEACH, CA 90277  (b)  Name, address, and ZIP + 4  RONALD MCDONALD HOUSE OF CHARITIES  ONE KROC DR.	\$8,130.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

Part II	Noncash Property	(see instructions	) Use dunlicate	copies of Part II if	additional space is needed.
alli	140116a3111110pcity		1. Osc auplicate	copics of fact if it	additional space is neceded.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization	Employer identification number
PRA	ADER-WILLI CALIFORNIA FOUNDATION	95-3480752
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
- 3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	onor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	ther purpose
	conferring impermissible private benefit?	
	<b>Conservation Easements.</b> Complete if the organization answered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
	Protection of natural habitat	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
	easement on the last day of the tax year.	Hold at the Find of the Tay Voor
		Held at the End of the Tax Year
а		2a
b		2b
С.	(-),	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	24
3	historic structure listed in the National Register	2d
3	tax year	ed by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
	<b>&gt;</b>	3 ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	I statements that describes the
_	organization's accounting for conservation easements.	O
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other States Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	venue statement and balance shee
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the service of the service.	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
b	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page **2** 

Par	t    Organizations Maintaining Coll	lections of	f Art, H	listorical '	Treasu	res,	or Ot	her Similar As	sets (cor	ntinue	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	other rec	ords, checl	k any o	f the	follow	ring that are a si	gnificant u	se of	fits
а	Public exhibition		d [	Loan	or excha	ange	prograi	ms			
b	Scholarly research		e								
C	Preservation for future generations		<b>C</b>								
1	Provide a description of the organization's	collections	and over	alain haw t	thoy fur	rthor	the or	anization's avom	nt nurnos	o in I	Dort
4	XIII.	Collections	and ex	Jiaili IIOW I	illey lui	uiei	the or	gariization's exem	pr purposi	3 III I	ган
_				a Caraca Islant				. ()			
5	During the year, did the organization solicit										
_	assets to be sold to raise funds rather than t									$\sqsubseteq$	No
Par	Escrow and Custodial Arrange				ganızat	ion a	answei	red "Yes" to Foi	rm 990, I	Part	IV,
	line 9, or reported an amount on	Form 990	, Part X	, line 21.							
1a	Is the organization an agent, trustee, custod										
	included on Form 990, Part X?								Yes		No
D	If "Yes," explain the arrangement in Part XIII	and comple	ete the id	bliowing tac	oie:			A 1			
	Description had a second							Amount			
С	Beginning balance										
d	Additions during the year					-					
е	Distributions during the year					-					
f	Ending balance										
2a	Did the organization include an amount on	Form 990, F	art X, lin	ie 21?					Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	•				1			· · · · · · · · · · · · · · · · · · ·			
		ırrent year	<b>(b)</b> P	rior year	(c) Tw	o year	s back	(d) Three years back	(e) Four	years b	ack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year e	nd balan	ce (line 1g,	column	(a)) l	held as	•			
а	Board designated or quasi-endowment ▶_		%								
b	Permanent endowment  %		_								
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sho	ould equal 10	00%.								
3a	Are there endowment funds not in the poss	session of th	ne organi	zation that	are hel	d and	d admir	nistered for the			
	organization by:								Y	'es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as i	required o	on Schedule	e R? .				. 3b		
4	Describe in Part XIII the intended uses of the		-								
Par	t VI Land, Buildings, and Equipment	. See Forn	n 990, F	art X, line	10.						
	Description of property	(a) Cost or (invest		<b>(b)</b> Cost (c)	or other ba	asis		cumulated eciation	(d) Book valu	ie	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				9(	60.		960.			
е	Other										
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form	1 990, Pa	rt X, columi	n (B), lin	ne 10(	(c).)	▶			

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page 3

Part VII	Investments - Other Securities. See Fe	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A) MAR	KETABLE SECURITIES	439,995.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>		420.005		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	439,995.	- 40	
Part VIII	Investments - Program Related. See F			
(1) ======	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: ket value
	FUND INVESTMENT	226,027.	FMV	
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	226,027.		
Part IX	Other Assets. See Form 990, Part X, li			
		Description		(b) Book value
(1)	.,	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, col. (B) l	•	<u> </u>	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book value	<u> </u>	
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	on (b) must occup Form 000. Part V and (B) the occ.			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	of the feetwate to the ex	annination of the second state of the second	anarta the core 1 th 1
	SC 740) Footnote. In Part XIII, provide the text of certain tax positions under FIN 48 (ASC 740). Che			epons the organization's

Schedule D (Form 990) 2012 Page **4** 

Ocneau	ic B (1 dilli 330) 2012		r agc -r
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		_	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
– a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)  4b		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	
Part		J	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	/ line	s 1h and 2h·
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
inform	ation.		•

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2012

#### SCHEDULE I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047

2012 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Employer identification number Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752 Part General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) CHILDREN'S HOSPITAL ORANGE COUNTY 1201 W. LA VETA AVE. ORANGE, CA 92868 95-6097416 501(C)(3) 10,000. SUPPORT CLINIC (2) CENTRAL CALIFORNIA FACULTY 4910 E. CLINTON AVE, SUITE 101 94-2613220 501(C)(3) 7.815. NONE NONE SUPPORT CLINIC (3) RADY CHILDREN'S HOSPITAL FOUNDATION 3020 CHILDRENS WAY MC 5133 33-0170626 501(C)(3) 8,500 SUPPORT CLINIC (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012) PRADER-WILLI CALIFORNIA FOUNDATION Schedule I (Form 990) (2012) Page 2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART IV

THE ORGANIZATION'S PURPOSE IS TO PROVIDE PARENTS AND PROFESSIONALS A

STATE NETWORK OF INFORMATION, ADVOCACY, AND SUPPORT SERVICES TO EXPRESSLY

MEET THE NEEDS OF CHILDREN AND ADULTS WITH PRADER-WILLI SYNDROME AND

THEIR FAMILIES. GRANTS ARE GIVEN TO ORGANIZATIONS WHO WILL TAKE PART IN

DOING THE SAME.

Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Ī
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I PART II

GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS IN THE UNITED STATES: THERE

ARE RECIPIENTS THAT RECEIVED GRANT ASSISTANCE THAT ARE UNDER THE

THRESHOLD. THE FOLLOWING ORGANIZATIONS ARE:

1. PRADER-WILLI SYNDROME ASSOCIATION

8588 POTTER PARK DR. SUITE 500

SARASOTA, FL 34238

FEIN 41-1306908

AMOUNT OF CASH GRANT: \$3,810

2. ARC OF SAN DIEGO

Schedule I (Form 990) (2012)

PRADER-WILLI CALIFORNIA FOUNDATION

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2.
 Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
_ 3					
_4					
_ 5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

3030 MARKET ST.

SAN DIEGO, CA 92102

FEIN 95-1863913

AMOUNT OF CASH GRANT: \$1,500

#### SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION Employer identification number 95-3480752

PRAI	DER-WILLI CALIFO	RNIA FOUN	DATION						95	-348	0752	2			
Part	Excess Benefit Complete if the or									Z, Pa	ırt V, li	ine 40	b.		
1	(a) Name of disqualified	Inorcon	(b) Relatio	nship	betwee	en disqualified	person	(c) Desc	rintion (	of tran	caction	,	(d)	Correcte	∍d?
	(a) Name of disqualined	person		an	ıd orgar	nization		(c) Desc	прион	Ji tian	Saction	'	Υe	s N	o
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
3	Enter the amount of taunder section 4958. Enter the amount of ta										\$_ \$_				_
Part		organization a	answered "Ye	es" oı	n Form			ne 38a or Form 99	0, Part	: IV, lir	ne 26;	or if tl	ne		
(a) N	(a) Name of interested person (b) R with o		(c) Purpose of loan	(d) Loan to or from the organization?		<b>(e)</b> Original principal amount		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
				То	From				Yes	No	Yes	No	Yes	No	,
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total							. ▶\$								
Part	Grants or Assi Complete if the o	istance Ben	efiting Inter	este	d Pers	sons.		7.							
(a) N	Name of interested person		p between intere the organization		<b>c)</b> Amou	int of assistance	(c	I) Type of assistance	1	(e) F	ourpos	e of as	ssistan	се	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															_

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

(10)

Schedule L (Form 990 or 990-EZ) 2012

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) HENRY TARICA DBA TARIX INSTANT PRINT	SPOUSE OF TREASURER	3,398.	PRINTING		Х
_ (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PART IV

THE ORGANIZATION IS PROVIDED THEIR PRINTING FROM TARIX INSTANT PRINT

WHICH IS OWNED BY ONE OF THE OFFICER'S SPOUSE.

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION B. POLICIES QUESTION 11A

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM. IT IS THE POLICY OF THE PRADER-WILLI CALIFORNIA FOUNDATION THAT TAX FORM 990 SHALL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMITTING THE FORM TO THE IRS IN THE FOLLOWING MANNER: 1) THE ACCOUNTING FIRM SHALL PREPARE AND PROVIDE A DRAFT FORM 990 TO THE EXECUTIVE DIRECTOR AND THE TREASURER. 2) THE EXECUTIVE DIRECTOR OR THE TREASURER SHALL FORWARD A COPY OF FORM 990 TO THE FINANCE COMMITTEE SHALL REVIEW FORM 990 AND THE FINANCE COMMITTEE. PROVIDE THE BOARD OF DIRECTORS WITH ITS REMARKS, SUGGESTIONS, AND/OR QUESTIONS. 3) THE BOARD OF DIRECTORS SHALL REVIEW FORM 990 AND MAKE ANY NECESSARY CLARIFICATIONS AND/OR CORRECTIONS. 4) THE EXECUTIVE DIRECTOR OR THE TREASURER SHALL PROVIDE ALL CLARIFICATIONS AND/OR CORRECTIONS TO THE ACCOUNTING FIRM. 5) THE MINUTES OF THE MEETING SHALL REFLECT THE FACT THAT THE BOARD REVIEWED FORM 990. 6) THE FORM 990 SHALL BE POSTED TO THE PRADER-WILLI CALIFORNIA FOUNDATION'S WEBSITE AS QUICKLY AS POSSIBLE.

PART VI GOVERANCE, MANAGEMENT, AND DISCLOSURE

SECTION B QUESTION 12C

QUESTION 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND EITHER

REVISED OR RENEWED ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE

CONFLICT OF INTEREST, A RESPONSIBLE PERSON MUST DISCLOSE THE EXISTENCE OF

THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL

Schedule O (Form 990 or 990-EZ) 2012 Page 2

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

95-3480752

MATERIAL FACTS TO THE EXECUTIVE DIRECTORS AND RESPONSIBLE PARTIES OF THE COMMITTEE WHO WILL CONSIDER THE PROPOSED TRANSACTION AND ARRANGEMENT.

PART VI DISCLOSURE

SECTION C QUESTION 19

HOW DOES THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC? UPON REQUEST.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION B LINE 15

THE ORGANIZATION SURVEY SALARIES FOR EXECUTIVE DIRECTOR IN COMPARABLE SIZE ORGANIZATION. THE BOARD REVIEWS THE VARIOUS SALARIES AND MAKES A DETERMINATION AS TO THE LEVEL OF SALARY FOR THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

EDUCATIONAL PROGRAMS: 1) STATE EDUCATION CONFERENCE PROVIDED

IMPORTANT EDUCATION AND INFORMATION ABOUT PRADER-WILLI SYNDROME TO

PARENTS, CARE PROVIDERS, TEACHERS, PHYSICIANS, AND ALL PERSONS WHO

CARE FOR SOMEONE WITH PRADER-WILLI SYNDROME. A SIMULTANEOUS YOUTH

& ADULT CONFERENCE WAS HELD FOR CHILDREN AND ADULTS WITH

PRADER-WILLI SYNDROME AND THEIR SIBLINGS TO PROVIDE THEM WITH

OPPORTUNITIES TO SOCIALIZE AND RECEIVE APPROPRIATE CHILDCARE WHILE

THEIR PARENTS OR CARE PROVIDERS ATTENDED THE GENERAL CONFERENCE.

2) PWCF PRODUCED FOUR QUARTERLY NEWSLETTERS THAT CONTAINED

Schedule O (Form 990 or 990-EZ) 2012 Page **2** 

Name of the organization Employer identification number
PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752

ATTACHMENT 1 (CONT'D)

EDUCATIONAL ARTICLES, RESEARCH STUDIES AND SUBJECT RECRUITMENT

OPPORTUNITIES, SUPPORT OPPORTUNITIES, AND OTHER VALUABLE

INFORMATION. 3) PRADER-WILLI SYNDROME BEHAVIOR MANAGEMENT TRAINING

SESSIONS. THIS TRAINING SERIES PROVIDED CRITICAL INFORMATION ABOUT

HOW PERSONS WITH PWS TEND TO THINK AND REACT, ESPECIALLY IN

RESPONSE TO THE HYPERPHAGIA FOOD DRIVE, AND HOW TO MANAGE THE

ENVIRONMENT IN ORDER TO REDUCE THE POTENTIAL FOR SEVERE BEHAVIORAL

OUTBURSTS.

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	3,03	7.		3,037.
INTEREST INCOME	5,53	0.		5,530.
CAPITAL GAIN DISTRIBUTION	1,91	3.		1,913.
TOTALS =	10,48	0.	_	10,480.

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

PUTT FOR PWS 8,130.

TOTAL 8,130.

Schedule O (Form 990 or 990-EZ) 2012 Page 2

Name of the organization	Employer identification number			
PRADER-WILLI CALIFORNIA FOUNDATION	95-3480752			
ATTACHMENT 4				

## FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
PUTT FOR PWS	6,344.	6,478.	-134.
TOTALS	6,344.	6,478.	

	ATTACHMENT 5
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	3,957.
INVENTORY AT BEGINNING OF YEAR	705.
PURCHASES	7,873.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	8,578.
MINUS ENDING INVENTORY	4,451.
COST OF GOODS SOLD	4,127.

PRADER-WILLI CALIFORNIA FOUNDATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	06/30/2009		100.000			960.	768.		SL		5.000				192.
Ego III.EMI	00, 00, 2000	, , , ,	100.000			,,,,,	, , , ,	, , , ,	02		5.000				1,21.
Lassi Datizad Assats															
Less: Retired Assets									1						
Subtotals		960.				960.	768.	960.							192.
Listed Property				1	1			I				1			
Less: Retired Assets															
Subtotals															
TOTALS		960.				960.	768.	960.							192.
AMORTIZATION			•	•											
	Date	Cost						Ending							Current
Asset description	placed in service	or basis					Accumulated	Ending Accumulated amortization	Code	Life					Current-year amortization
/ tooct description	301 1100	Duoio					Z.HOLIZATION	amortization	3000						aniornzanon
														-	
TOTALS															

2012

\*Assets Retired JSA 2X9024 1.000

71483T N480 11/8/2013 5:44:00 PM V 12-7F PRADERWILL PAGE 37

### FRITH-SMITH & ARCHIBALD, LLP

6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367

# INSTRUCTIONS FOR FILING PRADER-WILLI CALIFORNIA FOUNDATION

CALIFORNIA RRF-1 - REGISTRATION/RENEWAL FEE REPORT FOR THE PERIOD ENDED DECEMBER 31, 2012

\*\*\*\*\*\*

### SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF THE ORGANIZATION.

### FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2013 with

ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

AN ANNUAL FILING FEE OF \$ 50. MUST BE SUBMITTED WITH THE REPORT PAYABLE TO THE ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

## FRITH-SMITH & ARCHIBALD, LLP 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367

\*\*\*\*\*\*\*

INSTRUCTIONS FOR FILING
PRADER-WILLI CALIFORNIA FOUNDATION
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2012

SIGNATURE...

THE ORIGINAL 8453-EO SHOULD BE SIGNED AND DATED BY AN AUTHORIZED OFFICER OF THE CORPORATION.

FILING...

RETURN YOUR SIGNED 8453-EO AUTHORIZATION TO:

FRITH-SMITH & ARCHIBALD, LLP 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367

OR FAX YOUR SIGNED 8453-EO AUTHORIZATION TO:

FRITH-SMITH & ARCHIBALD, LLP MARY ARCHIBALD, CPA 818-774-3780

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL DELAY THE PROCESS OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON NOVEMBER 15, 2013. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

### WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

			Check if:					
State Charity Registration Number: 039978			Change of address					
PRADER-WILLI CALIFORNIA FOUNDATION			Amended report					
Name of Organization  514 N. PROSPECT AVENUE	ርጥፑ 1	10-1.1.	0					
Address (Number and Street)	2111 1	10 111	Corporate or O	rganization No. 0937194				
REDONDO BEACH, CA 90277			Federal Employ	er I.D. No. 95-3480752				
City or Town, State and ZIP Code								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts								
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fee	Gross Annual Revenue	<u> </u>	ee		
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$	150		
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$	3225		
				Greater than \$50 million	\$	300		
PART A - ACTIVITIES								
For your most recent full accour	nting per	riod (beginning01/01/2012	ending	12/31/2012 ) list:				
	1	90 602 -		017 200				
Gross annual revenue \$		1ot	al assets \$	917,290.				
PART B - STATEMENTS REGAR	DING C	PRGANIZATION DURING THE P	ERIOD OF THIS	REPORT				
		questions below, you must attach tructions for information required.	a separate sheet p	providing an explanation and details f	or each	"yes"		
					Yes	No		
	-	contracts, loans, leases or other financial ith an entity in which any such officer, dir		•		Х		
2. During this reporting period, was the	ere any th	neft, embezzlement, diversion or misuse o	of the organization's ch	aritable property or funds?		X		
3. During this reporting period, did non-	orogram e	expenditures exceed 50% of gross revenu	es?			Х		
During this reporting period, were ar Revenue Service, attach a copy.	ny organi	zation funds used to pay any penalty, fin	e or judgment? If you	filed a Form 4720 with the Internal		Х		
		es of a commercial fundraiser or fundraisir telephone number of the service provider.	-	ole purposes used? If "yes", provide		Х		
During this reporting period, did the mailing address, contact person, and	-	ation receive any governmental funding? If e number.	f so, provide an attach	ment listing the name of the agency,		Х		
7. During this reporting period, did the raffles and the date(s) they occurred.	organiza	ation hold a raffle for charitable purposes?	If "yes", provide an a	tachment indicating the number of		Х		
-	8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.							
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						Х		
Organization's area code and telephor	ne numb	er_ (310)372-5053						
Organization's e-mail address								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief,								
it is true, correct and complete.								
	RENEE TARICA TREASURER							
Signature of authorized o	Signature of authorized officer Printed Name Title Date							

## TAXABLE YEAR California Exempt Organization **Annual Information Return** 2012

	ear 2012 or fiscal year beginning month 01 day 01 Organization Name	year 12, and ending mo	onth 12 day 31 year 2012. California corporation number
•	-WILLI CALIFORNIA FOUNDATION		0937194
	e, room, or PMB no.)		
514 N	PROSPECT AVENUE STE 110-LL		95-3480752
City		ate ZIP Code	73 3100732
REDOND	O BEACH (	CA 90277	
A First Retu			ection 23701d, has the organization
	Return • Yes X No	,	ipated in any political campaign,
	on 4947(a)(1) trust Yes X No		nce legislation or any ballot measure,
<b>D</b> Final Retu		, , , ,	nder R&TC Section 23704.5
•	Merged/Reorganized Enter date:	(relating to lobbying by pu	blic charities)? • Yes X No
E Check ac	counting method:	If "Yes," complete and atta	
(1)	Cash (2) X Accrual (3) Other	t under R&TC Section 23701g?   Yes X No	
F Federal re	turn filed?	If "Yes," enter the gross re	
(1) ●	990T (2) ● 990(PF) (3) ● Sch H (990)	sources	
G Is this a	roup filing for the subordinates/affiliates?  • Yes X No		under R&TC Section 23701d and is
If "Yes," a	ttach a roster. See instructions	, ,	eational, or charitable, and is or more) by public contributions,
H Is this or	anization in a group exemption? Yes X No		required • X
If "Yes," v	hat is the parent's name?	M Is the organization a Limite	, , , , , , , , , , , , , , , , , , , ,
		_	Form 100 or Form 109 to report
I Did the o	ganization have any changes in its activities,	taxable income?	• Yes X No
-	instrument, articles of incorporation, or bylaws	O Is the organization under a	
	not been reported to the Franchise Tax Board? • Yes X No	IRS audited in a prior year?	Yes X No
	xplain, and attach copies of revised documents.  mplete Part I unless not required to file this form. See Genera	I Instructions B and C	
i aiti co			E9 000 00
	<ol> <li>Gross sales or receipts from other sources. From Side 2, Part II, line</li> <li>Gross dues and assessments from members and affiliates</li> </ol>		58,090.00 2 10,043.00
Receipts	3 Gross contributions, gifts, grants, and similar amounts received.		
and	Total gross receipts for filing requirement test. Add line 1 through I		110,390.00
Revenues	This line must be completed. If the result is less than \$50,000, see		184,729.00
	5 Cost of goods sold	4,127.0	
	6 Cost or other basis, and sales expenses of assets sold • 6	0	
	7 Total costs. Add line 5 and line 6		
	8 Total gross income. Subtract line 7 from line 4		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		
Lxpenses	10 Excess of receipts over expenses and disbursements. Subtract line	-38,183.00	
	11 Filing fee \$10 or \$25. See General Instruction F		. 11 00
Filing	12 Total payments		. 12 00
Fee	13 Penalties and Interest. See General Instruction J	. 13 00	
	14 Use tax. See General Instruction K	00	
	<b>15</b> Balance due. Add line 11, line 13, and line 14. Then subtract line		1 : 5
Sign	Under penalties of perjury, I declare that I have examined this return, including accomp true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform	• •	•
Here	Title	Date	∫● Telephone
	Signature _	Date	· '
	of officer RENEE TARICA TREASURER  Date		310-372-5053 • PTIN
Paid	Preparer's	Check if self- employed	▶  P00370997
	Signature P T 1/	7 0 0 / Z 0 ± 3   employed	● FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed) FRITH-SMITH & ARCHIBALD,	T.T.P	95-4714778
	and address 6355 TOPANGA CANYON BLVD		• Telephone
	WOODLAND HILLS, CA 91367	,	818-774-1500
	May the FTB discuss this return with the preparer shown above? See instructions .		• X Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations

Part II	Organizations with gross receipts of mor regardless of amount of gross receipts -									
	1 Gross sales or receipts from all busines	ss activities. See instructions	·	•	1	41,638.00				
	2 Interest		2	5,530.00						
Receipts		vidends								
from	4 Gross rents			•	4	0.0				
Other	5 Gross royalties					0.0				
Sources	6 Gross amount received from sale of ass	ets (See Instructions)		•	6	0.0				
	7 Other income. Attach schedule					7,885.00				
	8 Total gross sales or receipts from other									
	Enter here and on Side 1, Part I, line 1		8	58,090.00						
		9 Contributions, gifts, grants, and similar amounts paid. Attach schedule ATCH 3								
		Disbursements to or for members								
_	11 Compensation of officers, directors, ar	1 Compensation of officers, directors, and trustees. Attach schedule ATCH 4								
Expenses and	12 Other salaries and wages			•	12	8,326.00				
and Disburse-	13 Interest					0.0				
ments	14 Taxes				1 1	4,210.00				
	15 Rents				1 1	13,380.00				
	1	epreciation and depletion (See instructions)								
	17 Other Expenses and Disbursements. A	ttach schedule.	17	122,552.00						
	18 Total expenses and disbursements. A				18	218,785.00				
Schedu	le L Balance Sheets	Beginning of taxable year			End of ta	axable year				
Assets		(a)	(b)		(c)	(d)				
1 Cash			159,089.			<ul><li>246,091.</li></ul>				
2 Net a	accounts receivable					•				

beginning of	taxable year	End of taxable year			
(a)	(b)	(c)	(d)		
	159,089.		<ul> <li>246,091.</li> </ul>		
			•		
			•		
	705.		• 4,451.		
			•		
			•		
ATCH 6	736,158.		<ul> <li>666,022.</li> </ul>		
			•		
			•		
( 768)	192.	( 960)			
			•		
ATCH 7			• 726.		
	896,870.		917,290.		
			•		
			•		
			•		
			•		
			•		
			•		
	896,870.		• 917,290.		
	896,870.		917,290.		
	(a)  ATCH 6  960. (768)  ATCH 7	705. ATCH 6 736,158.  960. ( 768) 192.  ATCH 7 726. 896,870.	(a) (b) (c) 159,089.  705.  ATCH 6 736,158.  960. ( 768) 192. ( 960.)  ATCH 7 726. 896,870.		

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 \$50,000

	(-),									
1	Net income per books	• 20,420.	7 Income recorded on books this year ATCH 8							
2	Federal income tax	•	not included in this return. Attach schedule							
3	Excess of capital losses over capital gains	•	8 Deductions in this return not charged							
4	Income not recorded on books this		against book income this year.							
	year. Attach schedule	•	Attach schedule							
5	Expenses recorded on books this year not		9 Total. Add line 7 and line 8							
	deducted in this return. Attach schedule	•	10 Net income per return.							
6	Total. Add line 1 through line 5	20,420.	Subtract line 9 from line 6 · · · · · - 38, 183.							



Date Acce	epted			DO N	OT MAIL TH	IIS FORM TO FT
TAXABLE YE	EAR Californ	nia e-file Return Au	thorization f	or		FORM
2012		t Organizations	tiioiizatioii i	<b>.</b>		8453-EO
Exempt Organi	-				dentifying numb	er
PRADER	-WILLI CALIFO	ORNIA FOUNDATION		9	<del>95-34807</del>	52
Part I El	ectronic Return Inforr	mation (whole dollars only)				
1 Total gro	oss receipts (Form 199, lin	ne 4)			1	184,729
•	ess income (Form 199, line benses and disbursement	e 8) s (Form 199, Line 9)				
		ectronically for Taxable Year 2012				
4 Elec	tronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Wit	hdrawal date (MM	//DD/YYYY) _	
Part III B	Sanking Information (⊦	lave you verified the exempt organ	nization's banking info	rmation?)		
<b>5</b> Routing		, , , , , , , , , , , , , , , , , , , ,	J			
6 Account	number		7 Type of account:	Checking	Savin	gs
	eclaration of Officer					
I authorize the amount listed	. 0	account be settled as designated in P	art II. If I check Part II, B	ox 4, I authorize a	ın electronic fu	nds withdrawal for th
the exempt or exempt orga exempt orga provider. If the	organization is filing a ba inization's fee liability, the anization return and acce	onic return. To the best of my knowledge alance due return, I understand that if e exempt organization will remain liab ompanying schedules and statements empt organization's return or refund	the Franchise Tax Board ble for the fee liability and be transmitted to the	d (FTB) does not rend all applicable i FTB by the ERO	eceive full and nterest and pe , transmitter, o	timely payment of the enalties. I authorize the or intermediate service
Sign	•	11/06	/2013	ASURER		
Here	Signature of Officer	Date	7 Z O I S Title	ADUNEN		
Part V D		nic Return Originator (ERO) and P	aid Prenarer See inst	ructions		
I declare that knowledge. ( however, that transmitting followed all c four years fr available to t return and a	t I have reviewed the abo (If I am only an Intermedi at form FTB 8453-EO accu this return to the FTB; I h other requirements descri tom the due date of the i the FTB upon request. If I accompanying schedules	ove exempt organization's return and the iate Service Provider, I understand that urately reflects the data on the return.) have provided the organization officer libed in in FTB Pub. 1345, 2012 e-file Freturn or four years from the date the am also the paid preparer, under penal and statements, and to the best of f which I have knowledge.	tat the entries on form F t I am not responsible for I have obtained the orgative with a copy of all forms landbook for Authorized exempt organization re- alties of perjury, I declared	TB 8453-EO are cor or reviewing the ex- nization officer's s and information the e-file Providers. I vecturn is filed, which that I have exam	kenpt organization ignature on for nat I will file with will keep form Fore the never is later, a ined the above	ation's return. I declar om FTB 8453-EO befo ith the FTB, and I hav FTB 8453-EO on file fo and I will make a cop e exempt organization
	ERO's-		Date			ERO's PTIN
ERO	signature				self- mployed	
Must Sign	Firm's name (or yours				FEIN	
O.g.,	if self-employed) and address				Ž	ZIP Code
•		hat I have examined the above organize, correct, and complete. I make this de				
	Paid		Date	Check	Paid preparer	s PTIN
Paid	preparer's signature		11/06/2013	if self- employed	P00370	997_
Preparer Must	Firm's name (or yours			FEIN	•	
Sign	if self-employed)	FRITH-SMITH & ARC 6355 TOPANGA CANY			714778 ZIP Code	1
	and address	WOODLAND HILLS		CA	91367	

# FORM 199, PART I, LINE 3 - LIST OF CONTRIBUTORS

### ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
CASH CONTRIBUTION UNDER \$5,000 PROVIDED UPON REQUEST REDONDO BEACH, CA 90277	12/31/2012	81,466.
THE STORR FAMILY FOUNDATION 33 BROOKRIDGE DR GREENWICH, CT 06830	12/31/2012	12,000.
JOSEPH DROWN FOUNDATION 1999 AVENUE OF THE STARS, STE. #2330 LOS ANGELES, CA 90067	12/31/2012	10,000.
FUNDRAISING CASH CONTRIBUTION UNDER \$5K 514 N. PROSPECT AVE. #110-LL REDONDO BEACH, CA 90277	11/19/2012	8,130.
RONALD MCDONALD HOUSE OF CHARITIES ONE KROC DR. OAK BROOK, IL 60523	03/21/2012	5,000.
TOTAL CONTRIBUTION AMO	DUNTS	116,596.

ATTACHMENT	2

REIMBURSEMENTS 6,106.
INVESTMENT INCOME 1,913.
FUND RAISING EVENT INCOME -134.

TOTAL OTHER INCOME \_\_\_\_\_\_7,885.

PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752

### FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 3

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
CHILDREN'S HOSPITAL ORANGE COUNTY	NONE	SUPPORT CLINIC	10,000.
		SUPPORT CLINIC	10,000.
1201 W. LA VETA AVE.	501(C)(3)		
ORANGE, CA 92868			
CENTRAL CALIFORNIA FACULTY	501(C)(3)	SUPPORT CLINIC	7,815.
4910 E. CLINTON AVE, SUITE 101			
FRESNO, CA 93727			
FRESNO, CA 93/2/			
PRADER-WILLI SYNDROME ASSOCIATION	501(C)(3)	SUPPORT EDUCATION	3,810.
8588 POTTER PARK DR. SUITE 500			
SARASOTA, FL 34238			
RADY CHILDREN'S HOSPITAL FOUNDATION	501(C)(3)	SUPPORT CLINIC	8,500.
3020 CHILDRENS WAY MC 5133			·
SAN DIEGO, CA 92123			
ARC OF SAN DIEGO	501(C)(3)	EXERCISE EQUIP	1,500.
3030 MARKET ST.			
SAN DIEGO, CA 92102			
		TOTAL CONTRIBUTIONS PAID	31,625.
		TOTAL CONTRIBUTIONS THIS	31,023.

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ATTACHMENT 4

COMPENSATION	OF	OFFICERS,	DIRECTORS,	AND	TRUSTEES

NAME	TITLE_	COMPENSATION
LISA GRAZIANO	EXECUTIVE DIRECTOR	38,500.
TOTAL COMPENSATION OF OFFICERS, DIRECT	TORS. AND TRUSTEES	38,500.

# ATTACHMENT 5

# PART II - OTHER EXPENSES

ACCOUNTING EXPENSE	3,000.
INVESTMENT MGMT FEES	3,212.
OTHER FEES FOR SVCS	10,838.
OFFICE EXPENSES	11,394.
INFO. TECHNOLOGY	2,646.
TRAVEL EXPENSES	11,431.
CONFERENCES	22,005.
INSURANCE	2,513.
SUPPORT ADVOCACY EXP	34,053.
AWARENESS PROGRAM EXP	13,243.
TRAINING PROGRAM EXP	3,500.
PAYROLL PROCESSING FEE	627.
MISCELLANEOUS	4,090.
TOTAL OTHER EXPENSES	122,552.

# ATTACHMENT 6

## SCHEDULE L - INVESTMENTS IN STOCK

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MARKETABLE SECURITIES CASH FUND INVESTMENT	418,916. 317,242.	439,995. 226,027.
TOTAL INVESTMENTS IN STOCK	736,158.	666,022.

726.

ATTACHMENT 7

SCHEDULE	T	OTHER	ASSETS
			ADDELD

DESCRIPTION

BEG. OF YEAR

OFFICE LEASE DEPOSIT

726.

58,603.

ATTACHMENT 8

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

UNREALIZED GAINS 58,603.

TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED