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							
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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				
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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)

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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		
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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			
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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)										

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	
			_											
			_											
			_											
			_											
			_											
			_											
			-											
			-											
			-											
			-											
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)

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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							

0

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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

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.
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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)

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	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.

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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.

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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		•			

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PRADERWILL

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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}
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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: