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, 2016 FOR:

PRADER-WILLI CALIFORNIA FOUNDATION AS FOLLOWS...

2016 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2016 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2016 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2016 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2016 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING
2016 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S
2016 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ
2016 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
2016 CALIFORNIA FORM 199 - EXEMPT ORGANIZATION STATEMENT OF RETURN
2016 RRF-1 - REGISTRATION/RENEWAL FEE REPORT
2016 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, 2016

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, 2017. 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 <i>e-file</i> Signature Authorization for an Exempt Organization | | OMB No. 1545-1878 |
|--|---|--|--|
| | For calendar year 2016, or fiscal year beginning $01/01$, 2016, and ending $12/31$ | 20 16 | |
| Department of the Treasury | ► Do not send to the IRS. Keep for your records. | , | 2016 |
| Internal Revenue Service | Information about Form 8879-EO and its instructions is at www.irs.gov/for | rm8879eo. | |
| Name of exempt organization | | | ification number |
| PRADER-WILLI Name and title of officer | CALIFORNIA FOUNDATION | 95-348 | 0752 |
| NISHA MEHTA, | | | |
| | eturn and Return Information (Whole Dollars Only) | | |
| check the box on line leave line 1b , 2b , 3b , 4 the applicable line belo | return for which you are using this Form 8879-EO and enter the applicable a la, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entere w. Do not complete more than 1 line in Part I. | g filed with this fo d -0- on the retu | orm was blank, then m, then enter -0- on |
| 1a Form 990 check h | | | |
| 2a Form 990-EZ chec 3a Form 1120-POL cl | | | |
| 4a Form 990-PF chec | | | |
| 5a Form 8868 check | | | |
| | | | |
| Part II Declarati | on and Signature Authorization of Officer | | |
| are true, correct, and c organization's electron to send the organizatio the transmission, (b) th authorize the U.S. Trea financial institution acc return, and the financia Agent at 1-888-353-45 involved in the process resolve issues related | ectronic return and accompanying schedules and statements and to the best complete. I further declare that the amount in Part I above is the amount show ic return. I consent to allow my intermediate service provider, transmitter, or n's return to the IRS and to receive from the IRS (a) an acknowledgement of re e reason for any delay in processing the return or refund, and (c) the date of asury and its designated Financial Agent to initiate an electronic funds withdr ount indicated in the tax preparation software for payment of the organization il institution to debit the entry to this account. To revoke a payment, I must cl 37 no later than 2 business days prior to the payment (settlement) date. I als ing of the electronic payment of taxes to receive confidential information neo- to the payment. I have selected a personal identification number (PIN) as my f applicable, the organization's consent to electronic funds withdrawal. | wn on the copy of electronic return receipt or reason any refund. If app awal (direct debit n's federal taxes ontact the U.S. Tr so authorize the cessary to answe | the originator (ERO) for rejection of licable, I) entry to the owed on this easury Financial financial institutions r inquiries and |
| Officer's PIN: check o | ne box only | | |
| X I authorize FI | | 9 1 6 8 7 nter five numbers, bu p not enter all zeros | as my signature t |
| being filed with ERO to enter r As an officer o | ation's tax year 2016 electronically filed return. If I have indicated within this is a state agency(ies) regulating charities as part of the IRS Fed/State progra ny PIN on the return's disclosure consent screen. f the organization, I will enter my PIN as my signature on the organization's t ted within this return that a copy of the return is being filed with a state agend | m, I also authorize ax year 2016 ele | the aforementioned ctronically filed return |
| | ate program, I will enter my PIN on the return's disclosure consent screen. | | changed as part of |
| Officer's signature | | 11/11/201 | 7 |
| | ion and Authentication | | |
| | your six-digit electronic filing identification d by your five-digit self-selected PIN. | 5 3 0 0 9 do not enter | 9 5 4 7 1 |
| indicated above. I conf | numeric entry is my PIN, which is my signature on the 2016 electronically file irm that I am submitting this return in accordance with the requirements of P zed IRS <i>e-file</i> Providers for Business Returns. | ed return for the | organization |
| ERO's signature | Date ► | | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To I | 00 50 | |
| For Paperwork Reduc | tion Act Notice, see back of form. | | form 8879-EO (2016) |
| | | | |
| JSA 6E1676 1.000 | | | |

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Ir

6 Open to Public

6

OMB No. 1545-0047

| Inte | rnal Reve | enue Servi | ce | Information a | about Form 990 and its i | instructions | is at www.ir | s.gov/f | orm990. | | Inspection | |
|--------------------------------|------------|---|------------|--|--------------------------------|--------------|----------------|------------|-------------------------------------|--------|------------------------|------------|
| A | For th | ne 2016 | 6 cale | ndar year, or tax year begi | nning | , 2016 | , and endi | ng | | | , 20 | |
| _ | | | C Nam | e of organization | | | | | D Employer ide | ntific | ation number | |
| в | Check if a | applicable: | PR. | ADER-WILLI CALIFORN | IA FOUNDATION | | | 95-3480752 | | | | |
| | Addr | | Doin | g business as | | | | | | | | |
| | | e change | | ber and street (or P.O. box if mail is | not delivered to street addres | s) | Room/suite | | E Telephone nu | mber | | |
| - | - | l return | 51 | 4 N. PROSPECT AVENU | E #110-T.T. | | | | (310) 37 | 2 - 5 | 5053 | |
| | Final | return/ | | or town, state or province, country, | | 9 | | | (010) 01 | | | — |
| | Amer | | - | DONDO BEACH, CA 902 | | | | | G Gross receipts | s \$ | 256,58 | 31 |
| | | cation | | e and address of principal officer: | LISA GRAZIANC |) | | | H(a) Is this a grou | _ | | No |
| | pend | ing | | 4 N PROSPECT AVE, # | | | CA 9027 | 7 | subordinates H(b) Are all subord | | | No |
| - | Tax-ov | empt sta | | |) 		 (insert no.) | 4947(a)(1) | | | . , | | st. (see instructions) | JNO |
| ÷ | | | | X 501(c)(3) 501(c) (PWCF.ORG |) | 4947 (a)(1) | 01 52 | . / | | | | |
| ן ע | | | | | | | L Veer | | H(c) Group exemptions | | , | CA |
| | | of organi | | | Association Other | | L rear c | ni ionnat | | State | or regar domicile: | |
| P | art | | nmar | • | | | | | | | | |
| | 1 | | | ibe the organization's mission of | | | | | | H F | RADER-WILLI | |
| - Second | | | | E, THEIR FAMILIES, A | | | A STATE | I NET | WORK OF | | | |
| Activities & Governance | | | | TION, ADVOCACY AND | | | | | | | | |
| ove ove | 2 | Check | | | liscontinued its operation | • | | | | I I | | _ |
| Ŭ | 3 | Numbe | er of vo | oting members of the governing | body (Part VI, line 1a) | | | | | 3 | | 1. |
| ŝ | 4 | | | dependent voting members of | | | | | | 4 | | 1. |
| /itie | 5 | | | r of individuals employed in cal | | | | | | 5 | | 3. |
| Ę | 6 | Total n | umbei | r of volunteers (estimate if neces | isary) | | | | | 6 | 10 | 8. |
| < | 1 1 0 | | | ed business revenue from Part \ | | | | | | 7a | | 0. |
| | b | Net un | related | d business taxable income from | Form 990-T, line 34 | | | | | 7b | | 0. |
| | | | | | | | | | Prior Year | | Current Year | |
| e | 8 | Contrib | outions | s and grants (Part VIII, line 1h) | | | | | 165,00 | 5. | 169,07 | 1. |
| nue | 9 | | | vice revenue (Part VIII, line 2g) | | | | | 34,51 | 8. | 57,25 | ;9. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | 20,67 | 14,60 | 0. | |
| œ | 11 | | | ie (Part VIII, column (A), lines 5 | | | | | 7,72 | 6. | 7,52 | 23. |
| | 12 | | | e - add lines 8 through 11 (mus | | | | | 227,92 | 3. | 248,45 | 53. |
| | 13 | Grants | and s | imilar amounts paid (Part IX, col | umn (A), lines 1-3) | | | | 25,00 | 0. | 42,85 | <i>.</i> 0 |
| | 14 | | | I to or for members (Part IX, colu | | | | | | 0. | | 0. |
| ŝ | 15 | | | er compensation, employee ben | | | | | 104,20 | 8. | 119,16 | 54. |
| nse | 16 a | | | fundraising fees (Part IX, column | | | | | | 0. | | 0. |
| Expenses | b | Total f | undrai | sing expenses (Part IX, column (| D), line 25) ► | 7,190 | | | | | | |
| ш | 17 | | | ses (Part IX, column (A), lines 1 | | | | | 161,47 | 8. | 179,46 | 54. |
| | 18 | Total e | xpens | es. Add lines 13-17 (must equa | l Part IX. column (A). line : | 25) | | | 290,68 | 6. | 341,47 | /8. |
| | 19 | | | s expenses. Subtract line 18 fror | | | | | -62,76 | | -93,02 | |
| P of | 3 | | | • | | | | Begin | ning of Current Y | /ear | End of Year | |
| Net Assets or Fund Balances | 20 | Total a | ssets (| (Part X, line 16) | | | | | 842,16 | 8. | 796,32 | 27. |
| Ass | 21 | | | es (Part X, line 26) | | | | | | 0. | | 75. |
| Net | 22 | | | r fund balances. Subtract line 2 | | | | | 842,16 | 8. | 795,65 | 52. |
| | art II | | | e Block | | | | | | | | |
| _ | | | | y, I declare that I have examined the | nis return, including accomp | anving sched | ules and state | ments, a | and to the best of | mv | knowledge and belief. | it is |
| | | | | e. Declaration of preparer (other that | | | | | | , | | |
| | | | | | | | | | 11/1 | 1/2 | 017 | |
| Sig | gn | 🕨 इ | Signatu | re of officer | | | | | Date | 1/2 | 017 | |
| He | - | | • | A MEHTA | | SECRET | λρν | | | | | |
| | | · • - | | print name and title | | | | | | | | |
| | | | <i>·</i> · | eparer's name | Preparer's signature | | Date | | | | PTIN | |
| Pai | d | | | | | | | 1001 | Check | | | |
| Pre | eparer | MARY | | CHIBALD CPA | | | 11/09 | IUZ / י | | | P00370997 | |
| Us | e Only | | | ►FRITH-SMITH & ARC | | | | | Firm's EIN ▶ 9 | | | |
| | | Firm's | address | ►6355 TOPANGA CANYON BLVD | STE #400 WOODLAND HTT | LS. CA 913 | 67 | | Phone no. 8 | т8- | -774-1500 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Х Yes No Form 990 (2016) For Paperwork Reduction Act Notice, see the separate instructions.

| PRADER-WILLI | CALIFORNIA | FOUNDATION |
|--------------|------------|------------|

| Form 990 (2016) | Page 2 |
|--|--|
| Part III Statement of Program Service Accomplishments | |
| Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 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 | |
| | X No |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program | X No |
| If "Yes," describe these changes on Schedule O. | |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. | |
| 4a (Code:) (Expenses \$including grants of \$) (Revenue \$] |) |
| AWARENESS PROGRAMS - PRADER-WILLI CALIFORNIA FOUNDATION HELD | |
| NUMEROUS EVENTS TO RAISE THE PUBLIC'S AWARENESS OF PWS INCLUDING | |
| STATEWIDE WALKATHONS, PARTICIPATION AS AN OFFICIAL CHARITY IN THE | |
| JETBLUE LONG BEACH MARATHON, AND FAMILY GATHERING EVENTS AT | |
| VARIOUS SPORTS EVENTS INCLUDING THE ANAHEIM ANGELS, OAKLAND A'S | |
| AND THE SAN DIEGO PADRES. WE HELPED AWARENESS OF PWS VIA A TYRONE | |
| WELLS BENEFIT CONCERT WE PRODUCED AN ANNUAL HOLIDAY GREETING | |
| CONTAINING INFORMATION ABOUT PWS. EACH OF THESE PROGRAMS SERVED TO | |
| PROVIDE FAMILIES WITH NETWORKING AND SUPPORT OPPORTUNITIES SO THEY | |
| FEEL LESS ISOLATED AND MORE CONNECTED WITH OTHER PWS FAMILIES AND PROFESSIONALS. | |
| PROFESSIONALS. | |
| 4b (Code:) (Expenses \$ 73,014. including grants of \$ 10,750.) (Revenue \$ | <u>, </u> |
| EDUCATIONAL PROGRAMS - SEE ATTACHMENT 4 |) |
| EDUCATIONAL PROGRAMS - SEE ATTACHMENT 4 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c (Code:) (Expenses \$ |) |
| SUPPORT & ADVOCACY PROGRAMS - SEE ATTACHMENT 5 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d Other program services (Describe in Schedule O.) | |
| (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e Total program service expenses ► 287,018. | |
| | 90 (2016) |
| 6E1020 1.000 71483T N480 11/9/2017 1:27:40 PM V 16-7.6F PRADERWILL | PAGE 3 |

PRADER-WILLI CALIFORNIA FOUNDATION

| Form 9 | 90 (2016) | | F | 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. | | | 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," | | | |
| | 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 | | | |
| | 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 | | | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| t | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 37 |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 4.00 | | 37 |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | 37 |
| | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 45 | | 37 |
| 40 | 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 | 40 | | 37 |
| 4- | 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 | 4- | | 17 |
| 4.5 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 40 | Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | 37 |
| | If "Yes," complete Schedule G, Part III | 19 | | X |

Form **990** (2016)

| Ves Nes Ves Ves <th>Form 99</th> <th>90 (2016)</th> <th></th> <th>F</th> <th>Page 4</th> | Form 99 | 90 (2016) | | F | Page 4 | | | | |
|---|---------|--|-------|-----|----------|--|--|--|--|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H, 20a X b If "Yes" to line 20a, did the organization statch a copy of its audited financial statements to this return? 20b 22b 22b 22b 22b 22b 22b 22b< | Part | V Checklist of Required Schedules (continued) | | | | | | | |
| b If "Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | | | Yes | No | | | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic oparization argument on Part X, column (A), line 11 "Yes," complete Schedule I, Parts I and II. 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Scottino A, line 3.4, or 5 about compensation of the organization answer 'Yes' to Part VI. Section A, line 3.4, or 5 about compensation of 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, rain that was issued after December 31, 20021 If 'Yes," answer lines 2.44 X 24 Did the organization naves any core soft 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, 20021 If 'Yes," answer lines 2.44 X 24 Did the organization invest any proceeds of tax-exempt bonds beyond temporary period exception? 24a 25 Section 501(cA), 301(cA), and 501(cB)(20) organization ongate in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has no the ereported on any of the organization ongate in a prior year, and that the transaction has not been reported on any of the organization anget as the year or the set solution, and exceptions? 25 25 Section Schedule L, Part I 25a X 26 X Did the organization argue to any othe reganization ongate in an excess benefit transaction with a disqualified person if th | 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | X | | | | |
| domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule / Parts I and II. 21 X 23 Did the organization report more than S5,000 of grants or other assistance to or for domestic individuals on organization scurrent and former officers, directors, trustees, key employees, and highest compensation of 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, 20027 // "Yes," answer ines 24b through 24 and complex Schedule // Two's, go to fine 25a. 24a X 24 Did the organization haves 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, 20027 // "Yes," answer ines 24b through 24 and complex Schedule // Two's go to fine 25a. 24a X 240 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person any other explantion ware that it engaged in an excess benefit transaction with a disqualified person? // "Yes," complete Schedule L, Part // 25a X 250 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person? // "Yes," complete Schedule L, Part // 25a X 250 Did the organization aware that it engaged regoveresors? // "Yes," complete Schedule L, Part // | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | | | | | |
| 22 Did the organization teport more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 II "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 answer Tes" to Part VII. Section A, line 3, 4, or 5 about compensation of 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 Docember 31, 2002 II "Yes," answer lines 240 X 24 Did the organization neve at any conceed of tax-exempt bonds beyond temporary period exception? 240 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization was an "on behalf of issuer for bonds outstanding at any time during the year? 24d 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person una prior year, and that the transaction has not bene reported on any of the organizations for forms 990 or 990. 22s 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not bene reported on any of the organization promes 90 or 990. 22s 27 If the organization apertor the other assistance to an officer, director, trustee, key employee, highest compensated employees, or disqualified person in a prior year, and that the transaction with a disqualified person or no aptiot any amount on Part X, line 5, 6, or 22 for receivables from or p | 21 | I the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | | | | | |
| Part IX, column (A), line 27 (I "Yes" complete Schedule (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 have a tax-exempt bord 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 42d and complete Schedule J. Two?, go to fine 25a. 24a X 24 Did the organization have a tax-exempt bord 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 42d and complete Schedule J. Man' 10No' go to fine 25a. 24a X 24 Did the organization antiant an encrow account other than a rotunding eacrow at any time during the year? 24d X 25a Section 501(c(X), 501(c)(A), and 501(c)(29) organizations. Did the organization angago in an excess banefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization angago in an excess banefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25a X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current o former officer, director, trustee, key employee, thighest compensated employees, controlled anoty or the assistance to an officer, director, trustee, key employee, and that the organization report any amount on other assistance to and the following parties (see Schedule L, Part II. 26a X | | mestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | | | | | |
| 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 X 24 Did the organization have at 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," comprete Schedule K. If 'No," yo to fine 25a. 244 X 25 Did the organization haves any proceed of tax-exempt bonds beyond a temporary poried exception?, . 246 26 Did the organization waintain an escrow account other than a refunding escrow at any time during the year? 246 26 Did the organization waintain an escrow account other than a refunding escrow at any time during the year? 246 27 Did the organization shulled person during the year? 246 28 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations pice Schedule L, Part 1 25a 28 X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25b 29 Did the organization provide a grant on there assistance to an officer, director, trustee, key employee, or disqualified person during the year? 25b 29 Did the organization provide a grant on othere assistance to an officer, director, trustee, key employee, it w | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | | | | | |
| organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes" complete Schedule J. 23 X. 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", answ rince 24 through 24 and complete Schedule K. 24a X. 24b Did the organization maintain an excrempt bonds? 24d X. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and the transaction bas not benefit of bonds outstanding at any time during the year? 24d X. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are 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-E27 If "Yes", complete Schedule L, Part I 25b X 26 Did the organization are any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualitied parsons? If "Yes," complete Schedule L, Part IV. 26a X 27 Did the organization area area to a built meshvids, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (or a family member thereof was an officer, director, trustee, or key employee (or a family member thereof was an officer, director, trustee, or key | | | 22 | X | | | | | |
| employees? If "Yes," complete Schedule J. 23 X 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 240 through 24d and complete Schedule K If "No," go to line 25a. 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?, | 23 | | | | | | | | |
| 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 inse 24b 24a X b Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 2 Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? 24d X 2 Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? 24d X 2 Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? 24d X 2 Did the organization actes that it angaged 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 avery amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former of ficers, director, trustee, key employees, highest completes Schedule L, Part II. 25b X 2 To Did the organization avery of these persons? II "Yes," complete Schedule L, Part II. 24a X 2 Was the organization avery at any to a business transaction with on of the following parties (see Schedule L) 26 X 2 To Did the organization avery of these persons? II "Yes," comp | | | | | | | | | |
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| through 24d and complete Schedule /L If Yko," go to line 25a. 24a X b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 2 Did the organization at as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 2 Did 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 organizations proof betweelde L, Part I 25a X 2 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 28 X 2 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, key employee, substantial contribution or emploxee thereol, 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 II 28 X 2 Did the organization receive contributions? If "Yes," complete Schedule L, Part IV 28 X 2 Did the organization the current or former officer, director, tru | 24a | | | | | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b c Did the organization mantain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), and 501(c)(2) or granizations. Did the organization in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction been reported on any of the organizations prior Forms 900 or 900-E27 25b X. 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any or disqualified persons? If 'Yes,' complete Schedule L, Part I 25b X. 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 entily or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV. 28a X. 28 Mas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV. 28a X. | | | | | | | | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt books? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 ergons year in the transaction has not been reported on any of the organization spore Forms 990 or 900-E227 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, 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 II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 Did the organization receive contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part IV 28a X 30 Did the organization receive c | | | | | <u> </u> | | | | |
| b defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25s Section 501(c)(3), and 501(c)(2) and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction been reported on any of the organization vare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior griss' complete Schedule L Part I 25s X 26 Did the organization neport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any disqualified persons? If 'Yes,' complete Schedule L, Part II 25t X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 X 28 Was the organization receive more than \$25,000 in on-cash contributions? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in on-cash contributions? If 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in | b | | 24b | | | | | | |
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| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person? 25b X 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person? 25b X 26 Did the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any of singulatified person? If "Yes," complete Schedule L, Part II 26 X 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 IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or | | | | | | | | | |
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| 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 590 or 990-E27 If "Yes," complete Schedule L, Part I Z5b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any or disqualified person? If "Yes," complete Schedule L, Part I Z6b X 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 II Z7 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 25a | | | | 37 | | | | |
| 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 Z5b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Z6 X 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 II. Z 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. Z6a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Z8a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. Z8a X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. 29 X 31 Did the organization liquidate, terminate, or discore and cease operations? If "Yes," complete Schedule N. 31< | - | | 25a | | X | | | | |
| If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 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 II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a 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 releave more assolve and cease operations? If "Yes," complete Schedule M. 29 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes," 30 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III. 31 X | b | | | | | | | | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 31 X 32 Did the organization flequidet, etrminate, or dissolve and cease operations? If "Yes," complete Schedule R. 21 X 33 Did the organization related to any tak-exempt or taxable entity? If "Yes," complete Schedule R. 31 X 34 Vas the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 33 X </td <td></td> <td></td> <td>0.5.1</td> <td></td> <td>v</td> | | | 0.5.1 | | v | | | | |
| current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. 26 X 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 X 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 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 R. Part I. 31 X 31 X 31 X 32 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," 32 X 32 D | | • | 250 | | | | | | |
| disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, esubstantial 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 32 X 32 X 33 Did the organization oreal contributions of art, historical treasures, or other similar assets? If "Yes," and part V, Ime 2 33 32 X 33 Did the organization sell, exchange, dispose of, or trans | 26 | | | | | | | | |
| 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. 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M, 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," assettions sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization neating reservent or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1. 34 X 35a Did the organization neating of section 512(b)(13)? 35a X 35a Section 501(c)(3) organization. Complete Schedule R, Part I, III, or IV, and Part V, line 1. 35a X 35a Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of | | | 26 | | v | | | | |
| 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 X 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): a 27 X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c 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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 31 X 32 X 30 X 33 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X | 27 | | 20 | | | | | | |
| entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereot) was an officer, director, trustee, or direct or wore? 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 inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 30 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 501.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1. 35a X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1. 35a X 34 W | 21 | | | | | | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | 27 | | x | | | | |
| Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereoff was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," and the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1. 35a X 35a Did the organization | 20 | | 21 | | - 21 | | | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," and 30 X 33 Did the organization number form of section 512(b)(13)? 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a X 35a Did the organization. Su contolled entity within the meaning of section 512(b)(13)? 35a X | 20 | | | | | | | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X c 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 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, part I. 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 31 X 33 Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a X 35a Did the organizations base a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organizations. Did the organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization controlled entity within the meaning of section 512(b)(13)? 35b | 2 | | 282 | | x | | | | |
| Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X | | | 200 | | | | | | |
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| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | C | | 280 | | x | | | | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 35b 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 36 | 29 | · | | | | | | | |
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| Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 37 X | 31 | | | | | | | | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i> | - | | 31 | | Х | | | | |
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| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | | 32 | | Х | | | | |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | | | | |
| or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 37 | | | 33 | | Х | | | | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | | | | | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 37 | | or IV, and Part V, line 1 | 34 | | X | | | | |
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| 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | | | | | |
| related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 37 X | | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | | | | | |
| 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 "Yes," complete Schedule R, Part VI</i>. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | | | | | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | - | 36 | | X | | | | |
| Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O for Part VI, lines 11b and | 37 | | | | | | | | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | | | | | | | |
| | | | 37 | | X | | | | |
| | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | x | | | | | |

Form **990** (2016)

PRADER-WILLI CALIFORNIA FOUNDATION

Form 990 (2016)

Page 5

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|------|---|------|-----|-------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 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 0. | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | Х |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Х |
| 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 | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| - | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| Ū | required to file Form 8282? | 7c | | Х |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of qualified interfectual property, and the organization me rorm obes as required. | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | Х |
| 9 | | | | |
| | Sponsoring organizations maintaining donor advised funds. | 9a | | Х |
| | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| ŭ | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| ~ | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | 1 | | |
| | Did the organization receives on hand | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| JSA | 0.1.000 | Form | 990 | (2016 |

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| Form 9 | 990 (2016) PRADER-WILLI CALIFORNIA FOUNDATION 95 | 5-3480752 | 2 | Page 6 |
|---------|--|---------------|--------------|---------------|
| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scher Chack if Schedula O contains a response or note to any line in this Part VI. | lule O. See i | nstruc | ctions. |
| <u></u> | Check if Schedule O contains a response or note to any line in this Part VI | | • • • | X |
| Seci | tion A. Governing Body and Management | | Yes | No |
| 15 | Enter the number of voting members of the governing body at the end of the tax year | 11 | | |
| Ia | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | | |
| | any other officer, director, trustee, or key employee? | | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets?. | | | X |
| 6 | Did the organization have members or stockholders? | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | · · · - | | v |
| - | one or more members of the governing body? | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) mer | | | x |
| 0 | stockholders, or persons other than the governing body? | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken of the year by the following: | gunng | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacl | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | Х |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Re | venue Co | - | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | |
| 110 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | •••• | - | + |
| na b | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | | | |
| | rise to conflicts? | 12b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | "Yes," | | |
| | describe in Schedule O how this was done | 10. | _ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | | X | |
| 15 | Did the process for determining compensation of the following persons include a review and appro- | - | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec | | v | |
| а | The organization's CEO, Executive Director, or top management official | | - | + |
| b | Other officers or key employees of the organization | 15b | | |
| 160 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | omont | | |
| 10a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange with a taxable entity during the year? | | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safegua | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{	ext{CA}}$, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (| Section 501 | (c)(3)s | s only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 10 | | | nolic | V 000 |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflic financial statements available to the public during the tax year. | , or interest | | y, and |
| 20 | | d records:► | | |
| | State the name, address, and telephone number of the person who possesses the organization's books and RENEE TARICA 18735 HATTERAS ST. #43 TARZANA, CA 91356 818-344-5756 | | | |
| JSA | 2.1.000 | For | n 990 | (2016) |

JSA 6E1042 1.000

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| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | | |

1a Complete 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.

| | | (C) | | | | | | | | |
|-----------------------------|-------------------------------------|---|-------|--------------|-----------------|----------|-------|-----------------|--------------------------|------------------------------|
| (A) | (B) | Position | | | | | | (D) | (E) | (F) |
| Name and Title | Average (do not check more than one | | | | | | one | Reportable | Reportable | Estimated |
| | hours per | box, unless person is both an officer and a director/trustee) | | | | | | compensation | compensation from | amount of |
| | week (list any hours for | | | | | | , | from the | related organizations | other compensation |
| | related | ndiv fic | | organization | (W-2/1099-MISC) | from the | | | | |
| | organizations | /idua | tutio | ř | emp | loye | ner | (W-2/1099-MISC) | | organization |
| | below dotted line) | al tru | nal | | loye | eom | | | | and related organizations |
| | line) | Istee | trust | | ē | pen | | | | organizations |
| | | Ű | :ee | | | sate | | | | |
| | | | | | | <u>م</u> | | | | |
| (1)KIMBERLEE MORGAN | .50 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (2)TOM MCRAE | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (3)WHITNEY BRAS | .75 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (4)JUNE-ANNE GOLD, M.D. | .25 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 2,865. | 0. |
| (5)ROGER GOATCHER | 1.50 | | | | | | | | | |
| PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (6)NISHA MEHTA | 1.50 | | | | | | | | | |
| SECRETARY/DIRECTOR | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (7)DIANE KAVRELL | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (8)DANIELA RUBIN, PH.D. | .75 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (9) JACKI LINDSTROM | .75 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (10) JENNIFER WOLKENSDORFER | .50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (11)RODNEY DONG | .75 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (12)RENEE TARICA | 1.00 | | | | | | | | | |
| TREASURER | 0. | | | Х | | | | 0. | 0. | 0. |
| (13) | | | | | | | | | | |
| | | | | | | | | | | |
| (14) | | | | | | | | | | |
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JSA 6E1041 1.000 Form 990 (2016)

PRADER-WILLI CALIFORNIA FOUNDATION

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| | 990 (2016) | | | | | | | | | | | | | age 8 |
|----------|---|---|-----------------------------------|-----------------------|----------------------|-----------------|--|---------------|--|---|------------------|------------------------------------|--|--------------|
| Ра | t VII Section A. Officers, Directors, Tru | | ey Enr ∣ | nplo | | | and H | lig | | | es (co | | | |
| | (A) Name and title | (B) Average hours per week (list any hours for related | box, office | unles er and | Pos heck ss pe | erson lirect | e than o is both or/trust emp | an | (D) Reportable compensation from the organization | (E) Reportable compensation related organization (W-2/1099-M | from ns | Esti amo of compo fror | (F) mated ount of ther ensation the | |
| | | organizations below dotted line) | Individual trustee or director | Institutional trustee | icer | Key employee | Highest compensated employee | mer | (W-2/1099-MISC) | | | and | nizatior related ization | |
| | | | _ | | | | | | | | | | | |
| | | | _ | | | | | | | | | | | |
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| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | | 0. | 2,8 | 365. | | | 0 |
| | Total from continuation sheets to Part VII, S | - | | •• | | •• | | | 0. | 2.0 | 0. | | | 0 |
| d 2 | Total (add lines 1b and 1c) | limited to t | hose | liste | | bove | e) who | ► p re | 0. ceived more than | 2 , 8 \$100,000 of | 365. | | | 0. |
| | reportable compensation from the organization | n 🕨 | 0. | • | | | | | | | | | Yes | No |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | | | | | | | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the a organization and related organizations groups | sum of rep eater than | oortab \$15 | ole o 50,0 | com 00? | pen ///lf | satior <i>"Ye</i> s | n ar s," (| nd other compension complete Schedu | sation from t le J for su | he <i>Ich</i> | | | |
| 5 | <i>individual</i> Did any person listed on line 1a receive or | | | | | | | | | | | 4 | | X |
| <u> </u> | for services rendered to the organization? If "Ye | es," comple | te Scł | hedu | ıle J | l for | such | per | son | | | 5 | | Х |
| | tion B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report o year. | | | | | | | | | | | | | |
| | (A) Name and business add | lress | | | | | | | (B) Description of se | ervices | Co | (C) ompensa | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | | it not | t linn | nite | d to | thos | ا م | sted above) who | received | | | | |
| • | more than \$100.000 in compensation from th | | | | | | | | | loonida | | | | |

| Par | t VII | Statement of Revenue Check if Schedule O contains a respor | ess or note to an | v line in this Part VII | I | | |
|---|-----------------------------|---|--|-------------------------|--|---|--|
| | | | | (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 f f | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ | 14,723. 11,854. 142,494. 1,940. | | | | |
| | h | Total. Add lines 1a-1f | | 169,071. | | | |
| Program Service Revenue | 2a b c d | SUPPORT & ADVOCACY - CAMP EDUCATION | Business Code 900099 611710 | 41,820. 15,439. | 41,820. 15,439. | | |
| Program | e f g | All other program service revenue | > | 57,259. | | | |
| | 3 4 5 | Investment income (including dividen and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties | nds, interest, 1 ► proceeds ► | 14,600. 0. 0. | | | 14,600. |
| | 6a b c d 7a | Gross rents | (ii) Other | 0. | | | |
| | b c d | Less: cost or other basis and sales expenses Gain or (loss) | · · · · · · • | 0. | | | |
| Other Revenue | 8a b | Gross income from fundraising | ATCH 2 | | | | |
| - | с 9а | Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 a | | 60. | | | 60. |
| | b c | Less: direct expenses b Net income or (loss) from gaming activities | 0. | 0. | | | |
| | 10a b | Gross sales of inventory, less returns and allowancesa Less: cost of goods sold | 3,779. | | | | |
| | c | Net income or (loss) from sales of inventory Miscellaneous Revenue | ► Business Code | 591. | 591. | | |
| | 11a b | REIMBURSEMENTS | 900099 | 6,872. | | | 6,872. |
| | с d е 12 | All other revenue | | 6,872. 248,453. | 57,850. | | 21,532. |
| JSA | | · · · · · · · · · · · · · · · · · · · | F | 210,100. | 5,,050. | | Form 990 (2016) |

JSA 6E1051 1.000

PRADER-WILLI CALIFORNIA FOUNDATION

| Section 501(c)(3) and 501(c)(4) organizations | | | • | | | | | |
|---|---------------------------|---|--|---------------------------------------|--|--|--|--|
| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | |
| Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII. | 7b, (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 Grants and other assistance to domestic organization | | | | | | | | |
| and domestic governments. See Part IV, line 21 | . 28,849. | 28,849. | | | | | | |
| 2 Grants and other assistance to domesti | | | | | | | | |
| individuals. See Part IV, line 22 | 14,001. | 14,001. | | | | | | |
| 3 Grants and other assistance to foreig | in 🔤 | | | | | | | |
| organizations, foreign governments, and foreig | _ | | | | | | | |
| individuals. See Part IV, lines 15 and 16 | | | | | | | | |
| 4 Benefits paid to or for members | 0. | | | | | | | |
| 5 Compensation of current officers, directors trustees, and key employees | | 2,865. | | | | | | |
| 6 Compensation not included above, to disqualifie | ed | | | | | | | |
| persons (as defined under section 4958(f)(1)) an | nd | | | | | | | |
| persons described in section 4958(c)(3)(B) | 0. | | | | | | | |
| 7 Other salaries and wages | 83,882. | 62,194. | 19,520. | 2,16 | | | | |
| 8 Pension plan accruals and contributions (includ | le | | | | | | | |
| section 401(k) and 403(b) employer contribution | ns) 0. | | | | | | | |
| 9 Other employee benefits | 0. | | | | | | | |
| 0 Payroll taxes | 20 417 | 24,311. | 7,295. | 81 | | | | |
| 1 Fees for services (non-employees): | | | | | | | | |
| a Management | 0. | | | | | | | |
| b Legal | 10 | | 458. | | | | | |
| c Accounting | | | 4,100. | | | | | |
| d Lobbying | | | | | | | | |
| e Professional fundraising services. See Part IV, line 1 | 0 | | | | | | | |
| f Investment management fees | | 7,671. | | | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, colu | | | | | | | | |
| (A) amount, list line 11g expenses on Schedule O.) | 00 | | | 9 | | | | |
| 2 Advertising and promotion | 215 | 315. | | | | | | |
| 3 Office expenses | 05 041 | 19,986. | 5,055. | | | | | |
| 4 Information technology | - | | | | | | | |
| 5 Royalties | | | | | | | | |
| 6 Occupancy | 10 005 | 12,617. | 5,590. | | | | | |
| 7 Travel | 0 0 0 0 0 | 6,536. | 1,734. | | | | | |
| 8 Payments of travel or entertainment expense | | | | | | | | |
| for any federal, state, or local public officials | 0. | | | | | | | |
| 9 Conferences, conventions, and meetings | 9,563. | 9,205. | 358. | | | | | |
| 0 Interest | | | | | | | | |
| 1 Payments to affiliates | | | | | | | | |
| 2 Depreciation, depletion, and amortization | | | | | | | | |
| 3 Insurance | 2 1 6 0 | | 3,160. | | | | | |
| 4 Other expenses. Itemize expenses not covere | | | | | | | | |
| above (List miscellaneous expenses in line 24e. | | | | | | | | |
| line 24e amount exceeds 10% of line 25, colum | | | | | | | | |
| (A) amount, list line 24e expenses on Schedule O | | | | | | | | |
| aCAMP RENTAL | 59,300. | 59,300. | | | | | | |
| bSUPPORT & ADVOCACY PROGRAM | | 3,724. | | | | | | |
| cAWARENESS PROGRAM EXPENSE | | 27,971. | | 4,11 | | | | |
| dEDUCATIONAL PROGRAM EXPENSE | 7,473. | 7,473. | | ., | | | | |
| | - ,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| e All other expenses | | 287,018. | 47,270. | 7,19 | | | | |
| 5 Total functional expenses. Add lines 1 through 24 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs for a complete the development of the complete the organization complete the development of the complete the complete | ne its | 207,010. | <u> </u> | | | | | |
| from a combined educational campaign ar fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | if | | | | | | | |

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following SOP 98-2 (ASC 958-720)

Form 990 (2016)

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PRADER-WILLI CALIFORNIA FOUNDATION

| Page 1 | 1 |
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| Part X | | | | |
|---|--|--------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 107,394. | 1 | 48,533. |
| 2 | Savings and temporary cash investments | 15,815. | 2 | 103,774. |
| 3 | Pledges and grants receivable, net | 0. | 3 | 0 |
| 4 | Accounts receivable, net | 0. | 4 | 0 |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | | | |
| | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section | 0. | 5 | 0 |
| 6 | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| Ś | organizations (see instructions). Complete Part II of Schedule L | 0. | - | 0. |
| Assets 8 2 | Notes and loans receivable, net | 0. | | 0. |
| 8 As | Inventories for sale or use Prepaid expenses and deferred charges ATCH 5 | 4,758. | | 4,095. |
| 9 | | 0. | 9 | 1,019. |
| 10 a | Land, buildings, and equipment: cost or | | | |
| | other basis. Complete Part VI of Schedule D 10a 960. | - | | |
| | Less: accumulated depreciation | | 10c | 0. |
| 11 | Investments - publicly traded securities ATCH 6 | 588,427. | | 638,180. |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | 0 |
| 13 | Investments - program-related. See Part IV, line 11 | 125,048. | | 0 |
| 14 | Intangible assets | | 14 | 0 |
| 15 | Other assets. See Part IV, line 11 | 726. | | 726 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 842,168. | | 796,327. |
| 17 | Accounts payable and accrued expenses | | 17 | 0 |
| 18 | Grants payable | | 18 | 0 |
| 19 | Deferred revenue ATCH .7 | | 19 | 675. |
| 20 | Tax-exempt bond liabilities | 0. | | 0 |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0 |
| Liabilities | Loans and other payables to current and former officers, directors, | | | |
| iii l | trustees, key employees, highest compensated employees, and | 0 | | 0 |
| | disqualified persons. Complete Part II of Schedule L | | 22 | 0. |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | | 0. |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| 25 | Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17.24). Complete Part X | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | 0. | 25 | 0 |
| 26 | of Schedule D Total liabilities. Add lines 17 through 25 | 0. | | 0. 675. |
| | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔣 and | 0. | 20 | 075. |
| Sec. | complete lines 27 through 29, and lines 33 and 34. | 040 160 | 0- | |
| | Unrestricted net assets | 842,168. | 27 | 795,652. |
| 82 28 29 29 | Temporarily restricted net assets Permanently restricted net assets | 0. | | 0. |
| or Fund Balances 65 65 65 65 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. | 0. | 29 | 0. |
| భ 30 | Conital stack or trust principal, or ourrent funda | | 30 | |
| 50 20 21 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| × 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net Assets 31 32 33 | Total net assets or fund balances | 842,168. | 33 | 795,652. |
| 34 | Total liabilities and net assets/fund balances | 842,168. | 34 | 796,327. |
| | | 012,100. | J+ | Form 990 (2016 |

| PRADER-WILLI | CALIFORNIA | FOUNDATION |
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| Form 99 | 90 (2016) | | | Paç | ge 12 |
|---------|--|------------|----|------|--------------|
| 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 | | 48,4 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 41,4 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 93,0 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 42,1 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 46,5 | 509. |
| 6 | Donated services and use of facilities | 6 | | | 0. |
| 7 | Investment expenses | 7 | | | 0. |
| 8 | Prior period adjustments | 8 | | | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| _ | 33, column (B)) | 10 | 7 | 95,6 | 52. |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | <u> </u> | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | explain in | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | 37 |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ited on a | | | |
| | 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 | • | 0. | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | explain in | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | | 20 | | х |
| - | the Single Audit Act and OMB Circular A-133? | | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | 0 | 26 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | iuits. | 3b | | |

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 h

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

| Nam | e of the organization | | | | | E | Employer identifi | cation number |
|--------|---|---|---|------------------------|-------------------|-------------------------|-------------------|------------------------|
| PR/ | ADER-WILLI CALIFORNIA B | FOUNDATION | | | | | 95-34807 | 52 |
| Ра | rt I Reason for Public Cha | rity Status (All c | organizations must o | complete | e this pa | art.) See | instructions | |
| The | organization is not a private four | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) |) | |
| 1 | A church, convention of chu | irches, or associa | tion of churches desc | ribed in s | ection 1 | 70(b)(1)(| (A)(i). | |
| 2 | A school described in section | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 90 or 990 |)-EZ).) | | |
| 3 | A hospital or a cooperative | hospital service o | rganization described | in sectio | n 170(b) | (1)(A)(iii) |). | |
| 4 | A medical research organiz | ation operated in | conjunction with a hos | spital des | scribed ir | n section | 170(b)(1)(A) | (iii). Enter the |
| | hospital's name, city, and st | | | | | | | |
| 5 | An organization operated f | | a college or universit | y owned | d or ope | erated by | a governme | ntal unit described in |
| | section 170(b)(1)(A)(iv). (C | . , | | | | | | |
| 6 | A federal, state, or local go | • | | | • | | | |
| 7 | X An organization that norma | | • | ipport fro | om a go | vernmen | tal unit or fro | om the general public |
| | described in section 170(b) | | | | | | | |
| 8 | A community trust describe | | | | | | | |
| 9 | An agricultural research org | | | | - | - | | |
| | or university or a non-land-g | grant college of ag | friculture (see instruct | ions). Er | nter the i | name, cit | y, and state of | the college or |
| 4.0 | university: | | | | (| | | |
| 10 | An organization that normal receipts from activities relat support from gross investm acquired by the organization | ted to its exempt f ent income and u | unctions - subject to on nrelated business tax | certain e able inco | xception | is, and (2 s section |) no more tha | n 331/3 % of its |
| 11 | An organization organized a | | | | | , | (a)(4). | |
| 12 | An organization organized a | and operated exclu | usively for the benefit | of, to pe | erform th | ne functio | ons of, or to c | arry out the purposes |
| | of one or more publicly sup | oported organizati | ons described in sect | tion 509 | (a)(1) or | section | 509(a)(2). S | ee section 509(a)(3). |
| | Check the box in lines 12a tl | hrough 12d that d | escribes the type of s | upporting | g organiz | zation and | d complete lir | nes 12e, 12f, and 12g. |
| а | Type I . A supporting orga | anization operated | , supervised, or contr | olled by | its supp | orted org | ganization(s), | typically by giving |
| | the supported organizatio | n(s) the power to | regularly appoint or e | lect a ma | ajority of | f the dire | ctors or truste | es of the |
| | supporting organization. Y | ou must complet | e Part IV, Sections A | and B. | | | | |
| b | Type II . A supporting orga | anization supervise | ed or controlled in co | nnection | with its | support | ed organizatio | on(s), by having |
| | control or management o | f the supporting o | rganization vested in | the sam | e persor | ns that co | ontrol or man | age the supported |
| | organization(s). You must | | | | | | | |
| С | Type III functionally integ | | · | | | | | ly integrated with, |
| | its supported organization | . , . | · · | | | | | |
| d | Type III non-functionally | | | • | | | | • • • • • |
| | that is not functionally inte | • • | • • | | | | uirement and | d an attentiveness |
| | requirement (see instructi | , | • | | | | | |
| е | Check this box if the orga | | | | | | Type I, Type I | I, Type III |
| £ | functionally integrated, or Enter the number of supported | | | | organizat | tion. | | |
| י מ | | • | | | | | | •••• |
| g | (i) Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) is the | organization | | int of monetary | (vi) Amount of |
| | () Name of supported organization | | (described on lines 1-10 | | ur governing | sup | port (see | other support (see |
| | | | above (see instructions)) | docur Yes | ment? | inst | tructions) | instructions) |
| | | | | 162 | No | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| _ | | | | | | | | |

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Total

Schedule A (Form 990 or 990-EZ) 2016

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

| Sec | tion A. Public Support | | | <u>.</u> | | | |
|-----------------|--|--------------------|---------------------|-------------------|------------------|-----------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 126,639. | 128,760. | 186,958. | 165,006. | 183,794. | 791,157. |
| 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 | 126,639. | 128,760. | 186,958. | 165,006. | 183,794. | 791,157. |
| 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 | | | | | | |
| e | shown on line 11, column (f) | | | | | | 26,706. |
| $\frac{6}{800}$ | Public support. Subtract line 5 from line 4. | | | | | | 764,451. |
| | tion B. Total Support ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 126,639. | 128,760. | 186,958. | 165,006. | 183,794. | 791,157. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 126,639. | 24,096. | 63,938. | 20,674. | 183,794. | 133,788. |
| 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 | 6,106. | 6,283. | 6,477. | 6,672. | 6,872. | 32,410. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 957,355. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | 220,344. |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here | or the organizat | ion's first, second | d, third, fourth, | or fifth tax yea | | |
| Sec | tion C. Computation of Public Sup | port Percentag | ge | | | | |
| 14 | Public support percentage for 2016 (lin | ne 6, column (f) | divided by line | 11, column (f)) | | 14 | 79.85% |
| 15 | Public support percentage from 2015 | Schedule A, Pa | rt II, line 14 | | | 15 | 84.40% |
| 16a | 331/3% support test - 2016. If the o | rganization did | not check the b | oox on line 13, | and line 14 is | 331/3% or mor | e, check |
| | this box and stop here. The organization | on qualifies as a | publicly support | ted organizatior | ۱ | | . ► X |
| b | 331/3% support test - 2015. If the o | rganization did | not check a bo | x on line 13 o | r 16a, and line | 15 is 331/3% | or more, |
| | check this box and stop here. The orga | anization qualifie | es as a publicly s | supported organ | nization | | ▶ 🗌 |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | | | | | - | |
| | Part VI how the organization meets t | | | - | - | | upported |
| | organization | | | | | | ▶ □ |
| b | 10%-facts-and-circumstances test - 2 | 2015. If the org | anization did no | ot check a box | on line 13, 16a | a, 16b, or 17a, | and line |
| | 15 is 10% or more, and if the orga | | | | | | |
| | Explain in Part VI how the organization | | | | | | ▶ [_] |
| 18 | Private foundation. If the organization instructions | | | | | | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|--------------|---|------------------------|--------------------------|--------------------|--------------------|--------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | tion B. Total Support | (-) 2012 | (1) 2012 | (-) 2014 | (4) 2015 | (a) 2010 | (f) Tatal |
| _ | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, | | | | | | |
| ivu | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| h | sources Unrelated business taxable income (less | | | | | | |
| b | · · | | | | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| <u>د</u> | Add lines 10a and 10b | | | | | | |
| 11 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 Sur | | | | | | |
| 15 | Public support percentage for 2016 (line 8 | | | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2015 Sche | edule A, Part III, lir | ne 15 | | | 16 | % |
| Sec | tion D. Computation of Investme | nt Income Per | centage | | | · · · | |
| 17 | Investment income percentage for 2016 (li | ne 10c, column (| f) divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2015 | Schedule A, Part | III, line 17 | | | 18 | % |
| 19 a | 331/3% support tests - 2016. If the or | ganization did n | ot check the bo | x on line 14, and | d line 15 is mor | e than 331/3%, | and line |
| | 17 is not more than 331/3%, check th | is box and sto | p here. The org | anization qualifie | s as a publicly | supported organ | ization 🕨 🗌 |
| b | 331/3% support tests - 2015. If the orga | anization did not | check a box on | line 14 or line 19 | 9a, and line 16 is | s more than 331/ | 3 %, and |
| | line 18 is not more than 331/3%, check | this box and s | t op here. The or | ganization qualifi | es as a publicly | supported organ | ization 🕨 📃 |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19b | | | |
| JSA 6E122 | 1 1.000 | | | | | Schedule A (Form 9 | |
| | 71483T N480 11/9/2017 1 | :27:40 PM | V 16-7.6F | F | PRADERWILL | | PAGE 1 |

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- **c** 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- **c** 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.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If* "Yes," *provide detail in Part VI.*
- 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).*
- 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).
- **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.*
- **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.*
- **c** 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.*
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2016

| Sabadu | | 5752 | r | -age 5 |
|--------|--|---------|--------|---------|
| Part | Ie A (Form 990 or 990-EZ) 2016 Supporting Organizations (continued) | | 1 | age J |
| ιαιι | Cupporting Organizations (continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| u | below, the governing body of a supported organization? | 11a | | |
| b | 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 | | |
| | on B. Type I Supporting Organizations | 1110 | | |
| | ······································ | | Yes | No |
| | Did the directory tructure, or membership of one or more supported examinations have the neuror to | | | |
| 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. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | · |
| | | | Yes | 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 | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | 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 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | structi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | 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 | instrue | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| а | 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. Answer (a) and (b) below. | | | |
| 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 | | |
| JSA | Schedule A (Form | 990 or | 990-E2 | Z) 2016 |

| PRADER-WILLI CALIFORNIA FOUNDATIO | N | 95- | 3480752 |
|---|------------|-----------------------|--------------------------------|
| Schedule A (Form 990 or 990-EZ) 2016 | | | Page |
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nizations | 6 | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explai | n in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organized | zations m | nust complete Section | ns A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (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 Year | (B) Current 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

| Sect | V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | | Current Year |
|------|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exen | | ed | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organized | zations | |
| 4 | Amounts paid to acquire exempt-use assets | <u> </u> | | |
| 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. | 0 | | |
| 9 | Distributable amount for 2016 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-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required-explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| - | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 | | | |
| c | Excess from 2013 | | | |
| d d | Excess from 2015 | | | |
| u | Excess from 2016 | | | |

Page 8

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| SCHEDULE A, PART II - OTHER INCOME | | | | | | | |
|------------------------------------|--------|--------|--------|--------|--------|---------|--|
| DESCRIPTION | 2012 | 2013 | 2014 | 2015 | 2016 | TOTAL | |
| REIMBURSEMENTS | 6,106. | 6,283. | 6,477. | 6,672. | 6,872. | 32,410. | |
| TOTALS | 6,106. | 6,283. | 6,477. | 6,672. | 6,872. | 32,410. | |

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Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

2016

| Attach to Fo | rm 990, Form | 990-EZ, or Forr | n 990-PF. |
|--------------|--------------|-----------------|-----------|
| | | | |

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

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For 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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

| Part I | 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 | \$132,494. | Noncash (Complete Part II for | | | |
| | REDONDO BEACH, CA 90277 | | noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 2 | ANGEL LANCE | | Person X | | | |
| | 201 HIGHLAND AVE | | Payroll Noncash | | | |
| | PENNGROVE, CA 94951 | | (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3 | MEMBERSHIP DUES UNDER \$5,000 | | Person | | | |
| | PROVIDED UPON REQUEST | \$ 14,723. | Payroll 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 | | | |
| 4 | CASH FUNDRAISER UNDER \$5,000 | | Person | | | |
| | PROVIDED UPON REQUEST | \$9,914. | Payroll 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 | | | |
| 5 | NONCASH FUNDRAISER UNDER \$5,000 | | Person | | | |
| | PROVIDED UPON REQUEST | \$1,940. | Payroll X | | | |
| | 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 | | | |
| | | | Person | | | |
| | | \$ | Payroll Noncash | | | |
| | | | (Complete Part II for noncash contributions.) | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number 95-3480752

| Part II | Noncash Property (See instructions). Use duplicate copies | s of Part II if additional space is nee | eded. | |
|---------------------------|---|--|----------------------|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | CONCERT CATERING | | | |
| 5 | | | | |
| | | \$1,940. | 08/26/2016 | |
| (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 | |
| | | | | |
| | | \$ | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1254 1.000

| | Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition | the year from any of ons completing Part e year. (Enter this interest of the second seco | one contributor. III, enter the total ormation once. S | Complete columns (a) through (e) and of exclusively religious, charitable, etc | | |
|---------------------------|--|--|--|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use (| of gift | (d) Description of how gift is held | | |
| | | (e) Transfe | er of gift | | | |
| | Transferee's name, address, an | ud ZIP + 4 | Relatio | onship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | Transferee's name, address, an | (e) Transfe nd ZIP + 4 | sfer of gift Relationship of transferor to transferee | | | |
| (2) No | | | | 1 | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use (| of gift | (d) Description of how gift is held | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, an | ud ZIP + 4 | Relatio | onship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | |
| | | (e) Transfe | | | | |
| | Transferee's name, address, an | Id ZIP + 4 | Relatio | onship of transferor to transferee | | |
| JSA 6E1255 1.000 | I | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2016) | | |

| 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.

| Inte | artment of the Treasury nal Revenue Service | Information about Schedu | le D (Form 990) and its i | nstructions is at www. | - | Inspection |
|------|--|--|---|------------------------|----------------------|---|
| | e of the organization | | | | Employer identific | |
| | | LIFORNIA FOUNDATION | | | 95-34807 | 52 |
| Pa | | tions Maintaining Donor Adv | | | r Accounts. | |
| | Complete | e if the organization answered | | | <u> </u> | 1.4 |
| | | | (a) Donor adv | rised funds | (b) Funds and | d other accounts |
| 1 | | nd of year | | | | |
| 2 | | of contributions to (during year) | | | | |
| 3 | | of grants from (during year) | | | | |
| 4 | | at end of year | | | | |
| 5 | • | ion inform all donors and donor | • | | | |
| • | | anization's property, subject to the | - | - | | |
| 6 | - | ion inform all grantees, donors, a | | | | |
| | | e purposes and not for the bene | | | | |
| D. | | nissible private benefit? | | <u></u> | | |
| | | e if the organization answered | l "Yes" on Form 990 | Part IV line 7 | | |
| 1 | | servation easements held by the | | | | |
| - | | n of land for public use (e.g., rec | | | of a historically in | portant land area |
| | | of natural habitat | , | | of a certified histo | |
| | Preservatio | n of open space | | | | |
| 2 | | a through 2d if the organization h | eld a qualified conserv | ation contribution ir | n the form of a co | nservation |
| | - | last day of the tax year. | · | | | e End of the Tax Year |
| а | Total number of c | onservation easements | | | 2a | |
| b | Total acreage res | tricted by conservation easement | s | | 2b | |
| С | Number of conser | rvation easements on a certified | historic structure inclue | ded in (a) | 2c | |
| d | Number of conse | rvation easements included in (c | c) acquired after 8/17 | /06, and not on a | | |
| | historic structure I | listed in the National Register | | | 2d | |
| 3 | Number of conse | rvation easements modified, trai | nsferred, released, ext | inguished, or termi | nated by the orga | nization during the |
| | tax year 🕨 | | | | | |
| 4 | | where property subject to conse | | | | |
| 5 | | zation have a written policy re | | | | |
| | | forcement of the conservation ea | | | | 📖 Yes 📖 No |
| 6 | Staff and volunteer | hours devoted to monitoring, inspec | cting, handling of violation | ons, and enforcing cor | nservation easement | s during the year |
| _ | ► | | | | | |
| 7 | | ses incurred in monitoring, inspec | cting, handling of violati | ons, and enforcing c | conservation easer | nents during the year |
| ~ | ►\$ | | | | | |
| 8 | | vation easement reported on line | | | | |
| • | and section 170(n |)(4)(B)(ii)? ibe how the organization reports | | | | └── Yes └── No |
| 9 | • | id include, if applicable, the text of | | | | |
| | | counting for conservation easeme | | nganization s financ | | |
| P | | tions Maintaining Collections | | reasures, or Othe | er Similar Assets | i. |
| | | e if the organization answered | | | | |
| 1a | If the organization | n elected, as permitted under S | FAS 116 (ASC 958). | not to report in its | revenue stateme | nt and balance shee |
| | works of art, hist | n elected, as permitted under S torical treasures, or other simil | ar assets held for pu | blic exhibition, edu | ucation, or resear | ch in furtherance o |
| Ŀ | | ovide, in Part XIII, the text of the f | | | | |
| b | | n elected, as permitted under torical treasures, or other simil | | | | |
| | | ovide the following amounts relat | | | | |
| | | ded in Form 990, Part VIII, line 1 | | | ► | S |
| | | ed in Form 990, Part X | | | | S |
| 2 | • • | n received or held works of a | | | | |
| | • | s required to be reported under S | | | | 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| а | Revenue included | l in Form 990, Part VIII, line 1 | | | | S |
| b | Assets included in | n Form 990, Part X | | | <u></u> ▶§ | |
| For | Paperwork Reduction | n Act Notice, see the Instructions fo | or Form 990. | | Sc | nedule D (Form 990) 2016 |

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JSA

OMB No. 1545-0047

6 Public

2

Onon to

PRADER-WILLI CALIFORNIA FOUNDATION

| Scheo | lule D (Form 990) 2016 | | | | | | | | | | | P | age 2 |
|---------|---|------------|---------------|---------------|---------------|------------|----------|-----------|-------------|------------|--------------------|--------|--------------|
| Par | t III Organizations Maintainir | ng Colle | ections of | f Art, Hist | torical T | reasu | res, o | or Oth | ner Simil | ar Asse | ts (cont | inue | d) |
| 3 | Using the organization's acquisition | on, acces | sion, and | other recor | ds, check | k any c | of the | follow | ing that a | are a sigr | nificant us | se o | f its |
| | collection items (check all that app | | | | | - | | | - | - | | | |
| а | Public exhibition | • · | | d | Loan d | or exch | ange | program | ns | | | | |
| b | Scholarly research | | | e | Other | | | | | | | | |
| C | Preservation for future gene | rations | | | | | | | | | | | |
| 4 | Provide a description of the organ | | collection | s and expla | ain how t | hey fu | rther | the or | ganization | s exemp | t purpose | e in | Part |
| | XIII. | | | | | | | | | | | | |
| 5 | During the year, did the organization | on solicit | or receive | donations c | of art, histo | orical tr | easu | res, or o | other simi | ar _ | | | |
| | assets to be sold to raise funds rath | | | ained as pa | art of the c | organiz | ation' | s colleo | tion? | | Yes | | No |
| Par | t IV Escrow and Custodial Ar | | | | | | | | | | | | |
| | Complete if the organizat 990, Part X, line 21. | ion ansv | wered "Ye | s" on Forn | n 990, Pa | art IV, | line S |), or re | ported ar | n amoun | t on Forr | n | |
| 1a | Is the organization an agent, truste | e, custo | dian or oth | er intermed | liary for c | ontribu | tions | or othe | r assets no | ot | | | |
| | included on Form 990, Part X? | | | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in | n Part XI | II and com | plete the fo | llowing tab | ole: | | | | | | | |
| | | | | • | Ũ | | | | A | mount | | | |
| с | Beginning balance | | | | | | 1c | | | | | | |
| d | Additions during the year | | | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | | | |
| f | Ending balance | | | | | | 16 1f | | | | | | |
| 2a | Did the organization include an am | ount on I | Form 990 | Part X line | 21 for e | scrow | | stodial | account lia | bility? | Yes | | No |
| | If "Yes," explain the arrangement in | | | | | | | | | | | | |
| Par | | | | | | | <u></u> | | | · · · · · | | • | 1 |
| | Complete if the organizat | ion ansv | vered "Ye | s" on Forn | n 990, Pa | art IV, I | line 1 | 0. | | | | | |
| | | | rrent year | (b) Pric | | | vo year | | (d) Three y | ears back | (e) Four y | ears l | back |
| 1 2 | Beginning of year balance | | | | | | | | | | | | |
| 1a ⊾ | | | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | | | |
| | and losses | | | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | | |
| 2 | Provide the estimated percentage | | irrent year | end balanc | e (line 1g, | columr | ו (a)) | held as | : | | | | |
| а | Board designated or quasi-endown | · | | _% | | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | | | |
| С | Temporarily restricted endowment | | % | | | | | | | | | | |
| | The percentages on lines 2a, 2b, a | | - | | | | | | | | | | |
| 3a | Are there endowment funds not in | the poss | ession of t | he organiza | ation that | are hel | d and | l admir | istered for | the | | | |
| | organization by: | | | | | | | | | | | es | No |
| | (i) unrelated organizations | | | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the relate | ed organi | zations liste | ed as require | ed on Sch | edule R | | | | | 3b | | |
| 4 | Describe in Part XIII the intended u | uses of th | ne organiza | ation's endo | wment fur | nds. | | | | | | | |
| Par | t VI Land, Buildings, and Equ Complete if the organiza | ipment. | worod "Ve | on For | ~ 000 D | ort IV | line | 110 0 | oo Form | 000 Dor | + V line | 10 | |
| | Description of property | 1011 0115 | | r other basis | (b) Cost c | | | | umulated | | 1) Book valu | | |
| | | | | stment) | | ther) | | | eciation | (C | , 2001 valu | 2 | |
| 1a | Land | | | | | | | | | | | | |
| b | Buildings | | | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | | | |
| d | Equipment | | | | | 9 | 60. | | 960. | | | | |
| е | Other | | | | | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column | | t equal For | m 990, Part | X, colum | n (B), lii | ne 10 | c.) | | | | | |
| | | | | | | | | | | | | | - |

Schedule D (Form 990) 2016

| | PRADER-WILLI C | ALIFORNIA FOUNI | DATION | 95-3480752 |
|-----------------|--|---------------------|-----------------------------|---|
| Schedule D (F | Form 990) 2016 | | | Page |
| Part VII | Investments - Other Securities. Complete if the organization answered | l "Yes" on Form 990 | , Part IV, line 11b. See F | orm 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | | od of valuation: f-year market value |
| 1) Financi | al derivatives | | | |
| | -held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | | "\/aa" an Earma 000 | Dert IV/ Line 11e Cee E | arm 000 Dart V line 10 |
| | Complete if the organization answered | | | |
| | (a) Description of investment | (b) Book value | | od of valuation: f-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11d. See F | |
| | (a) De | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | www. (b) must say of Form 000 Port V sol (P) | ing (F) | | |
| | umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. | ine 15.) | <u> </u> | |
| Part X | Complete if the organization answered line 25. | l "Yes" on Form 990 | , Part IV, line 11e or 11f. | See Form 990, Part X, |
| | | (h) Dook volu | | |
| 1. (1) Eodor | (a) Description of liability ral income taxes | (b) Book valu | | |
| (1) Feder | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (9) | | | | |

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Schedul | e D (Form 990) 2016 | Pa | age 4 |
|---------|---|------|--------------|
| Part | XI 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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | urn. | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) | 5 | |
| Part | XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2016

JSA 6E1271 1.000 Part XIII Supplemental Information (continued)

| | | Supplemen | tal Information F | Regarding | g Fundrai | sing or Gaming | Activities | OMB No. 1545-0047 |
|---|---------------|---|---|--------------|---|-----------------------------------|--|--|
| SCHEDULE G (Form 990 or 990-E | EZ) | Complete if t | 19, or if the | 2016 | | | | |
| Pepartment of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 900-EZ) and its instructions is at www.irs.gov/form990. | | | | | | | rs aov/form000 | Open to Public |
| Internal Revenue Service Name of the organization | | | | 330 01 330-L | | | Employer identification | Inspection |
| PRADER-WILLI | | TFORNTA FOUND | ATTON | | | | 95-3480752 | |
| | | ng Activities. Con | | anization a | answered | "Yes" on Form | | 17. |
| | | -EZ filers are not | | | | | ,, - | |
| 1 Indicate whet | ther t | he organization rais | sed funds through | any of the | following | activities. Check a | all that apply. | |
| a 🔄 Mail soli | | | | | | | | |
| b Internet a | and e | email solicitations | f | | | government grant | S | |
| c Phone se | | | g | Spec | cial fundra | ising events | | |
| d 🔄 In-perso | | | | | | | | |
| or key emplo b If "Yes," list t | yees he 10 | on have a written o listed in Form 990 0 highest paid indi east \$5,000 by the | , Part VII) or entity viduals or entities | in connec | tion with p | professional fundra | ising services? | Yes No fundraiser is to be |
| (i) Name and or entit | | | (ii) Activity | custody o | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | | Yes | No | | | |
| 1 | | | | | | | | |
| | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| - | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| | | | | | | | | |
| 3 List all states registration o | | vhich the organiza nsing. | tion is registered o | | a to solicit | contributions or | nas been notified | It is exempt from |
| | | | | | | | | |

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

 JSA 6E1281 1.000

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Schedule G (Form 990 or 990-EZ) 2016

95-3480752

| | | (a) Event #1 CONCERT | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|------|---|--|--|------------------|--|
| | | (event type) | (event type) | (total number) | col. (c)) |
| | 1 Gross receipts | 16,854. | | | 16,85 |
| 2 | Less: Contributions Gross income (line 1 minus | 11,854. | | | 11,85 |
| | line 2) | 5,000. | | | 5,00 |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| 2000 | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 1,940. | | | 1,94 |
| | 8 Entertainment | 3,000. | | | 3,00 |
| | 9 Other direct expenses | | | | |
| 2 | 10Direct expense summary. Add lines11Net income summary. Subtract lineart IIIGaming. Complete if the orgthan \$15,000 on Form 990-E | l 0 from line 3, column (d) anization answered "Y | <u>)</u> | <u> </u> | 6 |
| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (c |
| | 1 Gross revenue | | | | |
| 222 | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | | | | | |
| | 5 Other direct expenses | | 24 | Yes % | |
| | 5 Other direct expenses 6 Volunteer labor | Yes% | Yes% | No 76 | |
| | | 2 through 5 in column (d) | No | No► | |

Schedule G (Form 990 or 990-EZ) 2016

| | PRADER-WILLI | CALIFORNIA | FOUNDATION |
|--|--------------|------------|------------|
|--|--------------|------------|------------|

| | PRADER-WILLI CALIFORNIA FOUNDATION | 95-3480752 | | | | | | | |
|--------|--|-----------------|---------------|--|--|--|--|--|--|
| Sched | ule G (Form 990 or 990-EZ) 2016 | Page | 3 | | | | | | |
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes N | 0 | | | | | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti | | | | | | | | |
| | formed to administer charitable gaming? | | 0 | | | | | | |
| 13 | Indicate the percentage of gaming activity conducted in: | | Ū | | | | | | |
| | | 120 | % | | | | | | |
| a L | The organization's facility | | <u>%</u> % | | | | | | |
| b | An outside facility | | <u>%</u> | | | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events book records: | is and | | | | | | | |
| | Tecords. | | | | | | | | |
| | | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Address ► | | | | | | | | |
| | | | | | | | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives | | | | | | | | |
| | revenue? | Yes N | ο | | | | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ | and the | | | | | | | |
| | amount of gaming revenue retained by the third party \blacktriangleright | | | | | | | | |
| С | If "Yes," enter name and address of the third party: | | | | | | | | |
| | | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Address ► | | | | | | | | |
| | | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | | |
| | | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Gaming manager compensation ► \$ | | | | | | | | |
| | | | | | | | | | |
| | Description of services provided ► | | | | | | | | |
| | | | | | | | | | |
| | Director/officer Employee Independent contractor | | | | | | | | |
| | | | | | | | | | |
| 17 | Mandatory distributions: | | | | | | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming pro | oceeds to | | | | | | | |
| | retain the state gaming license? | | 0 | | | | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt orga | anizations | | | | | | | |
| | or spent in the organization's own exempt activities during the tax year 🕨 \$ | | | | | | | | |
| Part | | | | | | | | | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additic | nal information | | | | | | | |
| | (see instructions). | | | | | | | | |
| | | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2016

| 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. | - | OMB No. 1545-0047 2016 Open to Public Inspection | |
|--|--|---------------|---|--|
| Department of the Treasury Internal Revenue Service | Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | | | |
| Name of the organization | | Employer iden | tification number | |
| PRADER-WILLI CALIFORNIA FOUNDATION | | | 752 | |
| Part I General I | nformation on Grants and Assistance | | | |
| - | ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or eria used to award the grants or assistance? | | nd X Yes No | |

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| 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 noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (1) UC REGENTS | | | | | | | |
| | 95-2226406 | 501(C)(3) | 10,349. | | NONE | NONE | SUPPORT CLINIC |
| (2) PRADER-WILLI SYNDROME ASSOCIATION | _ | | | | | | SUPPORT MEDICATION |
| 8588 POTTER PARK DR. STE 500, SATASOTA FL | 41-1306908 | 501(C)(3) | 10,000. | | NONE | NONE | RESEARCH |
| (3) RADY CHILDREN'S HOSPITAL FOUNDATION | _ | | | | | | |
| 3020 CHILDREN'S WAY#5031 SAN DIEGO CA 92123 | 33-0170626 | 501(C)(3) | 8,000. | | NONE | NONE | SUPPORT CLINIC |
| _(4) | _ | | | | | | |
| (5) | _ | | | | | | |
| (6) | - | | | | | | |
| (7) | _ | | | | | | |
| (8) | | | | | | | |
| (9) | _ | | | | | | |
| (10) | - | | | | | | |
| (11) | | | | | | | |
| (12) | - | | | | | | |
| 2 Enter total number of section 501(c)(3) and g | | | | | | | 3. |
| 3 Enter total number of other organizations listed in the line 1 table | | | | | | | |
| Car Departments Deduction Act Nation and the Instructions for Form 000 | | | | | | | |

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

Schedule I (Form 990) (2016)

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

| (a) Type of grant or assistance | (b) Number of recipients | (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 |
|--|--------------------------|--------------------------|-----------------------------------|--|--|
| PROMISING SCHOLAR RESEARCH TRAVEL SCHOLARSHIP | 1. | 750. | | NONE | NONE |
| CAMP SCHOLARSHIPS | 84. | 13,251. | | NONE | NONE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| rt IV Supplemental Information. Provide the information. | e information re | equired in Part I, | line 2, Part III, o | column (b); and any of | ther additional |
| M 990 SCHEDULE I - PART II ADDITIO | NAL DISCLOSU | JRE | | | |
| NOT ALREADY PROVIDED IN THE REQUES | T FOR GRANT | FUNDING, PWG | CF REQUESTS | А | |
| TER OF PROPOSAL DETAILING THE AMOU | NT OF THE RE | EQUESTED GRAN | NT, THE | | |
| POSE OF THE GRANT, AND THE DETAILS | OF THE PROP | POSED GRANT 1 | EXPENDITURES | 5. | |
| BOARD OF DIRECTORS REVIEWS AND DI | SCUSSES THE | GRANT REQUES | ST AT THEIR | | |
| T SCHEDULED MEETING TO DETERMINE W | HETHER THE C | GRANT REQUES | F FULFILLS | | |
| F'S MISSION TO PROVIDE INDIVIDUALS | WITH PWS, 7 | THEIR FAMILI | ES, AND | | |
| FESSIONALS WITH A STATE NETWORK OF | INFORMATION | I, ADVOCACY A | AND SUPPORT | | |
| VICES SO THAT INDIVIDUALS WITH PWS | HAVE THE OF | PPORTUNITY TO | O PURSUE | | |
| | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (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 |
|---------------------------------|---------------------------------|--------------------------|-----------------------------------|--|--|
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

CAPABILITIES. ELIGIBILITY FOR GRANT SUPPORT IS RESTRICTED TO

ORGANIZATIONS AND OTHER ENTITIES THAT PROVIDE SERVICES TO PERSONS WITH

PWS, THEIR FAMILY MEMBERS, OR THE PROFESSIONALS WHO SERVE THEM. PWCF

MAINTAINS A RECORD OF ALL PRIOR GRANT FUNDING TO ENSURE THAT THE GRANTS

PWCF PROVIDES ARE COMMENSURATE AND CONSISTENT WITH EACH OTHER AND FROM

YEAR TO YEAR.

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

ARE ADDITIONAL RECIPIENTS THAT RECEIVED GRANT ASSISTANCE THAT ARE BELOW

THE THRESHOLD. THE FOLLOWING ORGANIZATIONS ARE:

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

| (a) Type of grant or assistance | (b) Number of 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 |
|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| L | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| , | | | | | |

1. SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES

1663 MISSION STREET, SAN FRANCISCO, CA 94103

FEIN 94-2819062 GRANT AMOUNT: \$500.

71483T N480 11/9/2017 1:27:40 PM V 16-7.6F

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

| e | Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir | 's.gov/form990. |
|---|---|-----------------|
| | | Employer ident |

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.

FORM 990 PART VI SECTION B LINE 12C

DID THE ORGANIZATION HAVE WRITTEN CONFLICT OF INTEREST POLICY? 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.

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number 95-3480752

FORM 990 PART VI SECTION C LINE 19 HOW DOES THE ORGANIZATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF 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

DID THE PROCESS FOR DETERMING COMPENSATION OF THE FOLLOWING PERSONS INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION? THE ORGANIZATION SURVEYS SALARIES FOR EXECUTIVE DIRECTOR IN COMPARABLE SIZE ORGANIZATIONS. THE BOARD REVIEWS THE VARIOUS SALARIES AND MAKES A DETERMINATION AS TO THE LEVEL OF SALARY FOR THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS.

ATTACHMENT 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 OUR ANNUAL STATE CONFERENCE AND PROVIDED CRITICAL EDUCATION TO PARENTS, TEACHERS, PHYSICIANS, AND OTHER PROFESSIONAL CARE PROVIDERS. A CONCURRENT YOUTH & ADULT CONFERENCE Page 2

JSA 6E1228 1.000

| Schedule O (Form 990 or 990-EZ) 2016 | | | | |
|--------------------------------------|--------------------------------|--|--|--|
| Name of the organization | Employer identification number | | | |
| PRADER-WILLI CALIFORNIA FOUNDATION | 95-3480752 | | | |

SERVED CHILDREN AND ADULTS WITH PWS AND THEIR SIBLINGS. WE PRODUCED A PWS BEHAVIOR MANAGEMENT TRAINING SESSION AND A SCHOOL IEP EDUCATION TRAINING PROGRAM, PROVIDED DOZENS OF EDUCATIONAL IN-SERVICE TRAININGS TO SCHOOL STAFF, AND PROVIDED DOZENS OF RESIDENTIAL STAFF TRAINING SESSIONS TO GROUP HOME PROVIDERS THROUGHOUT CALIFORNIA. PWCF PRODUCED FOUR QUARTERLY NEWSLETTERS THAT CONTAINED EDUCATIONAL ARTICLES, RESEARCH STUDIES AND SUBJECT RECRUITMENT OPPORTUNITIES, SUPPORT OPPORTUNITIES, AND OTHER VALUABLE INFORMATION. WE DISTRIBUTED EDUCATIONAL DVDS, BOOKS, AND OTHER EDUCATIONAL MATERIALS. WE DISTRIBUTED TO FAMILIES INFORMATION ABOUT RESEARCH PARTICIPATION OPPORTUNITIES.

ATTACHMENT 5

JSA 6E1228 1.000

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 SUPPORTED TWO CAMPS, SERVED 84 CAMPERS RANGING IN AGE FROM 8 - 65 YEARS, PROVIDED CRITICAL RESPITE TO EACH CAMPER'S FAMILY MEMBERS OR CARE PROVIDERS, AND GRANTED OVER \$13,000 IN CAMP SCHOLARSHIPS. PWCF SUPPORTED THREE PWS CLINICS THROUGHOUT THE STATE TREATING HUNDREDS OF CHILDREN AND ADULTS WITH PWS. PWCF SPONSORED A FAMILY FUN DAY AT A SPECIALIZED GYM FOR CHILDREN WITH DISABILITIES WHILE SUPPORTING FAMILIES WITH A NETWORK TO FEEL LESS ISOLATED AS THEY HAD FUN. PWCF FACILITATED SUPPORT GROUPS, WROTE LETTERS OF ADVOCACY, AND ACCOMPANIED PARENTS AND FAMILY MEMBERS TO SCHOOL MEETINGS, REGIONAL CENTER MEETINGS, AND HEARINGS.

| Schedule O (Form 990 or 990-EZ) 2016 | | | | Page 2 |
|---|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| Name of the organization | | | Employer identification | number |
| PRADER-WILLI CALIFORNIA FOUNDATION | | | 95-3480752 | |
| | | | ATTACHMENT 1 | |
| FORM 990, PART VIII - INVESTMENT INCOME | <u> </u> | | | |
| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
| DESCRIPTION | <u>REVENUE</u> | EXEMPI REVENUE | BUSINESS REV. | REVENUE |
| DIVIDEND INCOME | 14,40 | 3. | | 14,403. |
| INTEREST INCOME | 19 | 7. | | 197. |
| TOTALS | 14,60 | 0. | | 14,600. |
| | | | | |
| FORM 990, PART VIII - EXCLUDED CONTRIBU | JTIONS | | ATTACHMENT 2 | |
| | | | | |
| DESCRIPTION | AMOUNT | | | |
| CONCERT | 11,854. | | | |

TOTAL <u>11,854.</u>

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|-------------|-----------------|--------------------|---------------|
| CONCERT | 5,000. | 4,940. | 60. |
| TOTALS | 5,000. | 4,940. | 60. |

| Name of the organization Employer identification number PRADER-WILLI CALIFORNIA FOUNDATION 95-3480752 ATTACHMENT 4 | Schedule O (Form 990 or 990-EZ) 2016 | Page 2 |
|--|--|--------------------------------|
| FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD ATTACHMENT 4 GROSS SALES LESS RETURNS AND ALLOWANCES 3,779. INVENTORY AT BEGINNING OF YEAR 4,758. PURCHASES 2,525. SALARIES AND WAGES 0THER COSTS SUBTOTAL 7,283. MINUS ENDING INVENTORY 4,095. | Name of the organization | Employer identification number |
| FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD GROSS SALES LESS RETURNS AND ALLOWANCES 3,779. INVENTORY AT BEGINNING OF YEAR 4,758. PURCHASES 2,525. SALARIES AND WAGES 2,525. SUBTOTAL 7,283. MINUS ENDING INVENTORY 4,095. | PRADER-WILLI CALIFORNIA FOUNDATION | 95-3480752 |
| GROSS SALES LESS RETURNS AND ALLOWANCES 3,779. INVENTORY AT BEGINNING OF YEAR 4,758. PURCHASES 2,525. SALARIES AND WAGES 2,525. SUBTOTAL 7,283. MINUS ENDING INVENTORY 4,095. | | ATTACHMENT 4 |
| INVENTORY AT BEGINNING OF YEAR | FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD | |
| PURCHASES 2,525. SALARIES AND WAGES 0 OTHER COSTS 7,283. SUBTOTAL 7,283. MINUS ENDING INVENTORY 4,095. | GROSS SALES LESS RETURNS AND ALLOWANCES | 3,779. |
| SALARIES AND WAGES | INVENTORY AT BEGINNING OF YEAR | 4,758. |
| OTHER COSTS | PURCHASES | 2,525. |
| SUBTOTAL 7,283. MINUS ENDING INVENTORY 4,095. | SALARIES AND WAGES | |
| MINUS ENDING INVENTORY | OTHER COSTS | |
| | SUBTOTAL | 7,283. |
| COST OF GOODS SOLD | MINUS ENDING INVENTORY | 4,095. |
| | COST OF GOODS SOLD | 3,188. |
| | | |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| | ENDING |
|------------------|------------|
| DESCRIPTION | BOOK VALUE |
| PREPAID EXPENSES | 1,019. |
| TOTALS | 1,019. |

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | | BEGINNING BOOK VALUE | ENDING BOOK VALUE | COST OR FMV |
|-----------------------|--------|-------------------------|----------------------|----------------|
| MARKETABLE SECURITIES | | 588,427. | 638,180. | FMV |
| | TOTALS | 588,427. | 638,180. | |

ATTACHMENT 7

Schedule O (Form 990 or 990-EZ) 2016

JSA 6E1228 1.000

| Schedule O (Form 990 or 990-EZ) 2016 | Page 2 |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| PRADER-WILLI CALIFORNIA FOUNDATION | 95-3480752 |
| | ATTACHMENT 7 (CONT'D) |
| FORM 990, PART X - DEFERRED REVENUE | |
| | |
| | ENDING |
| DESCRIPTION | BOOK VALUE |
| | DOOK VALUE |
| DEFERRED REVENUE | 675. |
| TOTALS | 675. |

PRADERWILL

Description of Property

DEPRECIATION Beginning Ending Accumulated Accumulated Me-depreciation depreciation thod Conv. Current-year 179 Date Unadjusted 179 exp. reduction MA ACRS class Current-year depreciation Bus. Basis Basis for CRS placed in Cost in basis Life class expense Asset description service or basis % Reduction depreciation 960. 100.000 5.000 EQUIPMENT 06/30/2009 960. 960. 960. SL Less: Retired Assets Subtotals 960. 960. 960. 960. Listed Property Less: Retired Assets Subtotals TOTALS 960 960 960. 960. AMORTIZATION Date Cost Ending Current-year amortization Accumulated Accumulated placed in or Asset description basis amortization amortization Code Life service TOTALS *Assets Retired JSA 6X9024 1.000 71483T N480 11/9/2017 1:27:40 PM V 16-7.6F PRADERWILL

2016

95-3480752

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, 2016

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 NOVEMBER 15, 2017. 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, 2016

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, 2017 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 Y | EAR California Exempt (| Organizatio | on | | | FORM |
|-----------------------|--|---------------------------------------|--------------------------|-------------------------------|----------------------|------------------------------|
| 201 | • | | | | | 199 |
| - | ar 2016 or fiscal year beginning (mm/dd/yyyy) | 01/01/201 | б, an | d ending (mm/dd | | 12/31/2016 |
| | Drganization name | ארעדיי | | | 093719 | ooration number |
| - | DER-WILLI CALIFORNIA FOU formation. See instructions. | NDAILON | | F | <u>093713</u> EIN | 14 |
| | | | | | 95-348 | 30752 |
| Street addres | s (suite or room) | | | | | PMB no. |
| | N. PROSPECT AVENUE #110 | -LL | | | | |
| City | | | | | State | Zip code |
| REDC Foreign count | NDO BEACH | Foreign province/s | state/county | | CA | 90277 Foreign postal code |
| r orongin oouni | | i orongin province. | state, county | | | |
| A First Retu | | Yes X | No J If exempt | under R&TC Sect | ion 23701d h | as the organization |
| | d Return | | 1 1 | | | tions. |
| | tion 4947(a)(1) trust | | i l ^o o | · | | ection 23701g? |
| D Final Info | ormation Return? | | If "Yes," e | nter the gross rece | eipts from noni | member |
| | | erged/Reorganized | | ation is exempt un | | \$ |
| | te: (mm/dd/yyyy) • | | meets the | filing fee exceptio | n, check box. | - V |
| | ccounting method: Cash (2) X Accrual (3) Other | | | ee is required | | |
| | return filed? | | | anization a Limited | | , |
| (1) ● | |) (4) Other 990 s | | come? | | · |
| | group filing? See instructions | | 1 | anization under auc | | |
| | ganization in a goup exemption | 37 | | a prior year? | | |
| | what is the parent's name? | | P Is federal | Form 1023/1024 | pending? | Yes X No |
| | prognization have any changes to its guidelines | | | with IRS | | |
| not repor | organization have any changes to its guidelines ted to the FTB? See instructions. | Yes X | | | | |
| Part I Co | omplete Part I unless not required to file | | | | 1 | 82,57000 |
| | Gross sales or receipts from other sources. Gross dues and assessments from member | | | | 2 | 14,72300 |
| | 3 Gross contributions, gifts, grants, and sim | | | | 3 | 154,34800 |
| Receipts | 4 Total gross receipts for filing requirement | | | | | |
| and Revenues | This line must be completed. If the result | is less than \$50,000, | see General Instruct | 1 | 4 | 251,64100 |
| novenuee | 5 Cost of goods sold | | | 3,18800 | | |
| | 6 Cost or other basis, and sales expenses of | | | 0 0 | | 2 1000 |
| | 7 Total costs. Add line 5 and line 6. | | | | 7 | <u>3,18800</u> 248,45300 |
| | 8 Total gross income. Subtract line 7 from lin 9 Total expenses and disbursements. From S | | | | 8 9 | 341,47800 |
| Expenses | 10 Excess of receipts over expenses and dist | | | | 10 | -93,02500 |
| | 11 Total payments | | | | 11 | 00 |
| | 12 Use tax. See General Instruction K | | | | 12 | 0 0 |
| | 13 Payments balance. If line 11 is more than | n line 12, subtract line | 12 from line 11 | • | 13 | 0.0 |
| Filing Fee | 14 Use tax balance. If line 12 is more than line | | | | 14 | 00 |
| | 15 Filing fee \$10 or \$25. See General Instruct | | | | 15 | 00 |
| | 16 Penalties and Interest. See General Instruct17 Balance due. Add line 12, line 15, and line | | | | 16 17 | OC OC |
| Sign | Under penalties of perjury, I declare that I have exa | | | | | |
| Here | true, correct, and complete. Declaration of prepare | r (other than taxpayer) is I Title | based on all information | n of which preparer I Date | | ledge. Telephone |
| | of officer | SECRETA | RY | | | 818-344-5756 |
| | Preparer's | | Date | Check if self- | | PTIN |
| | signature • | | | employed | | 200370997 |
| Paid | Firm's name (or yours, FRITH-SMITH | | - | | | FEIN |
| Preparer's | if self-employed) ► 6355 TOPANG. | | | 00 | | 95-4714778 Felephone |
| Use Only | and address WOODLAND HI | ыла, СА 9. | 1367 | | | 818-774-1500 |
| | May the FTB discuss this return with the prepa | arer shown above? So | e instructions | | | • X Yes No |
| | | arer showin abuve! Se | | | | |
| | 0 | 27 365 | 1164 | | Form 19 | 9c1 2016 Side 1 |
| | 6Y0527 1.000 | | • | | | |

| 71483 | N480 | 11/9/2017 | $1 \cdot 27 \cdot 40$ | ЪΜ | 77 1 | 6-7 |
|--------|--------------------|-----------|-----------------------|----|------|--------|
| 174021 | 10 1 00 | 11/9/201/ | 1.7.40 | PM | VL | 0 - 7. |

PRADERWILL

бF

PAGE 45

| Part II | Organizations with gross receipts of more regardless of amount of gross receipts - | e than \$50,000 and private complete Part II or furnish s | foundations substitute information. | | | |
|--------------------|--|--|--|-------------|-----------------|-------------------------------|
| | 1 Gross sales or receipts from all busines | s activities. See instructions | | • | 1 | 61,03800 |
| | 2 Interest | | | ſ | 2 | 19700 |
| Receipts | 3 Dividends | | | | 3 | 14,40300 |
| from | 4 Gross rents | | | • | 4 | 00 |
| Other | 5 Gross royalties | | | | 5 | 00 |
| Sources | 6 Gross amount received from sale of ass | ets (See Instructions) | | • | 6 | 00 |
| | 7 Other income. Attach schedule | | ATCH | 2 • | 7 | 6,93200 |
| | 8 Total gross sales or receipts from othe | r sources. Add line 1 throug | h line 7. | | | |
| | Enter here and on Side 1, Part I, line 1 | | | | 8 | 82,57000 |
| | 9 Contributions, gifts, grants, and similar | r amounts paid. Attach sche | dule ATCH | 3 | 9 | 42,85000 |
| | 10 Disbursements to or for members | | | | 10 | 00 |
| | 11 Compensation of officers, directors, an | d trustees. Attach schedule | АТСН | 4• | 11 | 2,86500 |
| | 12 Other salaries and wages | | | | 12 | 83,88200 |
| Expenses | 13 Interest | | | • | 13 | 00 |
| and | 14 Taxes | | | | 14 | 32,41700 |
| Disburse- ments | 15 Rents | | | • | 15 | 18,20700 |
| ments | 16 Depreciation and depletion (See instruc | | | | 16 | 00 |
| | 17 Other Expenses and Disbursements. At | | | | 17 | 161,25700 |
| | 18 Total expenses and disbursements. Ac | | | t I, line 9 | 18 | 341,47800 |
| Schedu | e L Balance Sheets | Beginning of | | | End of tax | |
| Assets | | (a) | (b) 123,209. | | (c) | (d) 152,307. |
| | | | 123,209. | | | • <u>152,507.</u> |
| | iccounts receivable | | | | | • |
| | Itories | | 4,758. | | | 4,095. |
| | ral and state government obligations | | 1,750. | | | • 1,000. |
| | tments in other bonds | | | | | • |
| | tments in stock | АТСН б | 713,475. | | | 638,180. |
| | gage loans | | 0 / _ / 0 / | | | • |
| 9 Othe | r investments. Attach schedule | | | | | • |
| | preciable assets | | | | 960. | |
| | ss accumulated depreciation | () | | (| 960) | |
| 11 Land | | | | | | • |
| | r assets. Attach schedule | ATCH 7 | 726. | | | • 1,745. |
| 13 Total | assets | | 842,168. | | | 796,327. |
| | s and net worth | | | | | |
| | unts payable | | | | | • |
| | ributions, gifts, or grants payable | | | | | • |
| | s and notes payable | | | | | • |
| | gages payable | | | | | • |
| | r liabilities. Attach schedule | ATCH 8 | | | | 675. |
| | al stock or principal fund | | | | | • |
| | in or capital surplus. Attach reconciliation | | 040 160 | | | |
| | ned earnings or income fund Iiabilities and net worth | | 842,168. 842,168. | | | • <u>795,652.</u> 796,327. |
| | le M-1 Reconciliation of income per books | • | | an \$50.000 | | 190,321. |
| | Do not complete this schedule if the | | . , | | | |
| | come per books | | | | • | <u>ATCH 9</u> • 46,509. |
| | al income tax s of capital losses over capital gains | | | | Attach schedule | • 40,509. |
| | e not recorded on books this year. | • • • • • | 8 Deductions against boo | | 0 | |
| | n schedule | | | | s year. | • |
| | ses recorded on books this year not | ••••• | 9 Total. Add I | | | 46,509. |
| | ted in this return. Attach schedule | • | 10 Net income | | | 10,505. |
| | Add line 1 through line 5 | | | | 6 | -93,025. |
| 7 | Side 2 Form 199 c1 2016 6Y0528 1.000 1483T N480 11/9/2017 | 027 365 1:27:40 PM | 2164 - V 16-7.6F | PRA | DERWILL | PAGE 46 |

| 027 | | | | | |
|---|--|---|---|---|--|
| Date Accepte | ed | | | DO NOT MA | IL THIS FORM TO THE FTB |
| TAXABLE YEAR | California | a e-file Return Au | thorization | for | FORM |
| 2016 | | Drganizations | | | 8453-EO |
| Exempt Organization | | NIA FOUNDATION | | | entifying number 5 - 3 4 8 0 7 5 2 |
| Part I Electi | ronic Return Informat | ion (whole dollars only) | | | |
| 2 Total gross in | come (Form 199, line 8) | orm 199, Line 9) | | | .2248,453. |
| Part II Settle | Your Account Electr | onically for Taxable Year 201 | 6 | | |
| 4 Electron | ic funds withdrawal | 4a Amount | 4b Wit | hdrawal date (mm/o | dd/yyyy) |
| Part III Bank | king Information (Have | e you verified the exempt orga | nization's banking info | rmation?) | |
| 5 Routing numb | per | | - | | |
| 6 Account num | ber | | 7 Type of account | Checking | Savings |
| I authorize the e the amount listed Under penalties ator (ERO), trans organization's 20 the exempt organiza exempt organiza provider. If the p | d on line 4a. of perjury, I declare that mitter, or intermediate so 016 California electronic inization is filing a balan- ation's fee liability, the es ation return and accomporcessing of the exemp | I am an officer of the above exemp ervice provider and the amounts in return. To the best of my knowled ce due return, I understand that if kempt organization will remain lia panying schedules and statement | ot organization and that t n Part I above agree with Ige and belief, the exempt the Franchise Tax Boar ble for the fee liability a s be transmitted to the | he information I pro the amounts on the organization's retu d (FTB) does not rec nd all applicable int FTB by the ERO, t | e an electronic funds withdrawal for vided to my electronic return origin- e corresponding lines of the exempt urn is true, correct, and complete. If seive full and timely payment of the erest and penalties. I authorize the transmitter, or intermediate service to the ERO or intermediate service |
| | son(s) for the delay. | | | | |
| Sign Here | | | ./2017 SEC | RETARY | |
| Sigi | nature of Officer | Date | Title | | |
| Part V Decla | aration of Electronic | Return Originator (ERO) and F | Paid Preparer. See inst | ructions. | |
| I declare that I his knowledge. (If I however, that for transmitting this followed all othe four years from available to the F return and acco | ave reviewed the above of am only an intermediate rm FTB 8453-EO accurate return to the FTB; I have r requirements described the due date of the retu TB upon request. If I am | exempt organization's return and the service provider, I understand that ely reflects the data on the return.) e provided the organization officer d in FTB Pub. 1345, 2016 e-file Ha rn or four years from the date the also the paid preparer, under pen d statements, and to the best of | hat the entries on form F t I am not responsible for I have obtained the orga with a copy of all forms andbook for Authorized e exempt organization re alties of perjury, I declare | TB 8453-EO are com or reviewing the exe inization officer's sig and information tha e-file Providers. I will turn is filed, whiche e that I have examin | nplete and correct to the best of my mpt organization's return. I declare, nature on form FTB 8453-EO before t I will file with the FTB, and I have keep form FTB 8453-EO on file for ver is later, and I will make a copy ed the above exempt organization's correct, and complete. I make this |
| | ERO's- | | Date | Check if Che also paid if se | |

| ERO | ERO's- signature | also paid preparer | if self- employed | |
|--------------|---|-----------------------|----------------------|----------|
| Must Sign | Firm's name (or yours if self-employed) | | FEIN | |
| | and address | | | ZIP code |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| Paid Preparer | Paid preparer's signature | | Date | if self- | Paid preparer's PTIN P00370997 |
|------------------|----------------------------------|--------------------------------------|--------------|----------------|-----------------------------------|
| Must Sign | Firm's name (or yours | FRITH-SMITH & ARCH | IBALD, LLP | FEIN 95-471 | .4778 |
| | if self-employed) and address | 6355 TOPANGA CANYO WOODLAND HILLS | N BLVD,STE ‡ | 400 CA | ZIP code 91367 |
| | | MOODIAID UITID | | CA | 91307 |

For Privacy Notice, get FTB 1131 ENG/SP. ^{6J0510 1.000}
71483T N480 11/9/2017 1:27:40 PM V 16-7.6F

CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNT RECEIVED

| ANGEL NONCAS | LANCE SH FUN | IBUTION UNDER \$ 5 JDRAISER UNDER AISER UNDER \$5, | \$5,000 | | | | | | 132,494. 10,000. 1,940. 9,914. |
|-----------------|-----------------|---|---------|---------|---|---------|--------|------|---|
| | TOTAL | CONTRIBUTIONS, | GIFTS, | GRANTS, | & | SIMILAR | AMOUNT | PAID | 154,348. |

ATTACHMENT 1 71483T N480 11/9/2017 1:27:40 PM V 16-7.6F PRADERWILL PAGE 48

PART II - OTHER INCOME

| REIMBURSEMENTS | 6,872. |
|---------------------------|--------|
| FUND RAISING EVENT INCOME | 60. |
| TOTAL OTHER INCOME | 6,932. |

TOTAL CONTRIBUTIONS PAID

| FORM CA 199, PART II - GRANTS AND ALLOCAT | IONS PAID DURING THE YEAR | ATTACHMENT 3 |
|---|--------------------------------|----------------------------------|
| | RELATIONSHIP TO SUBSTANTIAL CO | ONTRIBUTOR |
| | AND | |
| RECIPIENT NAME AND ADDRESS | STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION |
| | | |
| GRANTS PAID | | |
| UC REGENTS | 501(C)(3) | SUPPORT CLINIC |
| 333 CITY BLVD WEST #800 | | |

ORANGE, CA 92868

PRADER-WILLI CALIFORNIA FOUNDATION

| PRADER-WILLI SYNDROME ASSOCIATION | 501(C)(3) |
|-----------------------------------|-----------|
| 8588 POTTER PARK DR. SUITE 500 | |
| SARASOTA, FL 34238 | |

RADY CHILDREN'S HOSPITAL FOUNDATION 501(C)(3) 3020 CHILDREN'S WAY #5031 SAN DIEGO, CA 92123

SUPPORT FOR FAMILIES OF CHILDREN WITH DISABILITIES 501(C)(3) 1663 MISSION STREET SAN FRANCISCO, CA 94103

PROMISING SCHOLAR RESEARCH TRAVEL SCHOLARSHIP

CAMP SCHOLARSHIPS

AMOUNT

10,349.

10,000.

8,000.

500.

750.

13,251.

42,850.

_

PRADERWILL

95-3480752

SUPPORT MEDICATION RESEARCH

SUPPORT CLINIC

SUPPORT

SUPPORT

SUPPORT GROUP SUPPORT

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

| NAME | TITLE | COMPENSATION |
|---|----------------|--------------|
| KIMBERLEE MORGAN | VICE PRESIDENT | 0. |
| TOM MCRAE | DIRECTOR | Ο. |
| WHITNEY BRAS | DIRECTOR | Ο. |
| RENEE TARICA | TREASURER | Ο. |
| JUNE-ANNE GOLD, M.D. | DIRECTOR | 2,865. |
| ROGER GOATCHER | PRESIDENT | 0. |
| NISHA MEHTA | SECRETARY | 0. |
| DIANE KAVRELL | DIRECTOR | 0. |
| DANIELA RUBIN, PH.D. | DIRECTOR | 0. |
| JACKI LINDSTROM | DIRECTOR | 0. |
| JENNIFER WOLKENSDORFER | DIRECTOR | 0. |
| RODNEY DONG | DIRECTOR | 0. |
| TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AN | D TRUSTEES | 2,865. |

PART II - OTHER EXPENSES

| | 450 |
|-----------------------------|----------|
| LEGAL EXPENSES | 458. |
| ACCOUNTING EXPENSE | 4,100. |
| INVESTMENT MGMT FEES | 7,671. |
| OTHER FEES FOR SVCS | 99. |
| ADVERTISING | 315. |
| OFFICE EXPENSES | 25,041. |
| TRAVEL EXPENSES | 8,270. |
| CONFERENCES | 9,563. |
| INSURANCE | 3,160. |
| CAMP RENTAL | 59,300. |
| SUPPORT & ADVOCACY PROGRAM | 3,724. |
| AWARENESS PROGRAM EXPENSE | 32,083. |
| EDUCATIONAL PROGRAM EXPENSE | 7,473. |
| | |
| TOTAL OTHER EXPENSES | 161,257. |

ATTACHMENT 6

SCHEDULE L - INVESTMENTS IN STOCK

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|----------------------------|--------------|-------------|
| MARKETABLE SECURITIES | 588,427. | 638,180. |
| TOTAL INVESTMENTS IN STOCK | 713,475. | 638,180. |

_

ATTACHMENT 7

SCHEDULE L - OTHER ASSETS

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|----------------|
| OFFICE LEASE DEPOSIT PREPAID EXPENSES | 726. | 726. 1,019. |
| TOTAL OTHER ASSETS | 726. | 1,745. |

SCHEDULE L - OTHER LIABILITIES

| CORPORATE NAME: EIN OF BUSINESS: | PRADER-WILLI CALIFORNI 953480752 | A FOUNDATION | |
|-------------------------------------|-------------------------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| DEFERRED REVENUE | | | 675. |
| TOTAL CORPOR | ATION OTHER LIABILITIES | | 675. |

TOTAL OTHER LIABILITIES

675.

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

| UNREALIZED | D GAINS/(LOSSES) | | | | | | | 46,509. | | |
|------------|------------------|----------|----|-------|------|------|-----|----------|---|---------|
| TOTAL | INCOME | RECORDED | ON | BOOKS | THIS | YEAR | NOT | INCLUDED | _ | 46,509. |

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

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.

OFFICE OF THE ATTORNEY GENERAL

> CALIFORNIA DEPARTMENT OF JUSTICE

| State Charity Registration Numbe | | | Check if: Change of address | | | | | |
|--|--------------|---|--------------------------------|--|-----------|----------|--|--|
| Name of Organization | IA POON | | | | | | | |
| 514 N. PROSPECT AVENU | E #110- | ·LL | Corporate or O | rganization No. 0937194 | | | | |
| REDONDO BEACH CA 9027 | 7 | | Federal Employ | ver I.D. No. <u>95-3480752</u> | | | | |
| City or Town, State and ZIP Code | | | | | | | | |
| | | RENEWAL FEE SCHEDULE (11 ck Payable to Attorney Genera | | s. sections 301-307, 311 and 31 Charitable Trusts | 2) | | | |
| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | 1 | Fee | | |
| 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 millio | | \$225 | | |
| | \$ 20 | | ψi σ | Greater than \$50 million | | \$300 | | |
| PART A - ACTIVITIES | | | | | | | | |
| For your most recent full acc | ounting per | riod (beginning01/01/2016 | ending | 12/31/2016) list: | | | | |
| | | 0/9 /52 - | - | 796 227 | | | | |
| Gross annual revenue \$ | 2 | 248,453. Tot | al assets \$ | 796,327. | | | | |
| PART B - STATEMENTS REG | ARDING C | DRGANIZATION DURING THE P | ERIOD OF THIS | REPORT | | | | |
| | | questions below, you must attach tructions for information required. | a separate sheet | providing an explanation and details | for each | "yes" | | |
| | | | | | Yes | No | | |
| | | contracts, loans, leases or other financial ith an entity in which any such officer, dir | | | | x | | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | | | | | Х | | |
| 3. During this reporting period, did r | on-program | expenditures exceed 50% of gross revenu | es? | | | Х | | |
| During this reporting period, wer Revenue Service, attach a copy. | e any organi | ization funds used to pay any penalty, fin | e or judgment? If you | filed a Form 4720 with the Internal | | х | | |
| 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. | | | | | | | | |
| 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. | | | | | | x | | |
| 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 | | |
| 8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | | | | | x | | |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | | | | | х | | |
| Organization's area code and telep | hone numb | per (310)372-5053 | | | | | | |
| Organization's e-mail address | | | | | | | | |
| I declare under penalty of perjur it is true, correct and complete. | y that I hav | ve examined this report, including | accompanying do | cuments, and to the best of my know | wledge ar | nd belie | | |
| | | NISHA MEHTA | SEC | RETARY | | | | |
| Signature of authorize | ed officer | Printed Name | | | ate | | | |
| 13 1.000 | | | | | | F-1 (3-0 | | |

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

WEB SITE ADDRESS: