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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

	A I	For the	2011 calendar year, or tax year beginning and ending	<u>g</u>	
	В	Check if applicable	C Name of organization	D Employer identif	ication number
	Γ	Addres	HERBALIFE FAMILY FOUNDATION		
	F	Name change	Doing Business As	51-0	523266
	F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/		
		Termin-	· · · · · · · · · · · · · · · · · · ·		
	F	⊒ated]Amende _return		G Gross receipts \$	3,664,357.
		Applica		H(a) Is this a group r	
		pending	F Name and address of principal officer ROBYN BROWNING	for affiliates?	Yes X No
			800 W. OLYMPIC BLVD. #406, LOS ANGELES, CA		
	1.1	Tax-exe	mpt status X 501(c)(3)		list. (see instructions)
			WWW.HERBALIFEFAMILYFOUNDATION.ORG	H(c) Group exemption	
					M State of legal domicile: CA
			Summary		
	e	1	Briefly describe the organization's mission or most significant activities ENHANCE		
	an	_	CHILDREN'S LIVES BY CREATING PROGRAMS AND ST		
	ssets.				
	30	1	lumber of voting members of the governing body (Part VI, line 1a)	3	7
	Activities & Governance	l	lumber of independent voting members of the governing body (Part VI, line 1b)	4	7
	ties	l	otal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	Ę	l	otal number of volunteers (estimate if necessary)	6	0
	Ac	i	otal unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
		b N	let unrelated business taxable income from Form 990-T, line 34		0.
· 		, ,	Nowthinks the man and minute (Dort VIII then 1 b)	Prior Year	Current Year 3,276,749.
	ne		Contributions and grants (Part VIII, line 1h)	2,283,120.	
<u>.</u> .	Revenue		rogram service revenue (Part VIII, line 2g)	22,934.	13,912.
	æ	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	22,934.	
֝֞֝֝֝֝֞֝֝֝֝֝֞֝		l	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,306,054.	3,290,661.
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,766,273.	1,776,137.
ָב	Expenses	l	irants and similar amounts paid (Part IX, column (A), lines 1-3) lenefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ž	۰,	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	0.	0.
Z	ses	ł	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
3	pen		otal fundraising expenses (Part IX, column (D), line 25) > 546, 430.	•	
D	EX		otal fundation of expenses (fraction, column (b), line 23) other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	547,154.	613,000.
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,313,427.	2,389,137.
			evenue less expenses Subtract line 18 from line 12	-7,373.	901,524.
	or es	10 11	evenue less expenses eachtast into 18 from into 12	Beginning of Current Year	End of Year
	Assets or 1 Balances	20 T	otal assets (Part X, line 16)	3,336,074.	4,264,166.
	Ass J Ba		otal liabilities (Part X. line 26)	0.	30,000.
:	-Net		et assets or fund balances Subtract line 21 from line 20	3,336,074.	4,234,166.
	Pa		Signature Block		
•	Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and si	tatements, and to the best of m	y knowledge and belief, it is
	tgye;	correct,	andreomplete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
•	F E 5		* III Bran	× 8/1	112
) }	Sigr	10 4	2 Signature of officer	Date	
ı	Hero	e ⁹ ∫	NOBYN BROWNING, EXECUTIVE DIRECTOR		
			Type or print name and title	·	
	FR		rint/Type preparer's name Preparer sympature	Date Check	PTIN
	Paid	Ç	UIGLEY & MIRON, CPA'S	_ 8/57/2 if self-employ	
	Prep		irm's name ▶ QUIGLEY & MIRON, CPA S	Firm's EIN	95-4656881
	Use	Only f	Firm's address 3550 WILSHIRE (BOULEYARD-SUITE 1660		
			LOS ANGELES, CA 99010-2481	Phone no. (213) 639-3550
_	May	the IRS	6 discuss this return with the preparer shown above? (see instructions)		Yes No
	13200	01 01-23-	12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)

orn	n 990 (2011) HERBALIFE FAMILY FOUNDATION	51-05	23266	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission			
	ENHANCE THE QUALITY OF CHILDREN'S LIVES BY CREATING PROC	RAMS	AND	
	SUPPORTING NONPROFIT CORPORATIONS WHO BRING BETTER NUTR			
	CHILDREN.			
	CITEDREM.			
	Did the assessment and attalks any approximate are seen as a way the agency which were not letted on		_	
2	Did the organization undertake any significant program services during the year which were not listed on			X No
	the prior Form 990 or 990-EZ?		L Yes	LAJ NO
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	LX 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	measured I	by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and	allocations t	0
	others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 1,813,478. including grants of \$ 1,776,137.) (Revenue)
-	DURING 2011, THE FOUNDATION FUNDED PROGRAMS THAT PROVIDE		LTHY	
	NUTRITION AND NUTRITION EDUCATION TO CHILDREN AND FAMILI			
	ADDITIONALLY, THE FOUNDATION SUPPORTED CHARITIES THAT AS			
		DIDIE	<u>D_114</u>	
	DISASTER RELIEF.			
			···	
₽b	(Code) (Expenses \$	e \$		
				· · · · · · · · · · · · · · · · · · ·
			. 	
ь Ю	(Code) (Expenses \$	e \$)
	Other program services (Describe in Schedule O)		 -	
ru)	
				
е	Total program service expenses ▶ 1,813,478.		Form 00	90 (2011)
			1 01111 3	(2011)

Part IV Checklist of F	Required Schedules
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			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	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ŀ
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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			7.7
_	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,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u></u>	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, serve as a custodian for amounts not listed in Part X, or provide	0		Α.
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			ŀ
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
f		444	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI, XII, and XIII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		i	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		y
20~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>X</u> _
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-43
ט	in 100 to mio 200, and the organization attach a copy of its addition infantial statements to this return.		990 (2	2011)
			/*	,

Form 990 (2011) HERBALIFE FAMILY FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
	Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			•
	Schedule K If "No", go to line 25	24a		Х
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ا		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		Λ
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_X_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		32
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	. l	
	Note, All Form 990 filers are required to complete Schedule O	38	X _	2011
		Form 9	22 0 (2	2011)

Form **990** (2011)

	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	<u> </u>	age :
Га	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer is observed to contains a response to any question in this rat v		Ι	
	5-4		Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0			ĺ
b	Zitter are trained of the mediaded in time to Zitter of in the appropriate			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
Za	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 0			
1		l		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	 - -	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		х
		3a 3b		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ŞD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		х
.	If "Yes," enter the name of the foreign country	_4a_		Λ
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		21
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	3		
Va	any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		- 11
٥	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	į		
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.		· ·
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b i		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			1
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ŀ
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			i
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		İ	
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<u> </u>	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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 give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	41	Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶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 only) a	ıvaılah	le	
. •	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncıal	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion 🕨	•	
_0	THE ORGANIZATION - 310-410-9600			
	800 W OLYMPIC BOULEVARD NO. 406 LOS ANGELES, CA 90015			

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

Check if Schedule O contains a response to any question 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										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(40		Pos			one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week		cer ar	dad	recto	or/trus	itee)	from	from related	other
	(describe	trustee or director	Î					the	organizations	compensation
	hours for	0.0	99			sted		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	test		8	iii d	ĺ	(W-2/1099-MISC)		organization and related
	in Schedule	lual ti	tona		ng o	že či	_			organizations
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organization o
(1) DESMOND WALSH										
DIRECTOR	5.00	X						0.	0.	0.
(2) BRETT C. CHAPMAN								_		_
SECRETARY	5.00	X		X				0.	0.	0.
(3) RICHARD P. GOUDIS									_	
TREASURER	5.00	X	<u> </u>	Х	ļ	ļ	<u> </u>	0.	0.	0.
(4) MICHAEL O. JOHNSON										
CHAIRMAN OF THE BOARD	5.00	X		X		 	<u> </u>	0.	0.	0.
(5) BARBARA B. HENDERSON	10 00	37		3,5						
PRESIDENT	10.00	A		X		-	_	0.	0.	0.
(6) LEROY T. BARNES	1 00	3.7						0.		_
DIRECTOR	1.00	A				-		0.	0.	0.
(7) DIANE V. NETZEL	1 00	v						0.	0.	0
DIRECTOR	1.00	Λ				├	-		<u></u>	0.
(8) ROBYN M. BROWNING	40.00			x				0.	183,800.	17,107.
EXECUTIVE DIRECTOR	40.00		├-	^		-	-	0.	103,000.	17,107.
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				<u> </u>				<u> </u>		

ra	rt VII Section A. Officers, Directors, Tr		mpk	oyee			High	est			—			
	(A)	(B)			•	C) sition	,		(D)	(E)		_	(F)	
	Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable			stimat	
		week					ıs bot or/trus			compensatio		ar	nount other	
		(describe	ě				Γ		the	organization		con	npens	
		hours for	Individual trustee or director				B		organization	(W-2/1099-MIS			rom th	
		related	ste o	Institutional trustee		1	Highest compensated employee		(W-2/1099-MISC)		ļ	org	janiza	tion
		organizations	al fr	onat tr		Key employee	comp				ŀ		d rela	
		in Schedule O)	dividu	struct	Officer	y em	ghest	Former				org	anızat	ions
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1b	Sub-total						\blacktriangleright		0.	183,80		1	7,1	07.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						>		0.	183,80		<u> </u>	7,1	07.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization													0
											Г		Yes	No
3	Did the organization list any former officer			e, ke	y er	npic	yee,	, or	highest compensated e	mployee on				3.5
	line 1a? If "Yes," complete Schedule J for										-	_3_		X
4	For any individual listed on line 1a, is the s	•							•	tne organization			v	
_	and related organizations greater than \$15										-	4	X	_
5	Did any person listed on line 1a receive or					-		elat	ted organization or indivi	dual for services		_		X
Sec	rendered to the organization? If "Yes," control B. Independent Contractors	npiete Scriedui	e J i	or si	ucn	pers	son					5_		
1	Complete this table for your five highest co	mpensated in	dene	ande	nt c	onti	racto	ore t	that received more than	\$100,000 of com	nenes	ation f	rom	
•	the organization Report compensation for										period			
	(A)	ino calcinaa, j	<u> </u>	0			0		(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(0	<u></u>	
	Name and business	address	N	INC	3				Description of s	ervices	Co		nsatio	n
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								7			-			
								7						
2	Total number of independent contractors (including but n	ot lii	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organ	zation 🕨	_			(0							
	_										F	Form '	9 <mark>90</mark> (2011)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e	Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about	nts, and ove 1f	3276749.	3276749.			
				Business Code	32707131			
Program Service Revenue	•			•				
	3	Investment income (including other similar amounts)		▶	35,001.			35,001
	4 5	Income from investment of ta Royalties	x-exempt bond p	oroceeds				
	Ū	,	(i) Real	(ii) Personal	· · · · · · · · · · · · · · · · · · ·			
	6 a	Gross rents						
	b	•						
	C	Rental income or (loss)	L					
	d 	, ,	(i) Coorresting	(v) Other				
	/ a	Gross amount from sales of assets other than inventory	(i) Securities 352607.	(II) Other				
	b	Less cost or other basis	332007.					
	-	and sales expenses	373696.					
	С	Gain or (loss)	-21089.					
	d	Net gain or (loss)			-21,089.			-21,089.
ē	8 a	Gross income from fundraisin	•		İ			
Other Revenue		including \$						
æ		contributions reported on line	•					
her	h	Part IV, line 18 Less direct expenses	a b					
ಕ		Net income or (loss) from fund		—				
		Gross income from gaming ac	_				 -	
		Part IV, line 19	а	,				
	b	Less direct expenses	b					
İ		Net income or (loss) from gam	-					
İ	10 a	Gross sales of inventory, less	returns					
		and allowances	a	<u> </u>				
		Less cost of goods sold	b of inventory					
ł	с	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11 a	iviiscellarieods neverid		Dubilious Code				
	b							
	c							
	d	All other revenue	_		_			
	е	Total. Add lines 11a-11d		>				
I		T-1-1 Con instructions		-	2200661	Λ Ι	^	1 12 012

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part X (2) Total responses Program service P		01		- P-+ IV		
1 Glasts and other assistance to powerments and organizations in the United States. See Part IV, line 2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	(D) Fundraising expenses
2 Grants and other assistance to individuals in the United Statistance See Part IV, line 12 Corporations, and individuals outside the United States. See Part IV, line 15 and 16 Barietis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, and control of the compensation of the current of the	1	-	468,616.			
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g Other	f		1.874.		1.874.	
12 Advertising and promotion Ciffice expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, if tine 24e amount exceeds 10% of line 25, column (A) amount, ist line 24e expenses on Schedule 0.) 25 FUNDRATISTING EXPENSES 26 MISCELLANEOUS 27 FUNDRATISTING EXPENSES 28 FORM AND CREDIT CARD CH 39 All other expenses 29 Total functional expenses Add lines 1 through 24e 29 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation. Check here	-		29,340.	17,604.	4,401.	7,335.
13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses 19 Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 19 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (O.) 2	_	F				
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16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 25 FUNDRAISING EXPENSES 26 MISCELLANEOUS 27 STATE ST	14	Information technology				
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Pepreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) FUNDRAISING EXPENSES MISCELLANEOUS BANK AND CREDIT CARD CH d All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Interest 7,564. 4,538. 1,135. 1,891. 7,564. 4,538. 1,135. 1,891. 7,564. 4,996. 1,1891. 1,1	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) FUNDRAISING EXPENSES MISCELLANEOUS BANK AND CREDIT CARD CH All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If fellowing SOP 98-2 (ASC 958-720)	16	Occupancy				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) FUNDRAISING EXPENSES MISCELLANEOUS BANK AND CREDIT CARD CH All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	17	Travel				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDRAISING EXPENSES b MISCELLANEOUS c BANK AND CREDIT CARD CH d e All other expenses 25 Total functional expenses Add lines 1 through 24e 2 2,389,137. 1,813,478. 29,229. 546,430. Check here Interest 7,564. 4,538. 1,135. 1,891. 7,564. 4,996. 3,135. 1,891. 7,564. 4,996. 4,996. 531,986. 531,	18	·				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDRAISING EXPENSES b MISCELLANEOUS c BANK AND CREDIT CARD CH d All other expenses 25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here (Interval to a fill of the control of t	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization	20	Interest				
Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDRAISING EXPENSES b MISCELLANEOUS c BANK AND CREDIT CARD CH d e All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	21	Payments to affiliates				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDRAISING EXPENSES b MISCELLANEOUS c BANK AND CREDIT CARD CH d All other expenses 25 Total functional expenses Add lines 1 through 24e 2 Jass 1, 1813, 478. 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization		4,538.		1,891.
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a FUNDRAISING EXPENSES 531,986. MISCELLANEOUS 23,550. 15,199. 3,133. 5,218. c BANK AND CREDIT CARD CH 4 Is other expenses Total functional expenses Add lines 1 through 24e 2,389,137. 25 Total functional expenses Add lines 1 through 24e 2,389,137. 1,813,478. 29,229. 546,430. Check here Lating in following SOP 98-2 (ASC 958-720)	23		4,996.		4,996.	
b MISCELLANEOUS c BANK AND CREDIT CARD CH d e All other expenses 25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
c BANK AND CREDIT CARD CH d	а					531,986.
d e All other expenses 25 Total functional expenses Add lines 1 through 24e 2 , 389 , 137 . 1 , 813 , 478 . 29 , 229 . 546 , 430 . 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in if following SOP 98-2 (ASC 958-720)	b			15,199.		<u>5,218.</u>
e All other expenses 25 Total functional expenses Add lines 1 through 24e 2 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in the following SOP 98-2 (ASC 958-720)	С	BANK AND CREDIT CARD CH	13,690.		13,690.	
Total functional expenses Add lines 1 through 24e 2,389,137. 1,813,478. 29,229. 546,430. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in if following SOP 98-2 (ASC 958-720)	е		0 200 125	1 013 450	20, 222	FAC 430
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in the following SOP 98-2 (ASC 958-720)			2,389,137.	1,813,4/8.	29,229.	546,430.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26					
Check here if following SOP 98-2 (ASC 958-720)		•				
						Form 990 (2011)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	526,220.	1	264,258.
	2	Savings and temporary cash investments	945,213.	2	660,421.
	3	Pledges and grants receivable, net	794,232.	3	1,604,412.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	"	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		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 organizations (see instructions)		6	
ş	,	Notes and loans receivable, net		7	
Assets	7	Inventories for sale or use	320,388.	8	324,402.
⋖	8	Prepaid expenses and deferred charges	4,002.	9	181,510.
	1 -	Land, buildings, and equipment, cost or other	<u> </u>	Э_	101,310.
	loa	basis Complete Part VI of Schedule D 10a 36,142.			
	L		0.	10c	28 579
		,	740,110.	11	28,579. 1,193,978.
	11	Investments - publicly traded securities Investments - other securities See Part IV, line 11	740,110.	12	1,133,370.
	12	· · · · · · · · · · · · · · · · · · ·		13	
	13	Investments - program-related See Part IV, line 11 Intangible assets		14	·
	14	Other assets See Part IV, line 11	5,909.	15	6 606
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)	3,336,074.	16	6,606. 4,264,166.
	17	Accounts payable and accrued expenses	3,330,074.	17	4,204,100.
	18	Grants payable		18	30,000.
	19	Deferred revenue		19	30,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21	-
pil	22	highest compensated employees, and disqualified persons. Complete Part II			
Lia		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	30,000.
	20	Organizations that follow SFAS 117, check here			
S		lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	3,176,353.	27	3,962,224.
alar	28	Temporarily restricted net assets	159,721.	28	271,942.
J B	29	Permanently restricted net assets		29	
ŭ		Organizations that do not follow SFAS 117, check here			
гF		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
Ne	32	Total net assets or fund balances	3,336,074.	33	4,234,166.
	33	F	3,336,074.	34	4,264,166.
	34	Total liabilities and net assets/fund balances	3,330,074.	J4	4,404,100.

F <u>or</u> n	1 990 (2011) HERBALIFE FAMILY FOUNDATION	<u>51</u> -	0523	266	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,29	0,6	<u>61.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 38	<u>9,1</u>	<u>37.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		90	<u>1,5</u>	<u>24.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,33	6,0	74.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	<u>3,4</u>	<u>32.</u>
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4	,23	<u>4,1</u>	<u>66.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	irt			
	or guidite, explain why in Schedule O and describe any steps taken to undergo such audite			2h		

Form **990** (2011)

132012 01-23-12

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of t	he organizat	ion			<u>,</u>			E	mployer id	dentificati	ion nu	mber
			FE FAMILY FO						51	-0523	266	<u> </u>
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See ins	tructions.				
The organi	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🗔	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical re-	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital	l's nan	ne,
	city, and stat											
5	An organizat	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental un	it describe	d in		
	section 170	(b)(1)(A)(ıv). (Compl	ete Part II)									
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	d ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	ublic desc	ribed	ın
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ip fees, and	d gross red	ceipts	from
	activities rela	ted to its exempt ful	nctions - subject to certa	ain excepti	ons, and (a	2) no more	than 33 1	1/3% of its	s support f	rom gross	ınvest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon af	fter June 3	30, 197	7 5.
		509(a)(2). (Complete										
	•		perated exclusively to te	-	•			•				
11 📖	-	-	perated exclusively for the									or
		-	itions described in secti				2) See seo	ction 509((a)(3). Chec	ck the box	that	
			organization and compl							-		
	a Type		• •	Тур		•	•			Type III - (_
e	-		t the organization is not		-							n
		J	han one or more publicly		_				9(a)(1) or se	ection 509	y(a)(2).	
f	ū		ten determination from	me ins ma	atitisa ty	ре і, туре	ii, or Type) III				_
	· · · · ·	rganization, check th		au artt ar a		from any	of the fell		20202			<u> </u>
g	_		rganization accepted ar irectly controls, either al			-					Yes	No
	• •		upported organization?	one or tog	CUICI WILII	persons c	rescribed	iii (ii) ai iu i	(iii) DelOw,	11g(i)	165	No
	•		described in (i) above?	,					11g(iı)			
			person described in (i)		- ?					11g(iii)		
		-	about the supported or							<u> </u>		
"	1 TOVIGO INO I	ollowing intornation	about the supported of	garnzanorn	(3)							
(:) Nama	of augnorted	(::) EIN	(ıii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) l	s the	(vii) Am	ount o	
	of supported nization	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	(i) organizati	on in col.		port	'
Oi gu	meaton		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S		oup	po	
			(see instructions))	Yes	No	Yes	No	Yes	No			
										-		
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				<u> </u>								
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							i	t				

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

Schedule A (Form 990 or 990-EZ) 2011

(Form 990 or 990-EZ) 2011 HERBALIFE FAMILY FOUNDATION 51-0523266 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	594,059.	2,515,898.	1,422,643.	2,283,120.	3,276,749.	10,092,469.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	594,059.	2,515,898.	1,422,643.	2,283,120.	3,276,749.	10,092,469.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					i	133,817.
6	Public support. Subtract line 5 from line 4						9,958,652,
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	594,059.	2,515,898.	1,422,643.	2,283,120.	3,276,749.	10,092,469.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					•	
	and income from similar sources	43,865.	31,912.	11,121.	22,934.	13,912.	123,744.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	9,016.					9,016.
11	Total support. Add lines 7 through 10						10,225,229.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	k year as a section	n 501(c)(3)	
	organization, check this box and stop	here					▶ □
Sec	ction C. Computation of Publi	c Support Per	centage	····- <u></u>	<u>.</u>		
14	Public support percentage for 2011 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	97.39 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	95.06 %
16a	33 1/3% support test - 2011. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$
b	33 1/3% support test - 2010. If the o	rganization did not	t check a box on lir	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test	- 2011. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Par	t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2010. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test	The organization qi	ualifies as a public	ly supported orga	ınızatıon	
18	Private foundation. If the organization						<u> </u>
						dule A (Form 900	

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

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

Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 // 17 // 18 // 18 // 19 /	Se	ction A. Public Support	siow, picase com	piete rait ir)		-		
1 Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services per formed, 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 level for the organization's benefit and either past to or expended on its behalf corrections are serviced from the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge for Total. Act flies 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge for Total. Act flies 1 through 5 6 Total. Act flies 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from discussified persons 1 to the services of the organization without charge in the organization without charge in the organization without charge in the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization without the organization organization without the organization organization without the organization organization without the organization organization organization. Section B. Total Support Glared yave of ficial value deplication organization organization organization organization. John Charles and the organization organization organization organization organization organization. John Charles and the organization organization organization organization organization organization. John Charles and the o	Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization stave-exempt purpose 3. Gross recepts from activities that are not an unrelated trade of business under section 513. 4. Tax revenues leved 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 change. 6. Total. Add lines 1 through 5. 5. A Amounts included on lines 1, 2, and 3. received from disqualified persons. 5. The value of services or facilities furnished by a governmental unit to the organization without change. 6. Total. Add lines 1 through 5. 6. Add lines 7 and 7 b. 8. Public support sizestative persons in the service of the services or the services of		Gifts, grants, contributions, and membership fees received (Do not						
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	_	·			on line 14, and line	e 15 is more than		
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	.Ja		_					▶□
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h		-					and
 -		* *						
	20							▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	HERBALIFE FAMILY F		51-0523266
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
Ŭ	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deriver devices, or ser any enter purpose con	Yes No
Pa		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		11, 1110
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space	1 reservation of a certifice	Thistoric structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
2	day of the tax year	ned conservation contribution in the form of a	conservation casement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
a h	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ر م	Number of conservation easements included in (c) acquired	• •	20
u	listed in the National Register	arter of 17700, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the ord	<u> </u>
J	year	icasoa, extinguished, or terrimated by the org	ganzation daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
Ŭ	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		. — —
7	Amount of expenses incurred in monitoring, inspecting, and	-	· : ————
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial da	
~	the following amounts required to be reported under SFAS 1	-	, p. 2 1.00
_	Revenues included in Form 990, Part VIII, line 1	To y 100 oody rolating to those items	▶ \$
a	Assets included in Form 990, Part X		► \$ ► \$
D	Assets included in Form 350, Fall A		Ψ

	***	FE FAMILY						5 Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply)							
а	Public exhibition	d	I Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIV	
5	During the year, did the organization solicit o	•	· ·	•				
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	rt IV Escrow and Custodial Arran				o Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		•					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?		,				Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table					
_		•	3				Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e		_	
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?	·			Yes	□ No
b	If "Yes," explain the arrangement in Part XIV							
Pai		f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	1,151,420.	735,765.	1,000,000.				
b	Contributions	308,380.	405,082.	-267,099	1.0	000,000.		
С	Net investment earnings, gains, and losses	9 123.	14.096.	3,347.		,		
d	Grants or scholarships		·					
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	1,874.	3,523.	483.				
g	End of year balance	1,467,049.	1,151,420.	735,765.	1,0	000,000.		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zatıon		
	by						\	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4_	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10					
	Description of property	(a) Cost or o	\ ·- /		Accumulat	I	(d) Book	value
		basis (investr	nent) basis ((other) de	epreciation	<u>- </u>		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other			6,142.	<u>7,5</u>	63.		<u>,579.</u>
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c))			28	579.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

132053 01-23-12

	edule D (Form 990) 2011 HERBALIFE FAMILY FOUNDATION		<u>51-</u>	<u>0523266 р</u>	age 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		3,290,6	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,389,1	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		901,5	
4	Net unrealized gains (losses) on investments	4		-3,4	<u>32.</u>
5	Donated services and use of facilities	5			
6	Investment expenses	6		<u> </u>	
7	Prior period adjustments	7			
8	Other (Describe in Part XIV.)	8			
9	Total adjustments (net). Add lines 4 through 8	9		<u>-3,4</u>	<u>32.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		898,0	92.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Re	venue per P	leturn		
1	Total revenue, gains, and other support per audited financial statements		1_1_	3,642,7	<u> 10.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments 2a	<u>-3,432.</u>			
þ	Donated services and use of facilities 2b	<u>357,355.</u>			
С	Recoveries of prior year grants 2c		1		
d	Other (Describe in Part XIV.)]		
е	Add lines 2a through 2d		2e	353,9	<u>23.</u>
3	Subtract line 2e from line 1		3	3,288,7	87.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	1,874.			
h	Other (Describe in Part XIV)		1		
	Add lines 4a and 4b		4c	1,8	74.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,290,6	61
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Ex	nenses ner			<u> </u>
	Total expenses and losses per audited financial statements	theriese ber	1	2,744,6	1 Q
1	·		- ' -	4,144,0	10.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	257 255			
а		<u>357,355.</u>	1		
b	Prior year adjustments 2b		-		
С	Other losses 2c		-		
d	Other (Describe in Part XIV)	-	-	255 21	
е	Add lines 2a through 2d		2e	357,3	
3	Subtract line 2e from line 1		3	2,387,2	<u>63.</u>
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	1,874.	1		
b	Other (Describe in Part XIV)				
С	Add lines 4a and 4b		4c	1,8	<u>74.</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		_5	<u>2,389,1</u>	<u>37.</u>
Par	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1	b and 2	2b; Part V, line 4, F	Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to	provide any ad-	ditional	information	
PAF	RT V, LINE 4: DISTRIBUTIONS TO FUND CASA HERBALIFE	PROGRAM	IS W	ILL BE	
COL	ISIDERED ONCE ENDOWMENT ASSETS REACH \$3,000,000.				
PAF	RT X, LINE 2: UNDER FASB ASC TOPIC 740, INCOME TAX	ES. AN			
	11 11 11 11 11 11 11 11 11 11 11 11 11				
ORG	SANIZATION MUST ALSO EVALUATE ITS TAX POSITIONS AN	D PROVID	E F	OR A	
LIA	ABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSID	ERED 'MC	RE 1	LIKELY THA	<u>AN</u>
NOI	r' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION.	MANAGE	MEN'	T HAS	
<u>EV</u>	ALUATED ITS TAX POSITIONS USING THE GUIDANCE OF FA	SB ASC T		<u> </u>	
			Sched	ule D (Form 990)	2011

Schedule D (Form 990) 2011 HERBALIFE FAMILY FOUNDATION Part XIV Supplemental Information (continued)	51-0523266 Page 5
Supplemental Information (continued)	
CONTINGENCIES, AND HAS CONCLUDED THAT A PROVISION FOR A TAX	LIABILITY IS
NOT NECESSARY AT DECEMBER 31, 2011.	
NOT THE BOOK THE BOOK OF BUILDING	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization					Employer identif	ication number
HERBALIFE FAMIL	Y FOINDA	TTON			51-052326	56
			tside the United States. Comp	lete if the organ		
to Form 990, Par						
		n maintain recor	ds to substantiate the amount of its gi	rants and other	assistance,	
_	=		the selection criteria used to award th			Yes No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of r	ts grants and o	ther assistance out	side the
3 Activities per Region (T	he following Part	1.—	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro-	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			GRANT TO RECIPIENT			
CENTRAL AMERICA AND			CHARITABLE ORGANIZATIONS IN	PRGANIZATIO	N BRINGS GOOD	
THE CARIBBEAN	0	0	REGION.	NUTRITION T	O CHILDREN.	15,000.
			GRANT TO RECIPIENT			
EAST ASIA AND THE			CHARITABLE ORGANIZATIONS IN	ŀ	ON BRINGS GOOD	
PACIFIC	0	. 0	REGION.	NUTRITION 1	O CHILDREN.	224,843.
EUROPE (INCLUDING			GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN	1	ON BRINGS GOOD	077 507
ICELAND & GREENLAND)	0	U	REGION.	NUTRITION 1	O CHILDREN.	277,587.
MIDDLE EAST AND	0	0	GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN REGION.	1	ON BRINGS GOOD	25,427.
NORTH AMERICA	0	0	GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN REGION.	1	ON BRINGS GOOD	279,211,
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN REGION.		ON BRINGS GOOD	11,669.
INDEPENDENT STATES			REGION.	NOTATITON I	O CHIEDREN.	11,005.
SOUTH AMERICA	0	0	GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN REGION.		ON BRINGS GOOD	356,498.
			GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN	1	ON BRINGS GOOD	
SOUTH ASIA	0	0	REGION.	NUTRITION T	O CHILDREN.	52,286.
3 a Sub-total	0	00				1,242,521.
h Total from continuation	ł .		i	l .		I

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

Schedule F (Form 990) 2011

65 000

1 307 521.

sheets to Part I

c Totals (add lines 3a

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

HERBALIFE FAMILY FOUNDATION

Schedule F (Form 990) 2011

Part II

Page 2

EUROPE (INCLUDING ICELAND & PROVIDE PROPER SUB-SAHARAN PROVIDE PROPER BURDE (INCLUDING ICELAND & PROVIDE PROPER GREENLAND) NUTRITION TO CHILDREN NORTH AMERICA NUTRITION TO CHILDREN MEXICO) NUTRITION TO CHILDREN SOUTH AMERICA NUTRITION TO CHILDREN SOUTH AMERICA NUTRITION TO CHILDREN SOUTH AMERICA NUTRITION TO CHILDREN FROVIDE PROPER SOUTH AMERICA NUTRITION TO CHILDREN PROVIDE PROPER PROVIDE PROPER SOUTH AMERICA NUTRITION TO CHILDREN SOUTH AMERICA NUTRITION TO CHILDREN	(d) Purpose of (e) Amount grant	nt (f) Manner of ant cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	30	,593,WIRE	0		
	яяд				
	O CHILDREN 50 000.)00,WIRE	0		
	999				
	O CHILDREN 24,048,	148,WIRE	0		
	PER				
	90	658,WIRE	0		
	PER				
	HILDREN 55	500,WIRE	0		
	•		•		
	77	808,WIKE	0		
	RER				-
	45,	243,WIRE	0		
		_			
PROVIDE PROPER		אוא פריי	c		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2011

Schedule F (Form 990) Part II Continuation o	HERBA Grants and Other	HERBALIFE FAMILY and Other Assistance to Organiza	(Form 990) HERBALIFE FAMILY FOUNDATION 51-0523266 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II line 1)	United States	51-0523266 (Schedule F (Form 990), Part 1	23266 90) Part II line 1)		Page 2
<u>e</u>	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	32,000.WIRE	WIRE	0		
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	40,658,	WIRE	0		
		EAST ASIA AND THE PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN	17,513,	WIRE	0		
		RUSSIA & THE NEWLY INDEPENDENT STATES	PROVIDE PROPER NUTRITION TO CHILDREN	2,602,	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	13,000.	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	20 142.	WIRE	0		
		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	.000	WIRE	0		
		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	46,000.	WIRE	0		
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	659	659 WIRE	0		

Schedule F (Form 990) Part II Continuation of	HERBA	HERBALIFE FAMILY FOUNDATION of Other Assistance to Organizations or Entities Or	(Form 990) HERBALIFE FAMILY FOUNDATION Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States	United States	S1-0523266 (Schadule F (Form 990) Part II Inna 1)	23266		Page 2
<u> </u>	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOITH AMERICA	PROVIDE PROPER	000 PC	Ε	C		
		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	30 000 WIRE	'IRE	0		
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	3,888,	WIRE	•0		
		RUSSIA & THE NEWLY INDEPENDENT STATES	PROVIDE PROPER NUTRITION TO CHILDREN	738.	WIRE	0		
		EAST ASIA AND THE PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN		WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	PROVIDE PROPER NUTRITION TO CHILDREN	25,427,1	WIRE	0		
		EAST ASIA AND THE PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN	19,361,	WIRE	0		
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	2 030 WIRE	#IRE	0		

Schedule F (Form 990) Part II Continuation o	HERBALIFE of Grants and Other Assistan	LIFE FAMILY Assistance to Organiza	(Form 990) HERBALIFE FAMILY FOUNDATION Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.		51-0523266 (Schedule F (Form 990), Part II, line 1)	23266 90), Part II, line 1)		Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant		(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PROVIDE PROPER	PROVIDE PROPER					
		PACIFIC	NUTRITION TO CHILDREN	76,101,	WIRE	0		
		NORTH AMERICA CANADA AND	PROVIDE PROPER					
		MEXICO)	NUTRITION TO CHILDREN	50,659,	WIRE	0		
			PROVIDE PROPER			,		
		SOUTH AMERICA	NUTRITION TO CHILDREN	91,331.	WIRE	0		
		NORTH AMERICA (CANADA AND	COPE	C U	[C		
		MEALCO)	NUTRITION TO CHILDREN	80,029	WIKE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	23 356	W.I.R.E.	o		
		EAST ASIA AND THE PROVIDE PROPER PACIFIC NUTRITION TO C	PROVIDE PROPER NUTRITION TO CHILDREN	8 500	WIRE	0		
		ONIGHT TORY (adoque						
		EURUFE (INCLUDING ICELAND &	PROVIDE PROPER					
		GREENLAND)	NUTRITION TO CHILDREN	20,000	WIRE	0		
		NORTH AMERICA						
		(CANADA AND	PROVIDE PROPER	10 000	WTRE	C		
:		EAST ASIA AND THE PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN	17 513 WIRE	VIRE .	0		

Schedule F (Form 990) Part II Continuation o	HERBALIFE of Grants and Other Assistan	LIFE FAMILY Assistance to Organiza	(Form 990) HERBALIFE FAMILY FOUNDATION 51-0523266 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, Inc 1)	United States.	51-0523266 Schedule F (Form 990), Part I	23266 90), Part II, line 1)		Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROVIDE PROPER NUTRITION TO CHILDREN	15,000.	WIRE	0	,	
		SOUTH ASIA	PROVIDE PROPER NUTRITION TO CHILDREN	34,286,	WIRE	0		
		RUSSIA & THE NEWLY INDEPENDENT STATES	PROVIDE PROPER NUTRITION TO CHILDREN	741.	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	64,155,	WIRE	0		
	:	EAST ASIA AND THE PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN	15,000,1	WIRE	0		
		SIA	PROVIDE PROPER NUTRITION TO CHILDREN	18,000	WIRE	0		
		EAST ASIA AND THE PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN	1,014,	WIRE	0		
		RUSSIA & THE NEWLY INDEPENDENT PROVIDE PROPER STATES NUTRITION TO C	PROVIDE PROPER NUTRITION TO CHILDREN	741	WIRE	0		
		EAST ASIA AND THE PROVIDE PROPER PACIFIC NUTRITION TO CI	PROVIDE PROPER NUTRITION TO CHILDREN	30,182,WIRE	IRE	0		

Page 2	(i) Method of valuation (book, FMV, appraisal, other)							
	(h) Description of non-cash value assistance							
23266 30) Part II line 1)	(g) Amount of non-cash assistance	0	0	0	0			
51-0523266 Schedule F (Form 990), Part I	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE			
United States. (8	(e) Amount of cash grant	6,847.N	35,293,W	M, 000.21	24,659,W			
(Form 990) HERBALIFE FAMILY FOUNDATION 51-0523266 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II line 1)	(d) Purpose of grant	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN			
HERBALIFE FAMILY Ind Other Assistance to Organizat	(c) Region	RUSSIA & THE NEWLY INDEPENDENT E STATES	EUROPE (INCLUDING ICELAND & GREENLAND)	ERICA RIBBEAN				
HERBAI Grants and Other	(b) IRS code section and EIN (if applicable)	<u>в 2 0</u> 1	<u> </u>	<u> </u>	н н			;
Schedule F (Form 990) Part II Continuation of	စ္			_				

Page 3

51-0523266

HERBALIFE FAMILY FOUNDATION

Schedule F (Form 990) 2011

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

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

Schedule F (Form 990) 2011

ched	ule F (Form 990) 2011 HERBALIFE FAMILY FOUNDATION	51-0523266	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

132074 01-23-12

Schedule F (Form 990) 2011 HERBALIFE FAMILY FOUNDATION	<u>51-0523266</u>	Page 5
Part V Supplemental Information		_
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part	I, line 3, column (f) (accounting	method,
amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (II, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any addition	nal information	
COMPONED DARM I LINE O. DEDIODIO MIGIMO MO COANMER	ODGANTEAUTONG	3 C
SCHEDULE F, PART I, LINE 2: PERIODIC VISITS TO GRANTEE	ORGANIZATIONS,	AS
WELL AS WRITTEN REPORTS OF SERVICES PROVIDED BY GRANTER	ORGANIZATIONS.	
MILLI NO WATER AND ONLY OF BURNINGS INCOMES BY CHARTELE	. 0110111111111111111111111111111111111	
SCHEDULE F, PART I, LINE 3: WRITTEN REPORTS OF SERVICES	PROVIDED BY	
COLUMN CO		m
GRANTEE ORGANIZATIONS, INCLUDING NARRATIVE AND ACTUAL E	EXPENSE STATEMEN	<u>T'</u>
OF MONIES SPENT.		
OI MONIED DIENI.		
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2011 Open to Public

Inspection

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

Schedule I (Form 990) (2011) **2** ∏ . თ **Employer identification number** 51-0523266 PROVIDE PROPER NUTRITION CHILE EARTHQUAKE RELIEF, (h) Purpose of grant JAPAN EARTHQUAKE AND AUSTRALIA BRUSH FIRE PHILIPPINES DISASTER or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any TO CHILDREN, RAZIL FIRE SUNAMI RELIEF recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 5,000, (d) Amount of 777 5,000 10,000 71,156 62,307 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 53-0196605 53-0196605 53-0196605 53-0196605 53-0196605 95-4427291 HERBALIFE FAMILY Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2830 SOUTH CENTRAL AVENUE WASHINGTON, DC 200065009 WASHINGTON, DC 200065009 WASHINGTON, DC 200065009 WASHINGTON, DC 200065009 WASHINGTON, DC 200065009 or government LOS ANGELES, CA 90011 A PLACE CALLED HOME Name of the organization AMERICAN RED CROSS AMERICAN RED CROSS AMERICAN RED CROSS AMERICAN RED CROSS AMERICAN RED CROSS 2025 E STREET NW 2025 E STREET NW 2025 E STREET NW 2025 E STREET NW 2025 E STREET NW Part 8

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Schedule I (Form 990) HERBALIFE FAMILY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	FAMILY FOUNDATI Assistance to Governments an	OUNDATION	nizations in the U	nited States (Sche	dule I (Form 990), Pa		51-0523266 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 200065009	53-0196605	501(c)(3)	16,500.	0			SOUTHERN US TORNADO RELIEF
ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA, GA 30308	58-1675299	501(C)(3)	27,625.	0			PROVIDE PROPER NUTRITION TO CHILDREN,
CASA DE ESPERANZA DE LOS NINOS 2911 CORDER STREET HOUSTON, TX 77054	76-0105306	501(c)(3)	22,625,	0			PROVIDE PROPER NUTRITION TO CHILDREN,
CITY HOUSE INC. 902 EAST 16TH STREET PLANO, TX 75074	75-2213291	501(c)(3)	46,444,	0			PROVIDE PROPER NUTRITION TO CHILDREN,
ERIE NEIGHBORHOOD HOUSE 1347 W ERIE STREET CHICAGO, IL 60642	36-3043253	501(¢)(3)	37,625,	0			PROVIDE PROPER NUTRITION TO CHILDREN,
KOINONIA FOSTER HOMES INC 3725 TAYLOR ROAD LOOMIS, CA 95650	94-2792265	501(C)(3)	27,625,	0			PROVIDE PROPER NUTRITION TO CHILDREN,
SAVE THE CHILDREN 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(c)(3)	62,307.	0			JAPAN EARTHQUAKE AND TSUNAMI
WAYNE BARTON STUDY CENTER 269 NORTHEAST 14TH STREET BOCA RATON, FL 33432	65-0315990	501(c)(3)	52,625.	0			PROVIDE PROPER NUTRITION TO CHILDREN,
							Schedule I (Form 990)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: PERIODIC VISITS TO GRANTEE ORGANIZATIONS, AS WELL AS WRITTEN REPORTS OF SERVICES PROVIDED BY GRANTEE ORGANIZATIONS. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Page 2

51-0523266

HERBALIFE FAMILY FOUNDATION

Schedule | (Form 990) (2011)

Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

internal Revenue Service Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

HERBALIFE FAMILY FOUNDATION Part I Questions Regarding Compensation

Employer identification number 51-0523266

டு	art i Questions negarding compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III		ĺ	
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	İ		:
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the revenues of		İ	
а	The organization?	5a		X
	Any related organization?	5b		<u>x</u>
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Regulations section 53 4958-6(c)?	9	l	

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(O)	<u>(a)</u>	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	neurement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(3)	0	0	0	0	0	0	0
1 ROBYN M. BROWNING	: <u>(</u>	153,00	30,80		4,93	12,168.	200,907.	0
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2	(E)							
	8							
8	(II)							
	<u> </u>							
4	(ii)	1						
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9	(ii)							
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6	(1)							
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11	(ii)							
	<u>e</u>							
12	<u> </u>	1						
	Ξ							
13	(E)							
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14	(ii)							
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15	⊞	1						
	<u>e</u>							
16	<u>III</u>							

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization 51-0523266 HERBALIFE FAMILY FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CORPORATIONS WHO BRING GOOD NUTRITION TO CHILDREN. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY OUR OUTSIDE FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL AUDITOR. STATEMENTS AND A DRAFT OF FORM 990, THE OUTSIDE AUDITOR MEETS WITH THE FULL BOARD OF DIRECTORS TO REVIEW THE FINANICAL STATEMENTS AND FORM 990 TO ASSURE THAT ALL REPRESENTATIONS AND ANSWERS TO ISSUES, COMMENTS AND QUESTIONS ARE ACCURATE. FORM 990, PART VI, SECTION B, LINE 12C: PRIOR TO THE APPROVAL OF ANY TRANSACTION INVOLVING OUTSIDERS, THE CONFLICT OF INTEREST LISTING OF INTERESTS IS CONSULTED AND ANY CONFLICTING BOARD MEMBER ABSTAINS FROM VOTING ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A: HERBALIFE, LTD.'S HUMAN RESOURCES DEPARTMENT SETS COMPENSATION FOR THE EXECUTIVE DIRECTOR (ED) OF THE THE DEPARTMENT PERFORMS AN ANNUAL REVIEW OF THE PERFORMANCE OF FOUNDATION. THE DEPARTMENT ALSO GATHERS INPUT FOR SETTING THE ED'S COMPENSATION FROM LOCAL NONPROFIT COMPENSATION SURVEYS, FROM FORM 990S OF SIMILAR ORGANIZATIONS IN THEIR SERVICE AREA, AND FROM COMPENSATION INFORMATION RECEIVED FROM MEMBER INDUSTRY ASSOCIATIONS. THE DELIBERATION

AND DECISION REGARDING THE ED'S COMPENSATION IS CONTEMPORANEOUSLY

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization HERBALIFE FAMILY FOUNDATION	Employer identification number 51-0523266
DOCUMENTED IN THE FILES OF THE DEPARTMENT. THERE ARE NO	OTHER KEY
EMPLOYEES OTHER THAN THE ED.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINAN	
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-3,432.
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIG	HT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS ABD SELECTION OF ITS IN AUDITORS. THIS PROCESS IS UNCHANGED IN 2011 FROM 2010.	DEPENDENT

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2011	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 51-0523266Related Organizations and Unrelated Partnerships

Complete of the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. HERBALIFE FAMILY FOUNDATION Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
			:			
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	tions (Complete if the organization ai	nswered "Yes" to Form 990,	Part IV, line 34 be	cause it had one o	more related tax-exen	ηρt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Schedule R (Form 990) 2011

HERBALIFE FAMILY FOUNDATION Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

51-0523266

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable as poration or trust during	s a Corpc	ration or Trust (Cor	mplete if the	organizatio	n answered "Yes"	to Form 990, Par	t IV, line 34	because it had	one or mo	re related
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity		(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	<u> </u>	(g) Share of end-of-year assets	(h) Percentage ownership
HERBALIFE, LTD, - 95-3954565 UGLAND HOUSE, SOUTH CHURCH STREET GRAND CAYMAN, CAYMAN ISLANDS	SET		SALE OF HEALTHY NUTRITIONAL PRODUCTS		CAYMAN PU	PUBLICLY TRADED	C CORP				
				,							1
132162 01-23-12				44					Schedu	le R (Forr	Schedule R (Form 990) 2011

Page 3

Schedule R (Form 990) 2011 HERBALIFE FAMILY FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Schedule R (Form 99		45	132163 01-23-12
			(9)
			(5)
		į	(4)
	258,213.	Z	(3) HERBALIFE
	99,142.	M	(2) HERBALIFE
	0	1	(1) HERBALIFE
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
ionships and transaction thresholds	his line, including covered rela	ho must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
19 1-1		:	 q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s)
10 dt			 Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses
The X		on(s)	 m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s)
		nization(s) nization(s)	
= =			 Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s)
19 4			 g Purchase of assets from related organization(s) h Exchange of assets with related organization(s)
11			f Sale of assets to related organization(s)
9			e Loans or loan guarantees by related organization(s)
10			
41			b Gift, grant, or capital contribution to related organization(s)
19	•		a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
	elated organizations listed in P	s with one or more r	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 HERBALIFE FAMILY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

ا ه ه	1		1	1			l	I
(h) (i) (j) (k) Dispropor- Lonare amount in box 20 allocations? OSchedule K-1 partner? ownership Ves. No. (Form 1065) ves. No.								
Perc								
(J) General or managing partner?	2							
20 Ger	<u> </u>				_			
-UB! box (1065)								
(i) Schedu								
of S								
(h) Ispropor tonate ocations	8							
of /ear								
(g) Share of end-of-year assets								
6, P								
ne ar								
(f) Share of total income	<u> </u>							
(e) Are all Are all Solici(3) orgs Ay								
partne 5011 Yes						····		
(d) Are all Predominant income parties sec (related, unrelated, sortled from tax origs or under section 512-514) yes No								
(d) nant in 1, unrek ed from tion 51				:				
domin lated, cludec								
Prec (re ex ex under								
elgn Bign								1
(c) gal domic ate or fore country)								
(c) Legal domicile (state or foreign country)							1	
(a) (b) (c) (d) Name, address, and EIN Primary activity of entity of entity country) (d) Predominant income (related, unrelated, excluded from tax country) (a) Under section 512-514)								
<u>}</u>					•			
(b) Primary activity								
(b)								
Prim								
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Z								
(a) Name, address, and EIN of entity								
(a) address, a								
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Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

990

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

HER	BALIFE FAMILY FOUN	DATION		FOR	M 990	PZ	AGE 10		51-0523266
Par	t I Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	ted prope	ty, c	omplete Part	V before	'
1 M	laximum amount (see instructions)							1	500,000.
2 To	otal cost of section 179 property plac	ed in service (see	Instructions)				2	<u> </u>
3 TI	hreshold cost of section 179 property	before reduction	ın lımıtatıon					3	2,000,000.
4 R	eduction in limitation Subtract line 3	from line 2 if zero	or less, ent	er -0-				4	
5 Do	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If married fil	ing separately, see	instructions			5	; <u> </u>
6	(a) Description of pi	roperty		(b) Cost (busin	ess use only)		(c) Elected	d cost	
7 Lı	sted property. Enter the amount from	n line 29	_		7				
8 To	otal elected cost of section 179 prope	erty Add amounts	s ın column (c), lines 6 and	7		· –	8	
9 Te	entative deduction Enter the smaller	of line 5 or line 8		-				9	
10 C	arryover of disallowed deduction from	n line 13 of your 2	010 Form 45	62				10)
11 B	usiness income limitation. Enter the s	maller of business	s income (no	t less than zer	o) or line 5	;		11	1
12 S	ection 179 expense deduction Add I	ines 9 and 10, but	do not ente	r more than lir	ne 11			12	2
13 C	arryover of disallowed deduction to 2	012 Add lines 9	and 10, less	line 12	▶ 13	3			
Note:	Do not use Part II or Part III below for	r listed property	Instead, use	Part V			•		
Par	II Special Depreciation Allowa	nce and Other D	epreciation	(Do not include	de listed p	rope	rty)		
14 Sı	pecial depreciation allowance for qua	lified property (otl	ner than liste	d property) pla	aced in se	rvice	during		
th	e tax year						•	14	,
15 Property subject to section 168(f)(1) election									5
16 Other depreciation (including ACRS)									3
Par		t include listed pi	roperty) (See	nstructions.)			•	
				ction A					
17 M	ACRS deductions for assets placed	n service in tax ye	ears beginnir	g before 2011				17	7
	ou are electing to group any assets placed in ser		•	•		ier e			
	Section B - Assets						eral Deprecia	ation Sy	stem
	(a) Classification of property	(b) Month and year placed		r depreciation	(d) Recov	ery	(e) Convention	(f) Metho	d (g) Depreciation deduction
		in service	<u> </u>	instructions)					
<u>19a</u>	3-year property	_		<u>36,142.</u>	3 YR	<u>s.</u>	MQ	SL	7,564.
b	5-year property	_							
С	7-year property								
<u>d</u>	10-year property	_							
<u>e</u>	15-year property	_							
f	20-year property								
g	25-year property				25 yrs	3		S/L	
h	Residential rental property	/			27 5 y	rs	MM	S/L	
		/			27 5 y	rs	MM	S/L	
	Nonresidential real property	/	_		39 yrs	s	MM	S/L	
i		/	<u></u>				MM	S/L	
	Section C - Assets F	Placed in Service	During 201	1 Tax Year Us	sing the A	ltern	ative Depre	ciation S	System
20a	Class life							S/L	
b	12-year				12 yr:	s		S/L	
С	40-year	1			40 yr:	3	MM	S/L	<u> </u>
Part	Summary (See instructions)								
21 L:	sted property Enter amount from line	e 28						2	1
	otal. Add amounts from line 12, lines		es 19 and 20) ın column (g)	, and line	21.			
	nter here and on the appropriate lines							2	7,564.
	or assets shown above and placed in								
	ortion of the basis attributable to sect				23	3	36	,142	·
		" "	senarate in						Form 4562 (2011)

Form 4562 (2011) Part V Listed Propert		BALIFE utomobiles, o						s, and pro	perty u	sed for e			266 creation,	
amusement) Note: For any v	ehicle for wi	hich you are	using the	standaı	rd milea	ge rate o		-	-					
through (c) of S							ınstruc	tions for l	mits foi	passeng	ger autor	nobiles.))	
24a Do you have evidence to si					$\overline{}$	es 🗌		24b If "Y					Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmer use percent	s/	(d) Cost or ther basis	Ba	(e) sis for deprusiness/invituse onl	eciation estment	(f) Recovery period	М	(g) ethod/ evention	Depre	(h) eciation uction	Ele section	(i) cted on 179 ost
25 Special depreciation allo used more than 50% in a	wance for q	ualified listed		y placed	I in serv		· · · · ·	ax year ar	nd .	25				031
26 Property used more than			ness use	:		-				25	<u> </u>			
			%											
			%											
			%											
27 Property used 50% or le	ss in a quali	fied busines:						1	T					
			%						S/L·				1	
			%						S/L·				_	
	/b\	4h	<u>% </u>		- 1 01			l	S/L -	00			1	
28 Add amounts in column (• • •	•				, page i				28	<u>}</u>	29	 	· -
29 Add amounts in column	(I), III I C 20 L		Section			on Hse	of Vet	nicles						
Complete this section for vehicles to you provided vehicles to you those vehicles												ing this s	section fo	or
30 Total business/investment miles driven during the year (do not include commuting miles)31 Total commuting miles driven during the year				a) hicle		(b) hicle	V	(c) 'ehicle		(d) Vehicle		e) nicle	(f) Vehicle	
							<u> </u>		<u> </u>					
	-	-					1							
32 Total other personal (non driven	icommuting,	miles												
33 Total miles driven during	the vear			<u> </u>			 	.			 			
Add lines 30 through 32	ino year.													
34 Was the vehicle available	for persona	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	·													
35 Was the vehicle used pri	marily by a r	more												
than 5% owner or related	d person?								<u> </u>					
36 Is another vehicle availab	le for perso	nal												
	Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their	Employe	ees			
Answer these questions to de owners or related persons	etermine if y	ou meet an	exception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not m	ore than	5%
37 Do you maintain a writter employees?	n policy state	ement that p	rohibits a	all perso	nal use	of vehicl	es, inc	luding cor	nmutinç	g, by you	r		Yes	No
38 Do you maintain a writter	-									your				
employees? See the insti			-		fficers, o	directors	, or 1%	or more	owners				ļ	-
39 Do you treat all use of vel	-													
40 Do you provide more than		-			ınforma	tion from	ı your e	employee	s about				ļ	
the use of the vehicles, a							_							
41 Do you meet the requiren		• .											-	<u> </u>
Note: If your answer to 3	7, 38, 39, 40), <u>01 41 IS "Y</u>	es, ao na	ot comp	iete Sec	tion B to	or the c	coverea ve	enicies					
(a)			(b)		(c)			(d)		(e)			(f)	
Description of c	costs	Dat	e amortization begins		Amortiza amoun			Code section		Amortiza period or per	ntion	Ar fo	mortization or this year	
42 Amortization of costs tha	t begins dur	ring your 201	•	ar					<u> </u>					
									_					-
43 Amortization of costs tha	t began bef	ore your 201	1 tax yea	ar							43			
44 Total. Add amounts in co	olumn (f) Se	e the instruc	tions for	where to	o report						44			

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X			
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II (on page 2 of	this form)					
Do no	ot complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sty filed Fo	orm 8868.				
Electi	ronic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6 months for a corp	oration			
requir	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	8868 to request an e	xtension			
of time	e to file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for	Fransfers	Associated With Ce	ertain			
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the ele	ctronic filing of this	form,			
visit w	ww.rs.gov/efile and click on e-file for Chanties & Nonprofits	ì							
Par									
A corp	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete					
Part I	,				>	· 📙			
	er corporations (including 1120-C filers), partnerships, REM income tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time	<u> </u>			
Type o	or Name of exempt organization or other filer, see instru	ctions.		Employe	r identification numb	ber (EIN) or			
print	HERBALIFE FAMILY FOUNDATION	V		X	51-052326	56			
File by the		ee instruc	tions.	Social se	ecurity number (SSN				
filing you	800 W. OLYMPIC BOULEVARD. N				,	,			
return S instruction		oreign add	Iress, see instructions.						
LOS ANGELES, CA 90015									
Enter t	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Application Return Application									
Application Return Application Is For Code Is For									
Form 9		02	Form 1041-A			07			
Form 9		01	Form 4720			09			
Form 9		04	Form 5227			10			
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	990-T (trust other than above)	06	Form 8870			12			
)N - 8	800 W. OLYMPIC BOU	LEVAR	D, NO. 406				
• The	books are in the care of ▶ LOS ANGELES, CA								
Tele	phone No. ► 310-410-9600		FAX No. ▶						
• If th	e organization does not have an office or place of business	in the Un	nited States, check this box		_ ▶				
• If th	is is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) h	this is fo	r the whole group, o	heck this			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all_memb	ers the extension is	for.			
1 1	request an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until					
_	AUGUST 15, 2012 , to file the exempt	t organizat	tion return for the organization name	d above.	The extension				
	s for the organization's return for:								
•	▶ X calendar year 2011 or								
•	tax year beginning	, an	d ending		_ ·				
2 1	the tax year entered in line 1 is for less than 12 months, ch	heck reaso	on: Initial return I	inal retur	n				
	Change in accounting period								
	Share and below to four Four COO DI COO DE COO T 4700	6060	atas tha tagtatura to the second		·-				
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, a	nter the tentative tax, less any	0-		0			
_	onrefundable credits. See instructions.	entor en:	rofundable gradite and	3a	\$	0.			
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-		OL.	_ ا	^			
_	stimated tax payments made. Include any prior year overparation of the Sal Include your pay			3b	\$	0.			
	y using EFTPS (Electronic Federal Tax Payment System). S		•	3c	c	0.			
	n. If you are going to make an electronic fund withdrawal w				EO for payment inst				
Vauliu	is it you are going to make an electronic fund withdrawar w		5500, oco i omi o too co and i c	507 5	ioi payinoni ilist	ractions.			