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

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

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED DECEMBER 31, 2015 FOR:

PRADER-WILLI CALIFORNIA FOUNDATION AS FOLLOWS...

- 2015 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2015 SCHEDULE A PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
- 2015 SCHEDULE B SCHEDULE OF CONTRIBUTORS
- 2015 SCHEDULE D SUPPLEMENTAL FINANCIAL STATEMENTS
- 2015 SCHEDULE I GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
- 2015 SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
- 2015 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION
- 2015 CALIFORNIA FORM 199 EXEMPT ORGANIZATION STATEMENT OF RETURN
- 2015 RRF-1 REGISTRATION/RENEWAL FEE REPORT
- 2015 CALIFORNIA 8453-EO E-FILE RETURN AUTHORIZATION FOR EXEMPT ORG.

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

VERY TRULY YOURS,

MARY ARCHIBALD, CPA CPA FRITH-SMITH & ARCHIBALD, LLP

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

INSTRUCTIONS FOR FILING
PRADER-WILLI CALIFORNIA FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2015

SIGNATURE...

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

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

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

OR FAX YOUR SIGNED FORM 8879-EO TO:

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

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 15, 2016. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-EO**

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

					_				
beginning (01/	01	 2015.	and er	ndina -	12/	′31	. 20	15

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

OMB No. 1545-1878

Internal Revenue Service	► Information about Form 8879-EO and its instructions is at www.irs.gov/form88	79eo.	
Name of exempt organization		Employer identi	fication number
PRADER-WILLI	CALIFORNIA FOUNDATION	95-348	0752
Name and title of officer			
	O, EXECUTIVE DIRECTOR		
Part I Type of R	eturn and Return Information (Whole Dollars Only)		
	return for which you are using this Form 8879-EO and enter the applicable amou		
	1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file		
	4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- ow. Do not complete more than 1 line in Part I.	on the retur	n, then enter -0- on
1a Form 990 check h			
2a Form 990-EZ ched	, , , , , , , , , , , , , , , , , , , ,		
3a Form 1120-POL cl	, , , , , , , , , , , , , , , , , , , ,		
4a Form 990-PF chec			
5a Form 8868 check	here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	56	
Part Declarati	on and Signature Authorization of Officer		
	jury, I declare that I am an officer of the above organization and that I have examin	ned a copy of	the
organization's 2015 ele	ectronic return and accompanying schedules and statements and to the best of n	nv knowledae	and belief, thev
are true, correct, and o	complete. I further declare that the amount in Part I above is the amount shown of	n the copy of t	the
	ic return. I consent to allow my intermediate service provider, transmitter, or elec-		
	on's return to the IRS and to receive from the IRS (a) an acknowledgement of rece e reason for any delay in processing the return or refund, and (c) the date of any i		
authorize the U.S. Trea	asury and its designated Financial Agent to initiate an electronic funds withdrawa	I (direct debit)	entry to the
	ount indicated in the tax preparation software for payment of the organization's for		
	al institution to debit the entry to this account. To revoke a payment, I must conta i37 no later than 2 business days prior to the payment (settlement) date. I also a		
	sing of the electronic payment of taxes to receive confidential information necessing		
resolve issues related	to the payment. I have selected a personal identification number (PIN) as my sign		
electronic return and, i	f applicable, the organization's consent to electronic funds withdrawal.		
Officer's PIN: check o			
X I authorize FI	RITH-SMITH & ARCHIBALD, LLP to enter my PIN 91	1 6 8 7	as my signature
		ive numbers, but enter all zeros	t
on the organiz	ation's tax year 2015 electronically filed return. If I have indicated within this retur		of the return is
	a state agency(ies) regulating charities as part of the IRS Fed/State program, I		
	my PIN on the return's disclosure consent screen.		
A	Cities are also the little at a second DIN as a second as a second at a second	0045	- (' II - C' I (
	f the organization, I will enter my PIN as my signature on the organization's tax y ted within this return that a copy of the return is being filed with a state agency(ie		
	tate program, I will enter my PIN on the return's disclosure consent screen.	s) regulating	chanties as part of
	, , , , , , , , , , , , , , , , , , ,		
Officer's signature	Date ▶ <u>11</u>	/10/201	6
Part Certificat	ion and Authentication		
	your six-digit electronic filing identification	$\overline{\mathbf{J}}$	
number (EFIN) followe	d by your five-digit self-selected PIN. 9 5 3		9 5 4 7 1
certify that the above	numeric entry is my PIN, which is my signature on the 2015 electronically filed re	do not enter a	
indicated above. I conf	irm that I am submitting this return in accordance with the requirements of Pub. 4	4163 , Modern	nized e-File (MeF)
Information for Authori	zed IRS <i>e-file</i> Providers for Business Returns.	•	,
ERO's signature	Data N		
	Date ▶		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form To the IRS Unless Requested To Do S		
For Paperwork Reduc	tion Act Notice, see back of form.	F	orm 8879-EO (2015)

JSA 5E1676 1.000

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

<u> </u>	יו ווי	I C 201	r	ıııııg	, 2013,	and endi	ig i			, 20		
B c	heck if a	applicable:	C Name of organization					D Employer ide				
	Addre		PRADER-WILLI CALIFORN	LA FOUNDATION				95-348	075	2		
	chang	ge	Doing business as Number and street (or P.O. box if mail is	not delivered to etreet address)		Daam/auita		E Tolonbono nu	mbor			
	Name	e change	,	,		Room/suite		E Telephone number				
	-	I return return/	514 N. PROSPECT AVENU	**				(310) 37	2-5	053		
	termi	inated	City or town, state or province, country, a	• .								
	Amen	n	REDONDO BEACH, CA 902					G Gross receipts			9,124.	
	pendi	cation ing	F Name and address of principal officer:	LISA GRAZIANO				H(a) Is this a gro subordinates		rn for Yes		
			514 N PROSPECT AVE, #3	110 LL REDONDO BE	EACH, C	A 9027	7	H(b) Are all subord				
		cempt st) ◀ (insert no.) 4	947(a)(1) o	r 52	27	If "No," atta	ch a list	t. (see instructions))	
J	Websi	ite: 🕨	WWW.PWCF.ORG					H(c) Group exem				
K	Form (of orgar	nization: X Corporation Trust	Association Other		L Year o	of formati	ion: 1979 M	State	of legal domicil	e: CA	
Pa	art I		ımmary									
	1	Briefly	y describe the organization's mission o	r most significant activities:	TO PRO	VIDE IN	DIVI	DUALS WIT	H P	RADER-WI	LLI	
ce		SYN	DROME, THEIR FAMILIES, A	AND PROFESSIONALS	WITH	A STATE	NET	WORK OF				
Governance		INF	ORMATION, ADVOCACY AND S	SUPPORT SERVICES.								
Veri	2	Check	k this box 🕨 🔙 if the organization d	iscontinued its operations	or disposed	d of more th	an 25%	of its net asset	s.			
Ó	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		12.	
≪	4	Numb	er of independent voting members of t						4		12.	
Activities &	5		number of individuals employed in cale						5		3.	
ŧΞ	6		number of volunteers (estimate if necess						6		75.	
Ac			unrelated business revenue from Part V						7a		0.	
			nrelated business taxable income from						7b		0.	
							T	Prior Year	1	Current	Year	
	8	Contri	ibutions and grants (Part VIII, line 1h)					186,95	8.	16	5,005.	
Revenue	9		am service revenue (Part VIII, line 2g)	43,83			4,518.					
) ve	10	Invest	tment income (Part VIII, column (A), line	es 3 4 and 7d)				63,93			0,674.	
å	11		revenue (Part VIII, column (A), lines 5,					3,82	_		7,726.	
	12		revenue - add lines 8 through 11 (must					298,55	_		7,923.	
_	13		s and similar amounts paid (Part IX, colu					16,43	_		5,000.	
	14							10,15	0.	۷.	0.	
	4.5		its paid to or for members (Part IX, colu es, other compensation, employee bene					71,28		10.	4,208.	
Expenses	10				71,20	0.	10	$\frac{1,200.}{0.}$				
oen	Toa		ssional fundraising fees (Part IX, column	(A), line 11e)	1 EE6				0.			
Ë	4 T D		fundraising expenses (Part IX, column (I		4,550.			165,68	2	16	1 470	
	17		expenses (Part IX, column (A), lines 11								$\frac{1,478}{0.696}$	
	18		expenses. Add lines 13-17 (must equal				-	253,40	_		0,686.	
<u>- 0</u>	19	Rever	nue less expenses. Subtract line 18 from	1 line 12			Pagin	45,15		End of Y	2,763.	
ts o							begini	ning of Current	_			
sse 3ala	20		assets (Part X, line 16)					932,43	_	84.	2,168.	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)						0.		0.	
			ssets or fund balances. Subtract line 21	from line 20		<u></u>		932,43	32.	841	2,168.	
	rt II	_ ,	gnature Block									
Und	der per e, corre	nalties o ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompany oofficer) is based on all informa	ing schedul ition of whic	les and state h preparer ha	ments, a as any kn	ind to the best o nowledge.	f my l	knowledge and	belief, it is	
_	· ·	Ť		,		· ·		Ī				
Sig	n							11/1	0/2	016		
He			Signature of officer					Date				
110			LISA GRAZIANO	E	XECUTI	VE DIRE	ECTOR					
			Type or print name and title									
Paic		Print/	Type preparer's name	Preparer's signature		Date		Check	lif F	PTIN		
	ı parer	MAR	Y ARCHIBALD , CPA			11/10	/201			P003709	97	
	Only	Firm's	sname ▶FRITH-SMITH & ARC	HIBALD, LLP				Firm's EIN ▶ 9	5 – 4	714778		
	•	Firm's	s address >6355 TOPANGA CANYON BLVD,						318-	774-1500		
Мау	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)		<u> </u>				. X Yes	No	
			Reduction Act Notice, see the separat							Form 99	90 (2015)	

Form 990 (2015) Page 2

_	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: MISSION STATEMENT - SEE ATTACHMENT 3
	MISSION STATEMENT - SEE ATTACHMENT 3
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	AWARENESS PROGRAMS: PWCF HELD NUMEROUS EVENTS TO RAISE THE
	PUBLIC'S AWARENESS OF PRADER-WILLI SYNDROME (PWS) INCLUDING
	STATEWIDE WALKATHONS AND PARTICIPATION AS AN OFFICIAL CHARITY IN
	THE ASICS LA MARATHON AND FAMILY GATHERING EVENTS AT VARIOUS
	SPORTS EVENTS INCLUDING THE ANAHEIM ANGELS, OAKLAND A'S AND LA
	GALAXY. WE PRODUCED AN ANNUAL HOLIDAY GREETING CONTAINING
	INFORMATION ABOUT PWS. EACH OF THESE PROGRAMS SERVED TO PROVIDE
	FAMILIES WITH NETWORKING AND SUPPORT OPPORTUNITIES SO THAT THEY
	FEEL LESS ISOLATED AND MORE CONNECTED WITH OTHER PWS FAMILIES AND
	PROFESSIONALS.
<u></u>	(Code:) (Expenses \$ 64,964. including grants of \$) (Revenue \$)
70	EDUCATIONAL PROGRAMS - SEE ATTACHMENT 4
40	(Code:) (Expenses \$
40	SUPPORT & ADVOCACY PROGRAMS - SEE ATTACHMENT 5
	SUPPORT & ADVOCACT PROGRAMS SEE ATTACHMENT S
<u></u>	Other program services (Describe in Schedule O.)
+u	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 240,609.
	TOTAL PROGRAM SOLVIOU OXPONOUS = ATU / UU / .

Form 990 (2015) Page **3**

Part	V 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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			
	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,"			37
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	445	v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		v	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	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		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		Х

Page 4 Form 990 (2015)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
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 I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		21
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," 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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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		Х
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,"			v
	complete Schedule N, Part II	32		X
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
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	Х	
			^^^	

Form 990 (2015) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance 5 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 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 Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Х Sponsoring organizations maintaining donor advised funds. Х a Did the sponsoring organization make any taxable distributions under section 4966?............... Χ **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Χ 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

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95-3480752 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 12	2		
	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 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü				
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	, , , , , , , , , , , , , , , , , , , ,			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	(ج	
	on bit one content biroqueete intermation about peneree hetroquired by the internal revenue	Ocu	Yes	No
40-	Did the expenientian have level shorters branches as efficience?	10a		x
	Did the organization have local chapters, branches, or affiliates?	- Tu		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- Tu		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17	21	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130	21	
40-	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	16a		Х
	with a taxable entity during the year?	Toa		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Socti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed CA,	5011) (6)	
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.	501(0	c)(3)s	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40				
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, address, and telephone number of the person who possesses the organization's books and record	s: ►		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck s pe	rson	e than of its both tor/trust employee	an	(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
						ä.				
_(1)JULIE_CASEY PRESIDENT/DIRECTOR	8.00	X		Х				0.	0.	0.
(2)KIMBERLEE MORGAN	1.00									
VICE PRESIDENT/DIRECTOR	0.	Х		Х				0.	0.	0.
(3)TOM MCRAE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)WHITNEY BRAS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)RENEE TARICA	4.00									
TREASURER/DIRECTOR	0.	Х		Х				0.	0.	0.
(6)JUNE-ANNE GOLD, M.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)ROGER GOATCHER	1.00									
DIRECTOR	0.	X						0.	0.	0.
_(8)DIANE_KAVRELL	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)DANIELA RUBIN, PH.D.	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)JACKI LINDSTROM DIRECTOR	1.00	X						0.	0.	0.
(11)JENNIFER WOLKENSDORFER	1.00	3,7						_	0	
DIRECTOR	1.00	Х						0.	0.	0.
(12)NISHA MEHTA SECRETARY/DIRECTOR	0.			Х				0.	0.	0.
(13)										
(14)										
ISA						<u> </u>			<u> </u>	Form 990 (2015)

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Pa	rt VII Section A. Officers, Directors, Tru		y Em	ipic			and F	ııgı	1		yees (c	continue		
	(A) Name and title	Average hours per week (list any hours for	box,	unle	ss pe d a d	ition more	e than o is both or/truste	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from d	am	(F) timated tount of other pensatio	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization d related unization	d
	Sub total							_	0.		0.			0.
	Sub-total Total from continuation sheets to Part VII, S								0.		0.			0.
	l Total (add lines 1b and 1c)	•							0.		0.			0.
2	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	eceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former office											_		
	employee on line 1a? If "Yes," complete Schede											3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	,"				4		X
5	Did any person listed on line 1a receive or								related organization	on or indiv	idual	4		71
	for services rendered to the organization? If "Youtton B. Independent Contractors											5		Х
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) Compens	ation	

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to any	y line in this Part VII	1		
				(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	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	11,113.				
Contribution of the contri	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	153,892.				
	h	Total. Add lines 1a-1f	<u> ▶ </u>	165,005.			
ŭ			Business Code				
Program Service Revenue	2a b c	SUPPORT & ADVOCACY - CAMP EDUCATION	900099	26,887. 7,631.	26,887. 7,631.		
٦S	d						
Jrai	e						
õ	f a	All other program service revenue					
	3	Total. Add lines 2a-2f Investment income (including divider and other similar amounts). ATTACHMENT	nds, interest,	34,518. 20,674.			20,674.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties	<u></u> ▶	0.			
	6a b c	Gross rents	(ii) Personal	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
	c d	and sales expenses Gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
0	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19		0.			
	b c	Less: direct expenses b Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b b	Less: cost of goods soldATCH . 2 . b Net income or (loss) from sales of inventory. Miscellaneous Revenue	1,201. Business Code	1,054.			
	<u> </u>						
	11a b	REIMBURSEMENTS	900099	6,672.	6,672.		
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		6,672.			
JSA	12	Total revenue. See instructions.		227,923.	41,190.		20,674.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respondence of the clude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	e in this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants	and other assistance to domestic organizations		отражения	general or process	
	mestic governments. See Part IV, line 21	25,000.	25,000.		
	s and other assistance to domestic				
	duals. See Part IV, line 22	0.			
3 Grants	s and other assistance to foreign				
organi	izations, foreign governments, and foreign				
	duals. See Part IV, lines 15 and 16	0.			
4 Benef	its paid to or for members	0.			
	ensation of current officers, directors, es, and key employees	0.			
	ensation not included above, to disqualified				
•	s (as defined under section 4958(f)(1)) and				
persons	s described in section 4958(c)(3)(B)	0.			
7 Other	salaries and wages	95,624.	69,396.	23,907.	2,321.
	on plan accruals and contributions (include				
sectio	n 401(k) and 403(b) employer contributions)	0.			
9 Other	employee benefits	0.			
10 Payro	Il taxes	8,584.	6,437.	2,147.	
11 Fees f	for services (non-employees):				
a Manag	gement	0.			
b Legal		0.			
	unting	4,500.		4,500.	
d Lobby	ring	0.			
	sional fundraising services. See Part IV, line 17.	0.			
f Invest	ment management fees	0.			
	. (If line 11g amount exceeds 10% of line 25, column	0			
	unt, list line 11g expenses on Schedule O.)	0. 6,295.	4,095.		2,200.
	tising and promotion	33,840.	27,366.	6,474.	2,200.
	expenses	848.	662.	186.	
	nation technology	0.	002.	100.	
	ties	19,806.	14,855.	4,951.	
	pancy	7,313.	5,948.	1,365.	
	ents of travel or entertainment expenses	.,,5151	3 / 2 2 3 1	2,000.	
•	by federal, state, or local public officials	0.			
	erences, conventions, and meetings	13,827.	13,042.	785.	
	st	0.	·		
	ents to affiliates	0.			
	eciation, depletion, and amortization	0.			
	ance	3,796.	2,846.	950.	
	expenses. Itemize expenses not covered				
above	(List miscellaneous expenses in line 24e. If				
	4e amount exceeds 10% of line 25, column				
(A) am	nount, list line 24e expenses on Schedule O.)				
a CAMP	RENTAL	36,300.	36,300.		
	ORT & ADVOCACY PROGRAM	14,217.	14,217.		
	ENESS_PROGRAM_EXPENSE	13,299.	13,299.		
dEDUC.	ATIONAL PROGRAM EXPENSE	7,437.	7,146.	256.	35.
	ner expenses				
	functional expenses. Add lines 1 through 24e	290,686.	240,609.	45,521.	4,556.
organi from	costs. Complete this line only if the ization reported in column (B) joint costs a combined educational campaign and				
	ising solicitation. Check here if If Issue SOP 98-2 (ASC 958-720)	0.			
		0.1			

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Part X **Balance Sheet**

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
		Check ii Genedale O contains a response o	1100	5 to any mie in tins Fe	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,643.	1	107,394.
	2	Savings and temporary cash investments			70,626.	2	15,815.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal schedule.			0.	5	0.
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			1,844.	8	4,758.
_	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	960.			
	b	Less: accumulated depreciation	10b	960.	0.	10c	0.
	11	Investments - publicly traded securities				11	0.
	12	Investments - other securities. See Part IV, line 11			600,583.	12	588,427.
	13	Investments - program-related. See Part IV, line 11			200,010.	13	125,048.
	14	Intangible assets			0.		0.
	15	Other assets. See Part IV, line 11			726.	15	726.
	16	Total assets. Add lines 1 through 15 (must equal			932,432.	16	842,168.
	17	Accounts payable and accrued expenses					0.
	18	Grants payable			18	0.	
	19	Deferred revenue		19	0.		
	20	Tax-exempt bond liabilities			20	0.	
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
ies	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			0		0
<u>a</u>		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			0.	25	0.
	26	of Schedule D			0.		0.
_	20	Organizations that follow SFAS 117 (ASC 958),			<u> </u>	20	0.
es		complete lines 27 through 29, and lines 33 and		There P and			
S S	27	Unrestricted net assets			932,432.	27	842,168.
3ali	28	Temporarily restricted net assets			0.	28	0.
Þ	29	Permanently restricted net assets			0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			932,432.	33	842,168.
_	34	Total liabilities and net assets/fund balances			932,432.	34	842,168.
					-		Form 990 (2015)

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	10 (2010)				age • =
Part					
	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		227,	923.
2	Total expenses (must equal Part IX, column (A), line 25)				686.
3	Revenue less expenses. Subtract line 2 from line 1	3		-62,	763.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		932,	432.
5	Net unrealized gains (losses) on investments	5		-29,	207.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8		1,	706.
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		842,	168.
Part	XII Financial Statements and Reporting				
	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		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversiç	ght		
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countar	nt? 2	С	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		he		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3	b	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or Form 990-EZ.

Name of the organization Information all

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PRA	DEI	R-WILLI CALIFORNIA E	FOUNDATION				95	-3480752	
Pai	ťΙ	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	i.	
The	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1		A church, convention of chu							
2		A school described in section							
3		A hospital or a cooperative		•	•				
4		A medical research organiz	-	-				(iii). Enter the	
-		hospital's name, city, and st						,(<i>)</i> . =	
5		An organization operated f		a college or universit	v owner	d or one	erated by a governme	ental unit described in	
Ū		section 170(b)(1)(A)(iv). (C		a conege of aniversit	y Ownor	a or ope	rated by a governme	intal anni accombca ii	
6		A federal, state, or local go		rnmantal unit describe	d in cact	ion 170/	'b\(1\(\A\(\v)		
7	Х	An organization that norma						om the general public	
′		_	-	•	рроп п	Jili a yo	verninental unit of in	on the general public	
		described in section 170(b)		•	Dort II \				
8	_	A community trust describe	-		-				
9		An organization that norma							
		receipts from activities rela	· · · · · · · · · · · · · · · · · · ·			-			
		support from gross invest						tax) from businesses	
		acquired by the organizatio				-	·		
10		An organization organized a	-		_				
11		An organization organized a	•						
		one or more publicly suppo	_			-			
	_	the box in lines 11a through		• • • • • • • • • • • • • • • • • • • •	•		•		
а		Type I . A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	of the directors or trus	tees of the supporting	
	_	_ organization. You must c e	omplete Part IV, S	ections A and B.					
b		☐ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported	
	_	organization(s). You must	complete Part IV	, Sections A and C.					
С		oxdot Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,	
	_	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.		
d			integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness	
		requirement (see instructi	ions). You must co	omplete Part IV, Secti	ions A a	nd D, an	d Part V.		
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated supp	porting o	organiza	tion.		
f	En	ter the number of supported	• •						
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-9 above (see instructions))	listed in yo	ur governing ment?	support (see instructions)	other support (see instructions)	
				above (see instructions))	docui	ment:	instructions)	man deliens)	
					Yes	No			
/ A \									
(A)									
(D)									
(B)									
(C)									
(O)									
(D)									
(E)									
Tota	L								

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	164,025.	126,639.	128,760.	186,958.	165,005.	771,387.
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	164,025.	126,639.	128,760.	186,958.	165,005.	771,387.
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)						16,102.
6	Public support. Subtract line 5 from line 4.						755,285.
	tion B. Total Support	(-) 0044	(1-) 0040	(-) 0040	(-1) 004.4	(-) 0045	(O T-+-I
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends.	164,025.	126,639.	128,760.	186,958.	165,005.	771,387.
0	payments received on securities loans, rents, royalties and income from similar sources	-26,129.	10,480.	24,096.	63,938.	20,674.	93,059.
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 VI.) ATCH 1	4,922.	6,106.	6,283.	6,477.	6,672.	30,460.
11	Total support. Add lines 7 through 10						894,906.
12	Gross receipts from related activities, etc. (s	see instructions)				12	192,549.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup						0.1.10
14	Public support percentage for 2015 (li		-			14	84.40%
15	Public support percentage from 2014					15	
16a	331/3% support test - 2015. If the o	_					
	this box and stop here. The organization	•		•			
D	331/3% support test - 2014. If the content this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•					
11a	10% or more, and if the organization	_					
	Part VI how the organization meets t					-	•
	organization			_			▶
h	10%-facts-and-circumstances test - 2						and line
b	15 is 10% or more, and if the organic	•	•		•		
	Explain in Part VI how the organizati						-
	supported organization				•	•	
18	Private foundation. If the organization						
10	_						• \Box
	instructions					ohodulo A (Form 00	

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Schedule A (Form 990 or 990-EZ) 2015 Page 3

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

(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						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first seco	nd, third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen						/0
<u> 17</u>	Investment income percentage for 2015 (li			13 column (f))		17	%
18	Investment income percentage from 2014					18	<u> </u>
	331/3% support tests - 2015. If the or						
ıJa		-					. \square
L	17 is not more than 331/3%, check th	-	-	•		•	·
D	331/3% support tests - 2014. If the organized the support tests - 2014 is not more than 331/3% shock						
20	line 18 is not more than 331/3 %, check		•	•	. ,		

Schedule A (Form 990 or 990-EZ) 2015 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

10b

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2015 Page **5**

	ine A (1 01111 000 01 000 EZ) 2010			age •
Part	N Supporting Organizations (continued)		\ <u>'</u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	NIa
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Cooti	, , , , , , , , , , , , , , , , , , , ,	2		
Secti	on C. Type II Supporting Organizations		Yes	No
			162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insection The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See in	structions. All			
other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.				
Section A - Adjusted Net Income (A) Prior Year						
		(A) FIIOI Teal	(optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year			
Section B - Willimum Asset Amount		(A) Prior Year	(optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functionall		ted Type III supporting	organization (see			
instructions).	, - 5	21	, 5			

Schedule A (Form 990 or 990-EZ) 2015

Page 7 Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
Δ.	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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	2		- -	ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
REIMBURSEMENTS	4,737.	6,106.	6,283.	6,477.	6,672.	30,275.
MISCELLANEOUS	185.					185.
TOTALS	4,922.	6,106.	6,283.	6,477.	6,672.	30,460.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

orm990.

Name of the organization	Employer Identification number				
PRADER-WILLI CALIFO	95-3480752				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priv	rate foundation			
	501(c)(3) taxable private foundation				
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule. See			
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II. Scontributions.				
Special Rules					
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that m sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A and that received from any one contributor, during the year, total confirmation of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)			
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 99 the year, total contributions of more than \$1,000 exclusively for romal purposes, or for the prevention of cruelty to children or animal	eligious, charitable, scientific,			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules doe st answer "No" on Part IV, line 2, of its Form 990; or check the b to certify that it does not meet the filing requirements of Schedule	oox on line H of its Form 990-EZ or on its			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_	CASH CONTRIBUTION UNDER \$5,000		Person X Payroll			
	PROVIDED UPON REQUEST	\$132,192.	Noncash			
	REDONDO BEACH, CA 90277		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2_	THE STORR FAMILY FOUNDATION		Person			
	33 BROOKRIDGE DR	\$ 7,000.	Payroll Noncash			
	GREENWICH, CT 06830		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3_	NTC WISMETTAC FOUNDATION		Person X			
	13409 ORDEN DR.	\$ 9,700.	Payroll Noncash			
	SANTA FE SPRINGS, CA 90670		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4_	MINESH & NISHA MEHTA		Person			
	2220-B GATES AV.	\ \ \ \ \ 5,000.	Payroll Noncash			
	REDONDO BEACH, CA 90278		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	MEMBERSHIP DUES UNDER \$5,000		Person X			
	PROVIDED UPON REQUEST	\$11,113.	Payroll Noncash			
	REDONDO BEACH, CA 90277		(Complete Part II for noncash contributions.)			

(a)

No.

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

(c)

Total contributions

\$

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(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				

Scriedule B	(FUIII 990, 990-EZ, 01 990-FF) (2013)			raye ¬
Name of o	rganization PRADER-WILLI CALIFORNI	A FOUNDATION		Employer identification number
				95-3480752
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this ir	one contributor. (It III, enter the total offormation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No.	Ose duplicate copies of Fart III II addit	onal space is need	cu.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(-) N-				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		-		
		(e) Transf	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transi	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transi	fer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
			I	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on 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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	PR	ADER-WILLI CALIFORNIA FOUNDATION	95-3480752
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easments. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements not a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization			
(a) Donor advised funds (b) Funds and other accounts Total number at end of year			
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year		(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year	1	Total number at end of year	
Aggregate value of grants from (during year)		-	
Aggregate value at end of year	3	, , ,	
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	4		
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part	5	Did the organization inform all donors and donor advisors in writing that the assets held	d in donor advised
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used
Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located An ount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemen		only for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a)			Yes L No
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	Pa		
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	_	•	
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	1		
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements			
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements			n of a certified historic structure
easement on the last day of the tax year. Total number of conservation easements	_		:- the fame of a consequention
a Total number of conservation easements	2	· · · · · · · · · · · · · · · · · · ·	
b Total acreage restricted by conservation easements	_	·	
c Number of conservation easements on a certified historic structure included in (a)	_		
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		· · · · · · · · · · · · · · · · · · ·	
historic structure listed in the National Register		· ,	20
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	u		2d
tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3		
Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	•	-	atou by the organization during the
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	4		
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\Bigsim \] \$\Bigsim \]	5		
 ► Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the ye ► \$ 		violations, and enforcement of the conservation easements it holds?	Yes No
▶ \$	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
▶ \$		>	
,	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
		• ————	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	8		
(/ / / / /	_	and section 170(h)(4)(B)(ii)?	Yes L No
In Part Alli, describe now the organization reports conservation easements in its revenue and expense statement, and	9	in Part Alli, describe now the organization reports conservation easements in its revenue ar	nd expense statement, and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		·	icial statements that describes the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	P:		er Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			o. Oa. 7.000.0.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she		If the organization elected as permitted under SEAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.		works of art, historical treasures, or other similar assets held for public exhibition, ed public service, provide, in Part XIII, the text of the footnote to its financial statements that de	lucation, or research in furtherance of escribes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance she	b		
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide the following amounts relating to these items:		public service, provide the following amounts relating to these items:	
(i) Revenue included in Form 990, Part VIII, line 1			
(ii) Assets included in Form 990, Part X		· ·	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide t	2		G .
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
a Revenue included in Form 990, Part VIII, line 1	_		- u·

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page **2**

Par	t III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures	, or Ot	her Similar Asse	ts (conti	nued)
3	Using the organization's acquisition	on, accession, and	other records, che	eck any of t	he follov	ving that are a sigr	nificant us	e of its
	collection items (check all that app	ly):						
а	Public exhibition			n or exchan				
b	Scholarly research		e Oth	er				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collection	s and explain hov	they furth	er the or	ganization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization					_	_	
	assets to be sold to raise funds rath		tained as part of th	e organizati	on's colle	ction?	Yes	No
	Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.	ion answered "Ye					t on Form	1
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following	table:				
						Amount		
С	Beginning balance			1	С			
d	Additions during the year			1	d			
е	Distributions during the year				е			
f	Ending balance							
	Did the organization include an am					_	Yes	No No
	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the explanati	on has been	provided	on Part XIII	<u></u>	
Par		:	-" F 000	D = = 4 IV / I line :	- 40			
	Complete if the organizat					1,0-		
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ears back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			g, column (a	a)) held as	s:		
a	Board designated or quasi-endown		%					
	Permanent endowment	%						
С	Temporarily restricted endowment		1000/					
2 ~	The percentages on lines 2a, 2b, a Are there endowment funds not in			at are held s	and admi	nictored for the		
Ja	organization by:	the possession of t	ne organization th	at are rielu d	and admi	nistered for the	Y	es No
	(i) unrelated organizations						3a(i)	110
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended u	J	•					
Par	t VI Land. Buildings. and Equ	ipment.	ation 3 chaowinent	idildə.				
. a.	Complete if the organiza	tion answered "Yo	es" on Form 990	Part IV, lin	<u>ie 11a. S</u>	See Form 990, Pai	rt X, line 1	10
	Description of property	(a) Cost o	r other basis (b) Co	st or other basis (other)	(c) Ac	cumulated (creciation	d) Book value	9
1a	Land	, -	- 7	,/	235			
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e. (Column		m 990, Part X, colu	mn (B), line	10c.)	▶		

Schedule D (Form 990) 2015

Page 3 Schedule D (Form 990) 2015

	Complete if the organization answered	res on Form 990	, Part IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	on:
(1) Financi	ial derivatives			
	v-held equity interests			
(3) Other_	KETABLE SECURITIES			
		588,427.	FMV	
(<u>B</u>)				
(C)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	588,427.		
Part VIII			-	
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) CASH	FUND INVESTMENT	125,048.	FMV	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶	125,048.		
Total. (Colum	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	125,048.		
Total. (Colum			, Part IV, line 11d. See Form 990,	Part X, line 15.
Total. (Colum	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
Part IX (1)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
Part IX (1) (2)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Des	"Yes" on Form 990 scription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered (a) Des	"Yes" on Form 990 scription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) liii Other Liabilities.	"Yes" on Form 990 scription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnia)	Other Assets. Complete if the organization answered (a) Des (a) Des (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered	"Yes" on Form 990 scription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column X	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 scription	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fede (2) (3)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column X) (1) Fede (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X 1. (1) Fede (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X) 1. (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 peription The 15.)	, Part IV, line 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Des Jumn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form 990 ne 15.)" "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See Form	(b) Book value

PAGE 28

Schedule D (Form 990) 2015 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	
С	Recoveries of prior year grants	
	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5
Part 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	Donated services and use of facilities	-
	Prior year adjustments	-
	Other losses	-
	Other (Describe in Part XIII.)	
_	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	-
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part 2	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; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	

JSA 5E1271 1.000 Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2015

SCHEDULE I (Form 990)

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

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

Department of the Treasury Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identific	ation number
PRADER-WILLI CALIFORNIA FOUNDATION	1					95-3480752	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
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) CHOC CHILDREN'S FOUNDATION 1201 WEST LA VETA AVE ORANGE, CA 92868	95-6097416	501(C)(3)	12,000.		NONE	NONE	SUPPORT CLINIC
(2) PRADER-WILLI SYNDROME ASSOCIATION 8588 POTTER PARK DR. SUITE 500, SARASOTA, FL	41-1306908	501(C)(3)	13,000.		NONE	NONE	SUPPORT RESEARCH
_(3)							
_(4)	_						
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations I							2.

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

Schedule I (Form 990) (2015)

PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752

Schedule I (Form 990) (2015) Page 2

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

information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

FORM 990 PART VI SECTION B LINE 11B

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: PRADER-WILLI CALIFORNIA FOUNDATION'S FINANCE COMMITTEE

INITIALLY REVIEWS THE FORM 990. QUESTIONS AND/OR ANY ISSUES REGARDING

CLARIFICATION ARE ASKED OF THE ACCOUNTING FIRM THAT PREPARED THE FORM.

AS SOON AS THE FINANCE COMMITTEE BELIEVES THE FORM 990 IS READY TO BE

PRESENTED TO THE BOARD OF DIRECTORS, IT PROVIDES A COPY TO EACH BOARD

MEMBER VIA MAIL OR PDF FORMAT. THE BOARD OF DIRECTORS, AS A WHOLE,

DISCUSSES THE FORM 990 AND, BY MAJORITY VOTE, RETURNS IT TO THE

ACCOUNTING FIRM WITH ADDITIONAL QUESTIONS OR CLARIFICATION, OR AUTHORIZES

THAT IT BE SUBMITTED TO THE IRS. IF CHANGES ARE MADE AFTER

CLARIFICATIONS, THEY WILL REVIEW AND THEN FORWARD AS OUTLINED.

AT THE FIRST ANNUAL MEETING OF THE BOARD OF DIRECTORS, THE EXECUTIVE DIRECTOR PROVIDES THE OVERVIEW OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND DISTRIBUTES THE CONFLICT OF INTEREST FORM TO EACH BOARD MEMBER. THE FORMS ARE SIGNED BY EACH MEMBER AND COLLECTED BY THE DIRECTOR.

FORM 990 PART VI SECTION C LINE 19

FORM 990 PART VI SECTION B LINE 12C

HOW DOES THE ORGANIZATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

Schedule O (Form 990 or 990-EZ) 2015 Page 2

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

95-3480752

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC? UPON REQUEST AND THESE ITEMS ARE ALSO POSTED ON OUR WEBSITE.

FORM 990 PART VI SECTION B LINE 15B

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.

FORM 990 PART XI LINE 8

PRIOR PERIOD ADJUSTMENT DUE TO ADJUSTING BEGINNING INVENTORY AMOUNT.

ATTACHMENT 3

MISSION STATEMENT: 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 4

EDUCATIONAL PROGRAMS: PWCF HELD THE ANNUAL STATE CONFERENCE WHICH
PROVIDED CRITICAL EDUCATION TO PARENTS, TEACHERS, PHYSICIANS, AND
PROFESSIONAL CARE PROVIDERS. A CONCURRENT YOUTH & ADULT CONFERENCE SERVED
CHILDREN AND ADULTS WITH PWS AND WORKED WITH THEIR SIBLINGS. PWCF
PRODUCED A PWS BEHAVIOR MANAGEMENT TRAINING SESSION AND A SCHOOL IEP

TRAINING PROGRAM. THROUGHOUT CALIFORNIA PWCF PROVIDED DOZENS OF EDUCATIONAL IN-SERVICE TRAININGS TO BOTH SCHOOL STAFF AND RESIDENTIAL STAFF/PROVIDERS IN GROUP HOMES. PWCF PRODUCED QUARTERLY NEWSLETTERS CONTAINING EDUCATIONAL ARTICLES, RESEARCH STUDIES, RECRUITMENT AND SUPPORT OPPORTUNITIES, AS WELL AS OTHER VALUABLE INFORMATION. ADDITIONALLY, DVD'S, BOOKS, AND OTHER EDUCATIONAL MATERIALS WERE DISTRIBUTED. FAMILIES WERE GIVEN INFORMATION ABOUT RESEARCH PARTICIPATION OPPORTUNITIES.

ATTACHMENT 5

SUPPORT & ADVOCACY PROGRAMS: PWCF'S PRADER-WILLI SYNDROME CAMP IS THE ONLY MEDICALLY-SPECIALIZED CAMP IN THE STATE OF CALIFORNIA THAT EXCLUSIVELY SERVES PERSONS WITH PWS. THIS YEAR WE SERVED 59 CAMPERS RANGING IN AGE FROM 8-65 YEARS. PWCF SUPPORTED THREE PWS CLINICS THROUGHOUT THE STATE THAT TREATED HUNDREDS OF CHILDREN AND ADULTS WITH PWS. WE SPONSORED A FAMILY FUN DAY AT A SPECIALIZED GYM FOR KIDS WITH DISABILITIES TO HELP FAMILIES NETWORK AND FEEL LESS ISOLATED AS THEY HAD FUN. WE FACILITATED SUPPORT GROUPS THROUGHOUT CA, WROTE LETTERS OF ADVOCACY, AND ACCOMPANIED PARENTS TO SCHOOL MEETINGS AND REGIONAL CENTER MEETINGS AND HEARINGS WITH FAMILY MEMBERS. WE MAINTAINED A PWS MEDICAL CRISIS LINE, THE ONLY ONE IN THE COUNTRY THAT OPERATES 24/7. WE COLLABORATED WITH AND SUPPORTED THE WORK OF THE NATIONAL PRADER-WILLI SYNDROME ASSOCIATION (USA).

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization			Employer identification r	number
PRADER-WILLI CALIFORNIA FOUNDATION			95-3480752	
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT INCOME	<u> </u>			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
DIVIDEND INCOME	21,92	21.		21,921.
INTEREST INCOME	1,05	52.		1,052.
	0.00			0.000
INVESTMENT INCOME	-2,29	9.		-2,299.
	20 67	14		20 674
TOTALS =	20,67	<u>4.</u>	_	20,674.

	ATTACHMENT 2
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	2,255.
INVENTORY AT BEGINNING OF YEAR	3,498.
PURCHASES	4,116.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	7,614.
MINUS ENDING INVENTORY	4,758.
COST OF GOODS SOLD	1,201.

Description of Property

DEPRECIATION

Asset description place servi	ce or basis		179 exp. reduction in basis	Basis Reduction	Basis for depreciation 960.	Beginning Accumulated depreciation 960.		Me- thod SL		Life 5.000	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT 06/30/					•			l .						
												1		ı
									1					
							1							
			1											
												-		
	1													 I
Less: Retired Assets		_						1						
Subtotals	960				960.	960.	960.							
Listed Property			ı			T	ı						1	
														
														<u> </u>
Less: Retired Assets														
Subtotals														
TOTALS	960				960.	960.	960.							<u> </u>
AMORTIZATION														
Dat place	Cost I in or					Accumulated	Ending							Current-year
Asset description servi						Accumulated amortization	amortization	Code	Life					amortization
														 I
														 I
														 I
TOTALS							I							1

*Assets Retired

JSA 5X9024 1.000

71483T N480 11/10/2016 12:49:01 PM V 15-7F PRADERWILL PAGE 37

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

INSTRUCTIONS FOR FILING
PRADER-WILLI CALIFORNIA FOUNDATION
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2015

SIGNATURE...

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

FILING...

RETURN YOUR SIGNED 8453-EO AUTHORIZATION TO:

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

OR FAX YOUR SIGNED 8453-EO AUTHORIZATION TO:

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

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

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON DECEMBER 15, 2016. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

FRITH-SMITH & ARCHIBALD, LLP

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

INSTRUCTIONS FOR FILING PRADER-WILLI CALIFORNIA FOUNDATION

CALIFORNIA RRF-1 - REGISTRATION/RENEWAL FEE REPORT FOR THE PERIOD ENDED DECEMBER 31, 2015

SIGNATURE...

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

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2016 with

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

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

TAXABLE YEAR

California Exempt Organization Annual Information Return

201	5 Annual Information Return		199
	r 2015 or fiscal year beginning (mm/dd/yyyy) $01/01/2015$, and ending (mm/d		12/31/2015
	rganization name		poration number
	-WILLI CALIFORNIA FOUNDATION primation. See instructions.	09371	194
taattoriai iiit	milatori. Occ instructions.		480752
Street address	s (suite or room)	95-3	PMB no.
514 N	PROSPECT AVENUE #110-LL		
City	TROBLECT TVENOU HITO HE	State	Zip code
REDOND	O BEACH	CA	90277
oreign count	y name Foreign province/state/county		Foreign postal code
A First Retu	mYes X No J If exempt under R&TC Se	ction 23701d, h	
	Return Yes X No engaged in political activities	es? See instruc	
	on 4947(a)(1) trust • • • • • • • • • • • • • • • • • • •	under R&TC S	section 23701g? ● Yes X No
	mation Return? If "Yes," enter the gross re	ceipts from non	member
	Dissolved Surrendered (Withdrawn) Merged/Reorganized sources L If organization is exempt u		
	meets the filing fee except	ion, check box.	37
	O L (O) X A L (O) OII		
	Cash (2) Accrual (3) Other M Is the organization a Limite turn filed? N Did the organization file F	•	,
(1) ●	990T (2) ● 990 PF (3) ● Sch H (990) (4) Other 990 series taxable income?		.
G Isthisad	roup filing? See instructions Yes X No Is the organization under a		
	ganization in a group exemption Yes X No audited in a prior year?	•	
If "Yes," v	that is the parent's name? P Is federal Form 1023/102.	4 pending?	Yes X No
Did the o	Date filed with IRS		
	rganization have any changes to its guidelines ed to the FTB? See instructions.		
Part I Co	mplete Part I unless not required to file this form. See General Instructions B and C.	- 4	61,864.00
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	2	01,864.00
	2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received. ATCH 1	3	165,005.00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		103/003:00
and	This line must be completed. If the result is less than \$50,000, see General Instruction B	4	226,869.00
Revenues	5 Cost of goods sold	0	
	6 Cost or other basis, and sales expenses of assets sold ● 6 0	0	
	7 Total costs. Add line 5 and line 6	. 7	-1,054.00
	8 Total gross income. Subtract line 7 from line 4	8	227,923.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	290,686.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	1 1	-62,763.00
	11 Total payments	11 12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		00
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	ents, and to the er has any knov	e best of my knowledge and belief, it is wledge.
Here	Signature Date		Telephone
	of officer LISA GRAZIANO EXECUTIVE DIRECTOR		310-372-5053 PTIN
	Preparer's Check if self-		
	signature FRITH-SMITH & ARCHIBALD, LLP		P00370997 FEIN
Paid Preparer's	Firm's name (or yours, if self-employed) 6355 TOPANGA CANYON BLVD, STE #400		95-4714778
Use Only	and address WOODLAND HILLS, CA 91367		Telephone
		;	818-774-1500
	May the FTB discuss this return with the preparer shown above? See instructions		● X Yes No
			·

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		To all of towards a con-
e 1, Part I, line 9	18	290,686.00
.TCH 5 • L	17	141,672.00
• 💄		
• 🖺	15	19,806.00
• 🖺	14	
• 🖺	13	00
• 📮	12	
TCH 4 . • L		
• 💄	10	
тсн 3 • ∟	9	25,000.00
	8	
тсн 2 • ∟	7	4,373.00
		1 - 1
• 💄	5	
• 💄	4	00
• 🖺	3	21,921.00
• 🖺	2	
• 💄	1	

Schedule L Balance Sheets	Beginning of	taxable year	End of taxable year			
Assets	(a)	(b)	(c)	(d)		
1 Cash		129,269.		 123,209. 		
2 Net accounts receivable				•		
3 Net notes receivable				•		
4 Inventories		1,844.		4,758.		
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock	ATCH 6	800,593.		• 713,475.		
8 Mortgage loans				•		
9 Other investments. Attach schedule				•		
10 a Depreciable assets						
b Less accumulated depreciation	(()			
11 Land				•		
12 Other assets. Attach schedule	ATCH 7	726.		• 726.		
13 Total assets		932,432.		842,168.		
Liabilities and net worth						
14 Accounts payable				•		
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable				•		
17 Mortgages payable				•		
18 Other liabilities. Attach schedule						
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation .				•		
21 Retained earnings or income fund		932,432.		 842,168. 		
22 Total liabilities and net worth		932,432.		842,168.		

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

	Do not complete time contessed in the amount on contessed 2, line 10, column (a), to look than \$60,000.						
1	Net income per books	• - S	91,970.	7	Income recorded on books this year	ATCH	8
2	Federal income tax	•			not included in this return. Attach schedule	•	<u>-29,207.</u>
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged		
4	Income not recorded on books this year.				against book income this year.		
	Attach schedule	•			Attach schedule		
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8		<u>-29,207.</u>
	deducted in this return. Attach schedule	•		10	Net income per return.		
6	Total. Add line 1 through line 5	<u> </u>	91,970.		Subtract line 9 from line 6		-62,763.

Side 2 Form 199 c1 2015

027

3652154

Date Acce					WAIL	. тпю г	ORM TO THE FTE
2015		nia e-file Return Au : Organizations	thorization	for			8453-EO
Exempt Organi	zation name					ifying num	
PRADER-	-WILLI CALIFO	ORNIA FOUNDATION			95-	3480	752
Part I Ele	ectronic Return Inforr	mation (whole dollars only)					
2 Total gros	s income (Form 199, line	8)				2	
		ectronically for Taxable Year 201					
	ronic funds withdrawal	4a Amount		thdrawal date (mm/dd/	'yyyy) ₋	
Part III B	anking Information (⊢	lave you verified the exempt orga	nization's banking info	ormation?)			
5 Routing no			7 Type of accoun	t: Checki	ng [Savi	ngs
Part IV De	claration of Officer						
	e exempt organization's sted on line 4a.	account be settled as designated in	Part II. If I check Part	II, Box 4, I autho	orize ar	electror	nic funds withdrawal fo
organization's the exempt of exempt organ exempt organ provider. If the provider the	s 2015 California electro organization is filing a ba nization's fee liability, the nization return and acco	e service provider and the amounts in nic return. To the best of my knowled lance due return, I understand that if e exempt organization will remain lial ompanying schedules and statement empt organization's return or refund	ge and belief, the exem the Franchise Tax Boar ble for the fee liability as is be transmitted to the is delayed, I authorize	pt organization's rd (FTB) does no and all applicable FTB by the Et the FTB to discl	s return of receive e intere RO, trai ose to	is true, ove full an est and personal terms the ERO	correct, and complete. d timely payment of th penalties. I authorize th or intermediate servic or intermediate servic
Sign Here	Signature of Officer		/2016 EXI	ECUTIVE 1	DIRE	CTOR	
	Signature of Officer	Date	Title				
I declare that knowledge. ((however, that transmitting followed all o four years fro available to the return and a	I have reviewed the about I am only an intermediction FTB 8453-EO accurates return to the FTB; I have the requirements described the due date of the reform the due date of the reform the graph of the recompanying schedules	ve exempt organization's return and the ate service provider, I understand that arately reflects the data on the return.) have provided the organization officer bed in in FTB Pub. 1345, 2015 e-file beturn or four years from the date the am also the paid preparer, under pen and statements, and to the best of which I have knowledge.	nat the entries on form of the lam not responsible for the	FTB 8453-EO are or reviewing the anization officer's and information de-file Providers. eturn is filed, where that I have exceptions.	e exempts signated in that I will keep to be a signated in the signature i	ot organize ture on for will file weep form r is later, the abou	zation's return. I declare orm FTB 8453-EO befor with the FTB, and I hav FTB 8453-EO on file fo and I will make a cop we exempt organization'
	ERO's-		Date	Check if also paid	Check		ERO's PTIN
ERO	signature			preparer	emplo		
Must Sign	Firm's name (or yours if self-employed))			F	EIN	ZIP code
	and address	,					ZIP code
•		nat I have examined the above organie, correct, and complete. I make this de		. , .			
Paid Preparer	Paid preparer's signature		Date	Check if self- employed	→	aid prepare	
Must Sign	Firm's name (or yours	FRITH-SMITH & ARC		FEIN	<u>- 15</u> 4714		, , , , , , , , , , , , , , , , , , , ,
	if self-employed) and address	6355 TOPANGA CANY WOODLAND HILLS	ON BLVD, STE	#400 C	Δ	ZIP code	

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

ATTACHMENT 1

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
CASH CONTRIBUTION UNDER \$5,000 PROVIDED UPON REQUEST REDONDO BEACH, CA 90277	12/31/2015	132,192.
THE STORR FAMILY FOUNDATION 33 BROOKRIDGE DR GREENWICH, CT 06830	12/31/2015	7,000.
NTC WISMETTAC FOUNDATION 13409 ORDEN DR. SANTA FE SPRINGS, CA 90670	12/31/2015	9,700.
MINESH & NISHA MEHTA 2220-B GATES AV. REDONDO BEACH, CA 90278	12/31/2015	5,000.
MEMBERSHIP DUES UNDER \$5,000 PROVIDED UPON REQUEST REDONDO BEACH, CA 90277	12/31/2015	11,113.
TOTAL CONTRIBUTION	AMOUNTS	165,005.

ATTACHMENT 2
6,672.

INVESTMENT INCOME

REIMBURSEMENTS

PART II - OTHER INCOME

-2,299.

TOTAL OTHER INCOME

4,373.

PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752

FORM CA 199, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ATTACHMENT 3

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT GRANTS PAID SUPPORT CLINIC 12,000. CHOC CHILDREN'S FOUNDATION 501(C)(3) 1201 WEST LA VETA AVE ORANGE, CA 92868 PRADER-WILLI SYNDROME ASSOCIATION 501(C)(3) SUPPORT CONFERENCE AND RESEARCH 13,000. 8588 POTTER PARK DR. SUITE 500 SARASOTA, FL 34238

71483T N480 11/10/2016 12:49:01 PM V 15-7F PRADERWILL PAGE 43

25,000.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 4

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	TITLE	COMPENSATION
JULIE CASEY	PRESIDENT/DIRECTOR	0.
KIMBERLEE MORGAN	VICE PRESIDENT/DIRECTOR	0.
TOM MCRAE	DIRECTOR	0.
WHITNEY BRAS	DIRECTOR	0.
RENEE TARICA	TREASURER/DIRECTOR	0.
JUNE-ANNE GOLD, M.D.	DIRECTOR	0.
ROGER GOATCHER	DIRECTOR	0.
NISHA MEHTA	SECRETARY	0.
DIANE KAVRELL	DIRECTOR	0.
DANIELA RUBIN, PH.D.	DIRECTOR	0.
JACKI LINDSTROM	DIRECTOR	0.
JENNIFER WOLKENSDORFER	DIRECTOR	0.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AN	D TRUSTEES	

ATTACHMENT 5

PART II - OTHER EXPENSES

ACCOUNTING EXPENSE	4,500.
ADVERTISING	6,295.
OFFICE EXPENSES	33,840.
INFO. TECHNOLOGY	848.
TRAVEL EXPENSES	7,313.
CONFERENCES	13,827.
INSURANCE	3,796.
CAMP RENTAL	36,300.
SUPPORT & ADVOCACY PROGRAM	14,217.
AWARENESS PROGRAM EXPENSE	13,299.
EDUCATIONAL PROGRAM EXPENSE	7,437.
TOTAL OTHER EXPENSES	<u> 141,672.</u>

ATTACHMENT 6

SCHEDULE L - INVESTMENTS IN STOCK

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MARKETABLE SECURITIES CASH FUND INVESTMENT	600,583. 200,010.	588,427. 125,048.
TOTAL INVESTMENTS IN STOCK	800,593.	713,475.

ATTACHMENT 7	'
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SCHEDULE L - OTHER ASSETS

DESCRIPTION

DESCRIPTION

DESCRIPTION

DEG. OF YEAR

FIND OF YEAR

726.

726.

726.

-29,207.

ATTACHMENT 8

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

UNREALIZED GAINS -29,207.

TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

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

WEB SITE ADDRESS:

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

			Chaole if:	'				
State Charity Registration Number: 039978		Check if: Change of address						
						PRADER-WILLI CALIFORNIA FOUNDATION Amended report		
Name of Organization				·				
514 N. PROSPECT AVENUE #110-LL Corporate or Organization No. 0937194								
REDONDO BEACH CA 90277	7			95-3480752				
City or Town, State and ZIP Code			Federal Employ	yer I.D. No. <u>95-3480752</u>				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)								
Make Check Payable to Attorney General's Registry of Charitable Trusts								
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue		<u>Fee</u>		
Less than \$25,000	0	Between 100,001 and \$250,000	\$50 Between 1,000,001 and \$10 million			\$150		
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75 Between \$10,000,001 and \$50 milli			· ·		
			Greater than \$50 million			\$300		
PART A - ACTIVITIES								
For your most recent full according	ounting per	riod (beginning01/01/2015	ending	12/31/2015) list:				
Toryour most recent run acce	builting per	lou (beginning	ending _					
Gross annual revenue \$	2	227,923. Tot	al assets \$	842,168.				
PART B - STATEMENTS REGA	RDING C	DRGANIZATION DURING THE P	ERIOD OF THIS	REPORT				
Note: If you answer "yes" to a	ny of the o	questions below, you must attach	a separate sheet	providing an explanation and det	ails for each	"yes"		
response. Please review	RRF-1 ins	tructions for information required.						
					Yes	No		
		contracts, loans, leases or other financial		•		1		
director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?						X		
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? During this reporting period, did non-program expenditures exceed 50% of gross revenues?						X		
						+		
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						Х		
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.						X		
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency,								
mailing address, contact person, and telephone number.						Х		
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred.						x		
Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the						+		
charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						X		
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						Х		
Organization's area code and telepl	hone numb	per (310)372-5053						
Organization's e-mail address								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.								
		LISA GRAZIANO		CUTIVE DIRECTOR				
Signature of authorized	d officer	Printed Name	е	Title	Date			