Form	9	9	0
Departm	nent of	f the	Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

3 12 Open to Public

OMB No. 1545-0047

Inspection

6

Internal	Rever	nue Service			Information	about Form	990 and it	s instructions	s is at www.ir	rs.gov/f	orm990.		Inspection
A Foi	' the	e 2013	calenc	lar year, or t	ax year be	ginning		, <b>20</b> 13	3, and endir	ng			, 20
P			Name	of organization							D Employer id	entificat	tion number
B Chec	k if app	plicable:	PRAI	DER-WILLI	CALIFOR	NIA FOUND	DATION						
	Addres change		Doing E	Business As							95-3480	0752	
	Name	change	Numbe	er and street (or	P.O. box if mail	is not delivered t	to street add	ress)	Room/suite		E Telephone n	umber	
	Initial I	return	514	N. PROSPI	ECT AVEN	UE STE 11	0-LL				(310) 37	2-50	53
	Termin	nated	City or	town, state or p	rovince, countr	y, and ZIP or fore	eign postal c	ode					
	Amend return		REDO	NDO BEACI	H, CA 90	277					G Gross receip	ots \$	997,164
	Applica pendin		Name	and address of p	orincipal officer:	RENEE	TARIC	A			H(a) Is this a gro subordinates		for Yes X N
			514	N PROSPEC	CT AVE,	STE 110 I	L REDO	NDO BEACI	H, CA 90	2	H(b) Are all subore	dinates inclu	uded? Yes N
Та	x-exe	empt statu	is: 2	۲ 501(c)(3)	501(c)	( ) ┥ (in	sert no.)	4947(a)(1)	or 52	27	lf "No," atta	ch a list. (	see instructions)
-				VCF.ORG							H(c) Group exem		
		of organiza		Corporation	Trust	Association	Other	•	L Year o	of format	ion: 1979 <b>M</b>	State of	legal domicile: CA
Part		Sum											
												TH PF	RADER-WILLI
Ce				THEIR FA					A STATE	NETW	ORK OF		
nar		INFOF	RMATI	ON, ADVOC	ACY AND	SUPPORT	SERVIC	ES.					
Governance					0		•	•			of its net asset	S.	
ŭ	3	Number	of voti	ng members o	f the governi	ng body (Part V	/I, line 1a)					3	11.
s S				ependent voting								4	11.
vitie				f individuals e								5	2
Activities	6	Total nu	mber c	f volunteers (e	stimate if nec	essary)						6	70.
<				business reve								7a	
	b	Net unr	elated b	ousiness taxab	le income fro	m Form 990-T,	, line 34 🔒	<u></u>				7b	<b>0</b> ( <b>)</b>
	_										Prior Year		Current Year
ne	8	Contribu	utions a	nd grants (Part	VIII, line 1h)			· · Cor	PY FOR		126,63		128,760
é	9	Progran	n servic	e revenue (Parl	t VIII, line 2g)				NSPECTION		37,68		41,103
	U	mvestm	ent inc	Sine (Part VIII,	column (A),	ines 5, 4, and	/u)				10,48		7,157
1				(Part VIII, colu							180,60		180,131
1				add lines 8 th							31,62		29,621
1				illar amounts p o or for membe							51,02	0	20,023
4				compensation							51,03	36.	69,361
Expenses	6a	Profess	ional fu	ndraising fees	(Part IX, colu		ຸ, ເປັນແມ່ນ (ກ ລ)	, iiiies 5-10)			01,00	0	0,000
per	h i	Total fu	ndraisir	ndraising fees	art IX colum	n (D) line 25)	• • • • •	4,494	4.				
۵ ۱				s (Part IX, colu							136,12	24.	107,402
				. Add lines 13							218,78		206,384
1			•	expenses. Subt	• •						-38,18	33.	-26,253
	-									Begin	ning of Current	Year	End of Year
2 land	0.	Total as	sets (Pa	art X, line 16)							917,29	90.	903,113
Net Assets or Fund Balances C C C				(Part X, line 26)								0	
Z Lust				und balances.			D				917,29	90.	903,113
Part	Ι	Sign	ature	Block									
Under	pen	alties of	oerjury,	I declare that I h	nave examined	this return, incl	uding accor	npanying scheo	lules and state	ments, a	and to the best o	f my kn	owledge and belief, it i
true, c	orrec		mpiete.	Declaration of pr	eparer (other ti	nan onicer) is ba	sed on all in	normation of wr	lich preparer na	as any kr	iowiedge.		
<b>.</b> .													
Sign		Si	gnature	of officer							Date		
Here		- 🛋		TARICA				TREAS	URER				
				int name and title	9								
Paid		Print/Ty	pe prep	arer's name		Preparer's s	ignature		Date		Check	if PT	1N
Paid Prepai	rer								09/16	5/201	4 self-employ		00370997
Use O		Firm's n	ame 🛛	FRITH-S	MITH & A	RCHIBALD	, LLP				Firm's EIN 🕨		714778
	-			• 6355 TOPAN							Phone no.	818-	774-1500
vlay th	ne IF	RS discu	iss this	return with the	e preparer sho	own above? (se	ee instructio	ons)					X Yes No
For Pa	aper	work R	eductio	n Act Notice,	see the sepa	rate instruction	ns.						Form <b>990</b> (2013

AT Did price If "Y Did serv If "Y Des exp the	Check if Schedule O contains a response or note to any line in this riefly describe the organization's mission: ATTACHMENT 1 did the organization undertake any significant program services during the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. did the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to ne total expenses, and revenue, if any, for each program service reported.	ie year which were not listed on the Yes X in how it conducts, any program
AT Did price If "Y Did serv If "Y Des exp the	ATTACHMENT 1 bid the organization undertake any significant program services during th rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. bid the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
Did price If "Y Did serv If "Y Des exp the a (Co SUI	id the organization undertake any significant program services during th rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
pric If "Y Did serv If "Y Des exp the a (Co	rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. vid the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
pric If "Y Did serv If "Y Des exp the a (Co	rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. vid the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
pric If "Y Did serv If "Y Des exp the a (Co	rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. vid the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
pric If "Y Did serv If "Y Des exp the a (Co	rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. vid the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
If "Y Did serv If "Y Des exp the a (Co	"Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. vescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
Did serv If "Y Des exp the a (Co	"Yes," describe these new services on Schedule O. hid the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. hescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	in how it conducts, any program
Did serv If "Y Des exp the a (Co	id the organization cease conducting, or make significant changes ervices? "Yes," describe these changes on Schedule O. Pescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	Yes X
serv If "Y Des exp the a (Co	ervices? "Yes," describe these changes on Schedule O. Pescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	Yes X
If "Y Des exp the a (Co	"Yes," describe these changes on Schedule O. lescribe the organization's program service accomplishments for each xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	
exp the a (Co	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to	of its three largest program convises as measured
the a (Co		of its three largest program services, as measure
a (Co SUI	ne total expenses, and revenue, if any, for each program service reported.	report the amount of grants and allocations to oth
SUI		
SUI		
SUI	Code: ) (Expenses \$ 82,457. including grants of \$	29.621 ) (Revenue \$ 29.298 )
SYN	UPPORT & ADVOCACY PROGRAMS: THE ORGANIZATION'S PRAD	
	YNDROME CAMP IS THE ONLY MEDICALLY-SPECIALIZED CAMP	P IN THE STATE
OF	F CALIFORNIA THAT EXCLUSIVELY SERVES PERSONS WITH F	
	YNDROME (PWS). THIS YEAR WE SERVED 68 CAMPERS RANGI	
	-65 YEARS. THE ORGANIZATION SUPPORTED THREE PWS CLI	
	HROUGHOUT THE STATE. WE SPONSORED SUPPORT GROUPS, W	
	DVOCACY LETTERS, ATTENDED SCHOOL MEETINGS AND HEARI	
	AMILY MEMBERS, AND MAINTAINED A 24/7 MEDICAL CRISIS	
	OLLABORATED WITH AND SUPPORTED THE WORK OF THE NATI	LONAL
PRA	RADER-WILLI SYNDROME ASSOCIATION (USA).	
o (Co	Code: ) (Expenses \$ 31,019. including grants of \$	) (Revenue \$
	WARENESS PROGRAMS: PRADER-WILLI CALIFORNIA FOUNDATI	
NUN	UMEROUS EVENTS TO RAISE THE PUBLIC'S AWARENESS OF F	PRADER-WILLI
SYN	YNDROME INCLUDING A WALKATHON, FAMILY DAY GOLF EVEN	NT, FAMILY DAY
	OCCER EVENT, AND ANNUAL HOLIDAY MAIL GREETING. EACH	
	ROGRAMS ALSO SERVE TO PROVIDE FAMILIES WITH NETWORK	
	UPPORT OPPORTUNITIES SO THAT THEY FEEL LESS ISOLATE	
	ONNECTED WITH OTHER PWS FAMILIES AND PROFESSIONALS.	,
: (Co	Code: ) (Expenses \$ 38,388. including grants of \$	) (Revenue \$ 13,436.)
	ATTACHMENT 2	
	Nehar program convision (Deceritor in Cabadula O.)	
	Other program services (Describe in Schedule O.)	
(Ex	Expenses \$ including grants of \$ ) (Rev otal program service expenses ► 151,864.	/enue \$ )

PRADER-WILLI CALIFORNIA FOUNDATION

Form 9	90 (2013)		F	-age <b>3</b>
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X 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	2		х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
-	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,"	11a	х	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
D D	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			37
	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)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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			
	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		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

JSA

Form 99	90 (2013)			Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 -		25		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
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?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		х
a L		204		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204	x	
	Schedule L, Part IV.	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		x
	Part VI.			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013)

JSA 3E1030 1.000 71483T N480 11/3/2014 5:56:18 PM V 13-7.5F PRADERWILL PRADER-WILLI CALIFORNIA FOUNDATION

Form 990 (2013)

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V			• 
10	Enter the number reported in Box 3 of Form 1096. Enter $-0$ if not applicable $1a$		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a6Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	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	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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.			
	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>c</b> 1-		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor? 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	10		
C	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
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			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.) [11b] 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA		-	000	(2042)

-	~~~		<u> </u>
Form	990	(201	3)

Form a	990 (2013) FRADER-WILLI CALIFORNIA FOUNDATION 95-5400	1152		Page 0
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	tion A. Governing Body and Management			
	. 11		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			x
	any other officer, director, trustee, or key employee?	2		A
3	Did the organization delegate control over management duties customarily performed by or under the direct			х
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x
	one or more members of the governing body?	7a		
b		7b		x
•	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a h	The governing body?	8b	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ə.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b				
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	with a taxable entity during the year?	16a		X
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			
0	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain in Schedule O)	501(0	c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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

	organization: Renee	TARICA 514 N.	PROSPECT AVENUE	SUITE 110LL	REDONDO BEACH,	CA 90277	310-372-5053	
JSA							F	orm <b>990</b> (2013)
042 1.0	00							

3E1042

|--|

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

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.

Χ 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 any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than c is both or/trust employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)JULIE_CASEY PRESIDENT	5.00	x		x				0	0	0
(2)KIMBERLEE MORGAN VICE PRESIDENT	1.00	x		x				0		0
	1.00	X						0	0	0
_(4)NISHA MEHTA SECRETARY	1.00	x		х				0	0	0
BRAS DIRECTOR	1.00	x						0	0	0
_(6) <sup>RENEE</sup> _TARICA TREASURER	4.00	X		Х				0	0	0
_(7)JUNE-ANNE GOLD, M.D. DIRECTOR	1.00	x						0	0	0
_(8) <sup>PAULA</sup> _WATNEY DIRECTOR	1.00	X						0	0	0
_(9)JULIE_TAUSCHER DIRECTOR	1.00	x						0	0	0
(10) <sup>ROGER</sup> GOATCHER DIRECTOR	1.00	x						0	0	0
(11)JACKI LINDSTROM DIRECTOR	1.00	X						0	0	0
(12)										
(13)										
(14)										

JSA

3E1041 1.000

PRADERWILL

Form 990 (2013)

-	990 (2013) rt VII Section A. Officers, Directors, Tru												Page
	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i box,	not ch unles	Pos heck	C) iition more erson lirect	e than o is both or/trust employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	able on from d tions	Est amo comp fro orga and	(F) imated bount of ther ensation m the nization related nizations
			_										
			-										
			-										
c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) Total number of individuals (including but not	imited to t	hose	liste	d al	bove	e) who	A	C C C C C C C C C C C C C C C C C C C	)	0 0 0 0		(
3	Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schedu</i>	er, directo	or, or									3	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations and related organizations greated organizations and related organizations and related organizations and related organizations are solved as the solved organization of the solved organization orga	eater than	\$15	50,0	00?	lf If	"Yes	s,"	complete Schedu				x
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	un	related organizati			4	X
Se	ction B. Independent Contractors	s, comple		ieuu		101	Such	per	30//			<b>J</b>	
1	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	ress							(B) Description of se	ervices	C	<b>(C)</b> ompensa	ation
								_					
								_					
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				nite		thos 0	se li	isted above) who	received			

Par	t VII	Statement of Revenue Check if Schedule O contains a respo	nse or note to ar	ov line in this Part V	111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$	12,287. 13,493. 102,980.				
	g h	Total. Add lines 1a-1f		128,760.			
Program Service Revenue	2a b c d	SUPPORT & ADVOCACY - CAMP EDUCATION	Business Code 900099 611710	29,298. 11,805.	29,298. 11,805.		
Program	e f g	All other program service revenue	►	41,103.			
	3 4 5	Investment income (including dividends, inter other similar amounts) ATTACHMENT 3 Income from investment of tax-exempt bond p Royalties (i) Real	rest, and ▶ proceeds	24,096. 0 0			24,096.
	6a b c d	Gross rents		0			
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
nue	d	Net gain or (loss)         Gross income from fundraising         events (not including \$13,493	▶ ATCH 4	-16,939.			-16,939.
Other Revenue	b	of contributions reported on line 1c). See Part IV, line 18	7,241.	-4,810.			-4,810.
U	9a	Gross income from gaming activities. See Part IV, line 19					
	b c	Less: direct expenses <b>b</b> Net income or (loss) from gaming activities		0			
	10a b	Gross sales of inventory, less returns and allowances а Less: cost of goods sold _ АТСН б _ b	361.				
	c	Net income or (loss) from sales of inventory. Miscellaneous Revenue	Business Code	1,632.			1,632.
	11a b	REIMBURSEMENTS	900099	6,289.	6,289.		
	c d e	All other revenue		6,289.			
	12	Total revenue. See instructions		180,131.	47,392.		<u>3,979.</u> Form <b>990</b> (2013)

## PRADER-WILLI CALIFORNIA FOUNDATION

	<b>IX</b> Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations mu	ist complete all column			
	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 G	rants and other assistance to governments and				
0	rganizations in the United States. See Part IV, line 21 .	16,306.	16,306.		
<b>2</b> G	and other assistance to individuals in				
th	ne United States. See Part IV, line 22	13,315.	13,315.		
	rants and other assistance to governments,				
	rganizations, and individuals outside the				
	nited States. See Part IV, lines 15 and 16	0			
	enefits paid to or for members	0			
	compensation of current officers, directors,				
tr	ustees, and key employees	0			
<b>6</b> C	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	0	45.000	15 415	<b>F C</b> 1
7 C	other salaries and wages	63,905.	47,929.	15,415.	561
<b>8</b> P	ension plan accruals and contributions (include section				
4	01(k) and 403(b) employer contributions)	0			
	other employee benefits	0	4 000	1 225	0.7
<b>10</b> P	ayroll taxes	5,456.	4,092.	1,337.	27
	ees for services (non-employees):				
a N	lanagement	0			
bL	egal	703.		703.	
	ccounting	3,000.		3,000.	
dL	obbying	0			
<b>e</b> P	rofessional fundraising services. See Part IV, line 17.	0			
f Ir	vestment management fees	0			
g C	Other. (If line 11g amount exceeds 10% of line 25, column	_			
(A	amount, list line 11g expenses on Schedule O.)	0			
<b>12</b> A	dvertising and promotion	4,000.	2,010.		1,990
<b>13</b> C	Office expenses	27,386.	14,751.	11,488.	1,147
14 Ir	nformation technology	0			
	oyalties	0			
<b>16</b> C	Occupancy	13,439.		13,439.	
17 T		7,820.	6,263.	1,557.	
<b>18</b> P	ayments of travel or entertainment expenses	_			
fo	or any federal, state, or local public officials	0			
<b>19</b> C	onferences, conventions, and meetings	8,181.	7,933.	248.	
<b>20</b> Ir	nterest	0			
<b>21</b> P	ayments to affiliates	0			
<b>22</b> D	epreciation, depletion, and amortization	0			
<b>23</b> Ir	nsurance	2,141.		2,141.	
<b>24</b> O	ther expenses. Itemize expenses not covered				
al	bove (List miscellaneous expenses in line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
	A) amount, list line 24e expenses on Schedule O.)				
	JPPORT & ADVOCACY EXP	29,419.	29,419.		
~ _	DUCATIONAL PROGRAM EXP	6,759.	6,759.		
	WARENESS PROGRAM EXP	3,756.	2,987.		769
<b>d</b> P_	AYROLL PROCESSING FEE	658.		658.	
еA	Il other expenses	140.	100.	40.	
	otal functional expenses. Add lines 1 through 24e	206,384.	151,864.	50,026.	4,494
	oint costs. Complete this line only if the ganization reported in column (B) joint costs				
	om a combined educational campaign and				
fu	Indraising solicitation. Check here 🕨 🦳 if				
fc	bllowing SOP 98-2 (ASC 958-720)	0			

JSA 3E1052 1.000

Form 990 (2013)

Page	11	
------	----	--

Part X	Check if Schedule O contains a response or note to any line in this Pa Cash - non-interest-bearing Savings and temporary cash investments	<b>(A)</b> Beginning of year		(B)
2 3 4	Cash - non-interest-bearing	Beginning of year		
2 3 4	Cash - non-interest-bearing	17 400		End of year
3 4	Savings and temporary cash investments	17,402.	1	66,704.
4	Cavinge and temperary caen investments	228,689.	2	168,268.
	Pledges and grants receivable, net	0	3	0
	Accounts receivable, net	0	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6	0
L ts	organizations (see instructions). Complete Part II of Schedule L	0	6 7	0
Assets 8 2	Notes and loans receivable, net	4,451.	7 8	4,180.
8 As	Inventories for sale or use Prepaid expenses and deferred charges		0 9	
-	a Land, buildings, and equipment: cost or	0	9	0
	other basis. Complete Part VI of Schedule D 10a 960.			
	Description     10b	0	10c	0
11	Investments - publicly traded securities	0	11	0
12	Investments - other securities. See Part IV, line 11	439,995.		385,555.
13	Investments - program-related. See Part IV, line 11	226,027.		277,680.
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	726.		726.
16	Total assets. Add lines 1 through 15 (must equal line 34)	917,290.	16	903,113.
17	Accounts payable and accrued expenses	0	17	0
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
କ୍ଷ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	Loans and other payables to current and former officers, directors,			
.iab	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		0	25	0
26	of Schedule D Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	
Fund Balances 65 65 63 64 64 64 65 65 65 65 65 65 65 65 65 65 65 65 65	Unrestricted net assets	909,111.	27	903,113.
28	Temporarily restricted net assets	8,179.	28	0
ଅ ହୁ 29	Permanently restricted net assets	0	29	0
or Fui	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
st 30	Capital stock or trust principal, or current funds		30	
e 8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 33 33	Retained earnings, endowment, accumulated income, or other funds		32	
<b>N</b> 33	Total net assets or fund balances	917,290.	33	903,113.
34	Total liabilities and net assets/fund balances	917,290.	34	903,113. Form <b>990</b> (2013)

Form 990 (2013)

Form 990 (2013)

PRADER-WILLI	CALIFORNIA	FOUNDATION

Form 99	90 (2013)			Pa	ge <b>12</b>			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.80,1				
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,2				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	ç	17,2				
5	Net unrealized gains (losses) on investments	5		12,0				
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	03,1	.13.			
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in						
20	Schedule O.		0.5		х			
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com	nilod or	. <u>2a</u>					
	reviewed on a separate basis, consolidated basis, or both:	iplied of						
			2b		х			
b	Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	led on a						
	Separate basis, consolidated basis, or both.							
-		iaht						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over- of the audit, review, or compilation of its financial statements and selection of an independent accou	-	2c					
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	πριαπ Π						
3.2	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in						
Ja	the Single Audit Act and OMB Circular A-133?		3a		Х			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao the	•					
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b					

Form **990** (2013)

# SCHEDULE A

# (Form

# **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service         ► Attach to Form 990 or Form 990-EZ.           ► Information about Schedule A (Form 990 or 990-EZ) and its instruction	s is at <i>www.irs</i>	.gov/form9	Open to Public 990. Inspection
Name of the organization	Em	oloyer iden	tification number
PRADER-WILLI CALIFORNIA FOUNDATION		95	-3480752
Part I Reason for Public Charity Status (All organizations must complete this p	art.) See in	structions	•
The organization is not a private foundation because it is: (For lines 1 through 11, check on	y one box.)		
1 A church, convention of churches, or association of churches described in section	170(b)(1)(A	)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)			
3 A hospital or a cooperative hospital service organization described in section 170(	b)(1)(A)(iii).		
4 A medical research organization operated in conjunction with a hospital desc		tion 170(b	b)(1)(A)(iii). Enter the
hospital's name, city, and state:			
5 An organization operated for the benefit of a college or university owned or op	erated by a	aovernme	ntal unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)	, or alloca by a	901011110	
6 A federal, state, or local government or governmental unit described in section 17	0(b)(1)(A)(v)		
7 X An organization that normally receives a substantial part of its support from a g			om the general public
described in section 170(b)(1)(A)(vi). (Complete Part II.)	overninentai		on the general public
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
9 An organization that normally receives: (1) more than 331/3% of its support from	o contribution	s momb	archin face and aross
receipts from activities related to its exempt functions - subject to certain exce			
support from gross investment income and unrelated business taxable incon	-		
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete State S			
10 An organization organized and operated exclusively to test for public safety. See s	,	\ <i>(</i> <b>4</b> )	
11 An organization organized and operated exclusively to test to public salety. See S	•		or to carry out the
purposes of one or more publicly supported organizations described in section			-
<b>509(a)(3).</b> Check the box that describes the type of supporting organization and co			
a Type I b Type II c Type III-Functionally integrated			unctionally integrated
e By checking this box, I certify that the organization is not controlled directly or in			, 0
other than foundation managers and other than one or more publicly supported			
or section 509(a)(2).	organizatione		
f If the organization received a written determination from the IRS that it is a 1	Type I Type	II or Type	e III supporting
organization, check this box	, , , , , , , , , , , , , , , , , , , ,	ii, or 199	
<b>g</b> Since August 17, 2006, has the organization accepted any gift or contribution from	m any of the		•••••
following persons?			
(i) A person who directly or indirectly controls, either alone or together with pe	ersons descri		•
(iii) below, the governing body of the supported organization?		bed in (ii)	and Yes No
(ii) A family member of a person described in (i) above?			
(iii) A 35% controlled entity of a person described in (i) or (ii) above?			11g(i) X
<b>h</b> Provide the following information about the supported organization(s).			11g(i)         X           11g(ii)         X
			11g(i)         X           11g(ii)         X
			11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (described on lines 1-9 organization in the organization is the organization in the organization in the organization in the organization is the organization in the organization is the	you notify ( ganization org	vi) Is the anization in	11g(i)         X           11g(ii)         X
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (organization) (0) listed in your governing	you notify ( ganization org (i) of your col.	vi) Is the anization in (i) organized	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col. (i) listed in in col.	you notify ( ganization org (i) of your col.	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) Is the organization in col. (I) listed in your governing document?(v) Did the org in col. supYesNoYes	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) Is the organization in col. (i) listed in your governing document?(v) Did the organization in col.	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))       (iv) Is the organization in col. (j) listed in your governing document?       (v) Did the organization in col. (j) listed in your governing document?         (A)       (A)       (a)       (b)       (b)       (c)       (c) <td>you notify ( ganization org (i) of your col. oport? in</td> <td>vi) Is the anization in (i) organized the U.S.?</td> <td>11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary</td>	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) Is the organization in col. (I) listed in your governing document?(v) Did the org in col. supYesNoYes	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) is the organization in col. (i) listed in your governing document?(v) Did the org in col. your your your your your document?(A)(B)	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))       (iv) Is the organization in col. (j) listed in your governing document?       (v) Did the organization in col. (j) listed in your governing document?         (A)       (A)       (a)       (b)       (b)       (c)       (c) <td>you notify ( ganization org (i) of your col. oport? in</td> <td>vi) Is the anization in (i) organized the U.S.?</td> <td>11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary</td>	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) is the organization in col. (i) listed in your governing document?(v) Did the org in col. your your your your your document?(A)(B)	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) is the organization in col. (i) listed in your governing document?(v) Did the org in col. your your your governing document?(A)(A)(B)(C)(C)(C)(C)(D)(C)(C)(C)(C)(C)(C)	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary
(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))(iv) Is the organization in col. (j) listed in your governing document?(v) Did the org in col. sup(A)(A)Image: Colored colore	you notify ( ganization org (i) of your col. oport? in	vi) Is the anization in (i) organized the U.S.?	11g(i)         X           11g(ii)         X           11g(iii)         X           11g(iii)         X           (vii)         Amount of monetary

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

Schedule A (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

20

13

EDU	LE	Α	
990	or	990-EZ)	

#### Schedule A (Form 990 or 990-EZ) 2013

95-3480752

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	116,642.	111,344.	164,025.	126,639.	128,760.	647,410.
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	116,642.	111,344.	164,025.	126,639.	128,760.	647,410.
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)						60,342.
6	Public support. Subtract line 5 from line 4.						587,068.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	116,642.	111,344.	164,025.	126,639.	128,760.	647,410.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,656.	8,301.	-26,129.	10,480.	24,096.	29,404.
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.	6,106.	6,289.	21,966.
11	Total support. Add lines 7 through 10						698,780.
12	Gross receipts from related activities, etc. (s	see instructions) .			l	12	171,828.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•					04.01
14 15	Public support percentage for 2013 (lin Public support percentage from 2012					14 15	84.01 % 85.45 %
16a	331/3% support test - 2013. If the o	rganization did	not check the b	box on line 13,	and line 14 is	331/3% or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶ X
b	331/3% support test - 2012. If the o	organization did	not check a bo	ox on line 13 c	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifi	es as a publicly s	supported organ	nization		▶ 📖
17a	10%-facts-and-circumstances test - 2	2013. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					-	
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	upported
	organization						▶ 📖
b	10%-facts-and-circumstances test - 2	2012. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga Explain in Part IV how the organization	on meets the "	facts-and-circum	istances" test.	The organizatio	n qualifies as a	publicly
18	supported organization <b>Private foundation.</b> If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions	<u></u>				chedule A (Eorm 99	

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013

Part IIISupport 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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
74	received from disgualified 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						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(2) 2000	<b>(b)</b> 2010	(a) 2011	(d) 2012	(a) 2012	(f) Total
-	ndar year (or fiscal year beginning in)	<b>(a)</b> 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
IVa	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						
	carried on						
12	Other income. Do not include gain or						
	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 organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	organization, check this box and stop here .						· · · · ▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			nn (f))		15	%
16	Public support percentage from 2012 Schee					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lin			3. column (f))		17	%
18	Investment income percentage from 2012 S					18	%
	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2012. If the organ	-	-				
U	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization d						
20 JSA		IN THE OTECK		,		Schedule A (Form 9	
3E122	21 1.000 71483T N480 11/3/2014 5:	56:18 PM	V 13-7 5F	D	RADERWILL		PAGE 1

Page 4

#### Schedule A (Form 990 or 990-EZ) 2013

**Part IV** Supplemental Information. 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).

SCHEDULE A, PART II	- OTHER INCOME	1			ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
REIMBURSEMENTS		4,599.	4,737.	6,106.	6,289.	21,731.
MISCELLANEOUS		50.	185.			235.
TOTALS	=	4,649.	4,922.	6,106.	6,289.	21,966.

Schedule A (Form 990 or 990-EZ) 2013

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

# Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 more during the year

**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 its Form 990-PF, Part I, line 2, 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.

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$\$.980.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>14,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$13,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page 2

JSA

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

Page 3

(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
		  \$	

PRADERWILL

	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4			
Name of or	rganization PRADER-WILLI CALIFORNIA	A FOUNDATION		Employer identification number 95-3480752			
Part III	<b>Exclusively</b> religious, charitable, etc. that total more than \$1,000 for the y For organizations completing Part III, e contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	<b>ear.</b> Complete colur enter the total of <i>exc</i> e year. (Enter this inf	nns <b>(a)</b> throu <i>lusively</i> religi ormation on	tion 501(c)(7), (8), or (10) organizations ugh (e) and the following line entry. ous, charitable, etc.,			
(a) No.		unal space is neede	u.				
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
		(e) Transfe	er of gift				
	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held			
	Transferee's name, address, an	r of gift	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use (	of gift	(d) Description of how gift is held			
		(e) Transfe					
	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	ud ZIP + 4	R	elationship of transferor to transferee			
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013			

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements ► 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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2 3 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organizati	ion
	CALTEOR

Employee identificati

		organization	Employer identification number
		WILLI CALIFORNIA FOUNDATION	95-3480752
Part	1	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	counts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year	
		egate contributions to (during year)	
		egate grants from (during year)	
		egate value at end of year.	
		he organization inform all donors and donor advisors in writing that the assets held in do	nor advised
		s are the organization's property, subject to the organization's exclusive legal control?	
		he organization inform all grantees, donors, and donor advisors in writing that grant funds	
		for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot	
	confe	erring impermissible private benefit?	Yes No
Par		Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV, line 7.
1	Purp	ose(s) of conservation easements held by the organization (check all that apply).	
			in historically important land area
			certified historic structure
		Preservation of open space	
		plete lines 2a through 2d if the organization held a qualified conservation contribution in th	e form of a conservation
	ease	ment on the last day of the tax year.	Held at the End of the Tax Year
-	Tatal		
			b
			c
		ber of conservation easements included in (c) acquired after 8/17/06, and not on a	4
			d
		ber of conservation easements modified, transferred, released, extinguished, or terminate	d by the organization during the
		ear	
		ber of states where property subject to conservation easement is located ▶	
5		s the organization have a written policy regarding the periodic monitoring, inspection, hand	-
		tions, and enforcement of the conservation easements it holds?	
6		and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem	ients during the year
7		unt of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
'			during the year
8		s each conservation easement reported on line 2(d) above satisfy the requirements of sections	a = 170(h)(1)(P)
0			
•	(i) an	nd section 170(h)(4)(B)(ii)?	
		art XIII, describe how the organization reports conservation easements in its revenue and ex nce sheet, and include, if applicable, the text of the footnote to the organization's financial	-
		nization's accounting for conservation easements.	
Par		Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the	e organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	enue statement and balance sheet
	work	s of art, historical treasures, or other similar assets held for public exhibition, educat c service, provide, in Part XIII, the text of the footnote to its financial statements that descri	tion, or research in furtherance of
		e organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
	work publi	s of art, historical treasures, or other similar assets held for public exhibition, educat c service, provide the following amounts relating to these items:	ion, or research in furtherance of
		evenues included in Form 990, Part VIII, line 1	
		ssets included in Form 990, Part X	
2	lf the	e organization received or held works of art, historical treasures, or other similar ass	ets for financial gain, provide the
		wing amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
		enues included in Form 990, Part VIII, line 1	
		ts included in Form 990, Part X	
⊢or P	aperw	vork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2013

PRADER-WILLI CALIFORNIA FOUNDATION

	dule D (Form 990) 2013									Page <b>2</b>
Par	t III Organizations Maintaining Colle	ections of	Art, Hist	orical T	reasure	s, or Ot	her Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and o	other recor	ds, checl	k any of	the follo	wing that a	are a sigr	nificant use	of its
а	Public exhibition		d	-		nge progra				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's XIII.		·		-		-		t purpose i	n Part
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be mainta	ained as pa	rt of the o	organizat	ion's colle	ection?	<u></u> [	Yes	No
Par	t IV Escrow and Custodial Arrangem or reported an amount on Form 9			ie organ	ization a	inswered	I "Yes" to I	Form 99	0, Part IV,	line 9,
		,	, -							
1a	Is the organization an agent, trustee, custod									
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and compl	ete the foll	owing tab	ole:					
	Paginning holonoo						A	mount		
c d	Beginning balanceAdditions during the year					1c 1d				
e	Distributions during the year					1e				
f	Ending balance					10 1f				
2a	Did the organization include an amount on F								Yes	No
b	If "Yes," explain the arrangement in Part XIII.								[	
Par	t V Endowment Funds. Complete if t	the organi	ization ans	wered "	Yes" to I	Form 99	0, Part IV,	line 10.		
	<b>(a)</b> Cu	rrent year	<b>(b)</b> Prio	r year	(c) Two	years back	(d) Three y	years back	(e) Four yea	irs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
<b>ا</b> م	and losses									
	Grants or scholarships									
C	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year e	nd balance	(line 1g,	column (	a)) held a	s:			
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment		-							
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sho							. d		
3a	Are there endowment funds not in the poss	ession of th	ne organiza	tion that	are neid	and adm	inistered for	the	N.	
	organization by: (i) unrelated organizations								Yes 3a(i)	s No
	(ii) related organizations								3a(i)	
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		-							
Par	t VI Land, Buildings, and Equipment.						_			
	Complete if the organization ans Description of property	(a) Cost or	other basis tment)	(b) Cost o	art IV, IIr or other basi other)	s (C) Ad	See Form Secumulated		t X, line 10 d) Book value	)
1a	Land	(	/		- /					
b	Buildings									
С	Leasehold improvements									
d	Equipment				960	).	960.			
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must	t equal Form	n 990, Part	X, columi	n (B), line	10(c).)	<u></u> ▶			
								Sched	ule D (Form 9	990) 2013

#### Schedule D (Form 990) 2013 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) MARKETABLE SECURITIES 385,555. FMV (B) (C) (D) (E) (F) (G) (H) 385,555 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1) CASH FUND INVESTMENT 277,680 FMV (2)(3) (4)(5)(6)(7)(8) (9) 277,680 Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3) (4)(5)(6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4)(5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 3E1270 1.000
Schedule D (Form 990) 2013

Schedu	e D (Form 990) 2013		Page 4
Part		۱.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants   2c		
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a h	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 4d lines 4a and 4b	4.	
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	
Part		-	
ran	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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		
С	Other losses 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 IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, lines 2d and 4b. Also complete this part to provide any additional information of the second		
z; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	allor	

JSA

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2013

PRADERWILL

	Supplemen	tal Information R	egarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete in the organization answered here then \$40,000 F7 line for						
Department of the Treasury		Attach t					Open to Public
Internal Revenue Service	Information ab	out Schedule G (Form 9	990 or 990-E	Z) and its in	structions is at www.ir	-	Inspection
Name of the organization						Employer identificati	
PRADER-WILLI CAL						95-3480752	
	ng Activities. Com )-EZ filers are not i				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicitat	ions	е	Solic	itation of	non-government g	Irants	
b Internet and	email solicitations	f	Solic	itation of	government grants	S	
c Phone solicit	ations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	licitations						
<b>b</b> If "Yes," list the t	ion have a written of s listed in Form 990, en highest paid indi east \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
<b>(i)</b> Name and addre or entity (fur		<b>(ii)</b> Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	-		
2							
3							
4							
5							
6							
7							
8							
9							
10							-

 

 Total
 ▶

 3
 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

 registration or licensing.

Schedule G (Form 990 or 990-EZ) 2013

PAGE 27

PRADERWILL

# 95-3480752

			(a) Event #1 PUTT FOR PWS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
רפעפוומפ	1	Gross receipts	15,924.			15,92
-	2	Less: Contributions	13,493.			13,493
		Gross income (line 1 minus	0.401			0.40
_		line 2)	2,431.			2,43
	4	Cash prizes				
	5	Noncash prizes				
2000	6	Rent/facility costs	2,556.			2,55
חוופתו באהמווספס	7	Food and beverages	4,278.			4,27
;	8	Entertainment				
	9	Other direct expenses	407.			40
	10	Direct expense summary. Add lines 4	through 9 in column (d)		•	7,24
	44	Net income summary. Subtract line 1	0 from line 3. column (d)			-4,81
						-/0-
	rt II	Gaming. Complete if the orga	anization answered "Y			-
Pa			anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	rted more
Pa		Gaming. Complete if the orga	anization answered "Y			rted more (d) Total gaming (add
'a	rt II	<b>Gaming.</b> Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	rted more (d) Total gaming (add
a	rt II	Gaming. Complete if the orga	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	rted more (d) Total gaming (add
a	rt II	<b>Gaming.</b> Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) <sup>Bingo</sup>	es" to Form 990, Par	t IV, line 19, or repo	rted more (d) Total gaming (add
	1 2	Gaming. Complete if the orgation \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) <sup>Bingo</sup>	es" to Form 990, Par	t IV, line 19, or repo	rted more (d) Total gaming (add
	rt    1 2 3	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) <sup>Bingo</sup>	es" to Form 990, Par	t IV, line 19, or repo	rted more (d) Total gaming (add
	rt    1 2 3 4	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) <sup>Bingo</sup>	es" to Form 990, Par	t IV, line 19, or repo	-
a	rt    1 2 3 4 5	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) <sup>Bingo</sup>	es" to Form 990, Par	t IV, line 19, or repo	rted more (d) Total gaming (add
	rt    1 2 3 4 5 6	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	rted more (d) Total gaming (add
	rt    1 2 3 4 5 6 7	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	rted more (d) Total gaming (add
	rt    1 2 3 4 5 6 7	Gaming. Complete if the orgation than \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	rted more (d) Total gaming (add
	rt    1 2 3 4 5 6 7 8 Er	Gaming. Complete if the orgation on Form 990-E	anization answered "Y Z, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bingo (c	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c)
	1 2 3 4 5 6 7 8 Er	Gaming. Complete if the orgation of Form 990-E	anization answered "Y Z, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bingo (c	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d) ivities: of these states?	t IV, line 19, or repo	rted more (d) Total gaming (add col. (a) through col. (c)

Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Nama N
	Name ▶
	Address ►
	Address
16	Gaming manager information:
-	
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
D	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States		OMB No. 1545-0047
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.		Open to Public
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization	te of the organization Employer iden		tification number
PRADER-WILLI CALIFO	95-3480	752	
Part I General Inform	nation 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

X Yes 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. No

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRAL CALIFORNIA FACULTY							
4910 E. CLINTON AVE, SUITE 101	94-2613220	501(C)(3)	9,215.		NONE	NONE	SUPPORT CLINIC
(2) PRADER-WILLI SYNDROME ASSOCIATION							
8588 POTTER PARK DR. SUITE 500	41-1306908	501(C)(3)	5,500.		NONE	NONE	SUPPORT EDUCATION
_(3)	-						
(4)	-						
(5)	-						
(6)	-						
_(7)	-						
_(8)	-						
_(9)	-						
(10)	-						
(11)	-						
(12)	-						
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations list	ed in the line 1 tabl	e	•••••	↓ 	2.
3 Enter total number of other organizations liste	d in the line	1 table			<u></u>		
For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.				Schedu	ule I (Form 990) (2013)
JSA							

# 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) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS FOR PWS INDIVIDUALS TO ATTEND CAMP	58.	13,315.		CASH	NONE
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 SHARE PWCF'S SAME

PURPOSE.

Page 2

# 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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information. SCHEDULE I PART II GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS IN THE UNITED STATES: THERE IS A RECIPIENT THAT RECEIVED NONCASH GRANT ASSISTANCE THAT IS UNDER THE THRESHOLD. THE FOLLOWING ORGANIZATION IS: CENTRAL CALIFORNIA FACULTY MED GRP

GENETIC MEDICINE CENTRAL CALIFORNIA UCSF-FRESNO

155 N. FRESNO ST., FRESNO, CA 93701

FEIN 94-2613220

AMOUNT OF NONCASH GRANT: \$1,591

Page 2

#### 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.

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

form990. Inspection Employer identification number

\$

OMB No. 1545-0047

Open To Public

Internal Revenue Service Name of the organization

Part III

Department of the Treasury

PRADER-WILLI CALIFORNIA FOUNDATION

95-3480752

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person	(a) Description of transaction	<b>(d)</b> Co	Corrected	
1	(a) Name of disqualmed person	and organization	(c) Description of transaction	Yes	N	0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year			
	under section 1059		r c			

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of Ioan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In a	default?	by bo	proved ard or hittee?	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$							

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

# Schedule L (Form 990 or 990-EZ) 2013

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	Sharing of nization's enues?	
				Yes	No	
(1) HENRY TARICA DBA TARIX INSTANT PRINT	SPOUSE OF TREASURER	1,433.	PRINTING		x	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV

THE ORGANIZATION PURCHASED SOME OF THEIR PRINTING SERVICES FROM TARIX

INSTANT PRINT WHICH IS OWNED BY ONE FO THE OFFICER'S SPOUSE.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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.



Department of the Treasury Internal Revenue Service Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

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. THE FINANCE COMMITTEE SHALL REVIEW FORM 990 AND 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.

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

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

Page 2

#### 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.

#### SECTION B LINE 15

THE ORGANIZATION SURVEYS SALARIES FOR EXECUTIVE DIRECTOR IN COMPARABLE SIZE ORGANIZATIONS. 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, LINE 1 - ORGANIZATION'S MISSION

INDIVIDUALS WITH PRADER-WILLI SYNDROME (PWS) SHOULD HAVE THE OPPORTUNITY TO PURSUE THEIR HOPES AND DREAMS TO THE FULL EXTENT OF THEIR TALENTS AND CAPABILITIES. THE SUCCESS OF PEOPLE WITH PWS DEPENDS GREATLY UPON THE KNOWLEDGE AND SUPPORT OF THE COMMUNITY AROUND THEM. THE ORGANIZATION PROVIDES INDIVIDUALS WITH PWS, THEIR FAMILIES, AND PROFESSIONALS WITH A STATE NETWORK OF INFORMATION, ADVOCACY AND SUPPORT SERVICES.

ATTACHMENT 2

PRADERWILL

# FORM 990, PART III - PROGRAM SERVICE, LINE 4C EDUCATIONAL PROGRAMS: PRADER-WILLI CALIFORNIA FOUNDATION HELD AN ANNUAL STATE EDUCATION CONFERENCE AND PROVIDED CRITICAL INFORMATION TO PARENTS, TEACHERS, PHYSICIANS, AND OTHER PROFESSIONAL CARE PROVIDERS. A CONCURRENT YOUTH & ADULT CONFERENCE

SERVED CHILDREN AND ADULTS WITH PWS AND THEIR SIBLINGS. WE

Schedule O (Form 990 or 990-EZ) 2013				
Name of the organization	Employer identification number			
PRADER-WILLI CALIFORNIA FOUNDATION	95-3480752			

ATTACHMENT 2 (CONT'D)

PRODUCED TWO SCHOOL EDUCATION TRAINING PROGRAMS, PROVIDED DOZENS OF IN-SERVICE EDUCATIONAL PRESENTATIONS TO SCHOOL STAFF, AND PROVIDED DOZENS OF RESIDENTIAL STAFF TRAINING SESSIONS TO GROUP HOME PROVIDERS THROUGHOUT CALIFORNIA. THE ORGANIZATION PRODUCED FOUR QUARTERLY NEWSLETTERS THAT CONTAINED EDUCATIONAL ARTICLES, RESEARCH STUDIES AND SUBJECT RECRUITMENT OPPORTUNITIES, SUPPORT OPPORTUNITIES, AND OTHER VALUABLE INFORMATION. WE DISTRIBUTED

EDUCATIONAL DVDS, BOOKS, AND OTHER EDUCATIONAL MATERIALS.

			ATTACHMENT 3	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
DIVIDEND INCOME	6,45	3.		6,453.
INTEREST INCOME	1,01	4.		1,014.
CAPITAL GAIN DISTRIBUTION	16,62	9.		16,629.
TOTALS	24,09	6.		24,096.

FORM	990,	PART	VIII	_	EXCLUDED	CONTRIBUTIONS
DESCH	RIPTI	ON				AMOUNT
PUTT	FOR I	PWS				13,493.
TOTAI	_					13,493.

ATTACHMENT 4

		Page 2			
Name of the organization					
PRADER-WILLI CALIFORNIA FOUNDATION					
	ATTACHMEN	IT 5			
ING EVENTS					
GROSS	DIRECT	NET			
INCOME	EXPENSES	INCOME			
2,431.	7,241.	-4,810.			
2,431.	7,241.	-4,810.			
	<u>ING EVENTS</u> GROSS <u>INCOME</u> 2,431.	<u>ATTACHMEN</u> <u>ATTACHMEN</u> <u>GROSS</u> <u>DIRECT</u> <u>INCOME</u> <u>2,431.</u> <u>7,241.</u>			

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	ATTACHMENT 6
FORM 550, FART VIII GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	1,993.
INVENTORY AT BEGINNING OF YEAR	4,451.
PURCHASES	90.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	4,541.
MINUS ENDING INVENTORY	4,180.
COST OF GOODS SOLD	361.

PRADERWILL

#### Description of Property

# DEPRECIATION

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- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	06/30/2009		100.000			960.	960.	. 960.	ST.		5.000			•	•
	007 507 2005		100.000					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011		5.000				
Less: Retired Assets															
Subtotals		960.	-			960.	960.	960.							
Listed Property		960.				960.	960.	960.						1	
					1		1	1							
_ess: Retired Assets			-												
Subtotals															
		960.				960.	960.	960.							
Subtotals		960.				960.	960.	960.							
TOTALS						960.	·								
TOTALS	Date placed in	Cost or				960.	·								Current-year
TOTALS.	Date	Cost				960.	·	960. Ending Accumulated amortization	Code	Life				-	Current-year amortization
AMORTIZATION	Date placed in	Cost or				960.	·		Code	Life	2			-	
AMORTIZATION	Date placed in	Cost or	-			960.	·		Code	Life	)			-	
TOTALS	Date placed in	Cost or				960.	·		Code	Life	9			-	
TOTALS	Date placed in	Cost or				960.	·		Code	Life	• 			-	
TOTALS	Date placed in	Cost or				960.	·		Code	Life	<u>.</u>			-	
TOTALS	Date placed in	Cost or				960.	·		Code	Life	<u>.</u>			-	
AMORTIZATION	Date placed in service	Cost or				960.	·		Code	Life	<u>}</u>			-	

. .....