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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

Α	For the	2012 calendar year, or tax year beginning and end	ing						
В	Check if applicable	C Name of organization		D Employer identific	cation number				
Γ	Addre:	HERBALIFE FAMILY FOUNDATION							
F	Name change			51-0523266					
F	Initial return		m/suite	E Telephone numbe					
$\overline{}$	Termir	· •		7	410-9600				
F	Ameno		<u> </u>	G Gross receipts \$	4,082,617.				
	Applic			H(a) Is this a group re					
	pendir			for affiliates? Yes X No					
		800 W. OLYMPIC BLVD. #406, LOS ANGELES, O	CA	H(b) Are all affiliates inc	luded? Yes No				
1	Tax-exe	empt status X 501(c)(3)	527	If "No," attach a	list (see instructions)				
		e: WWW.HERBALIFEFAMILYFOUNDATION.ORG		H(c) Group exemptio	•				
K	Form of	organization: X Corporation Trust Association Other ▶	L Year	of formation: 2004 N	A State of legal domicile: CA				
P	art I	Summary							
6)	1	Briefly describe the organization's mission or most significant activities ENHANC	E TH	E QUALITY O	F				
Governance	1	CHILDREN'S LIVES BY CREATING PROGRAMS AND S	SUPP	ORTING NONP	ROFIT				
rns	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
ত জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7				
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0				
Σ	6	Total number of volunteers (estimate if necessary)		6	0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
Revenue				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		3,276,749.	3,817,993.				
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	13,912.	44,865.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	3,290,661.	3,862,858.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash	1,776,137.	2,627,994.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.				
en	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (Ø), line 15) 1,035,404	-		<u>U •</u>				
Ä	1.0		<u>•</u>	613,000.	1,102,299.				
	17	Other expenses (Part IX, column (A), lines Ta: 11d, 11f 24e)		2,389,137.	3,730,293.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), me 25) Revenue less expenses Subtraction 18 from line 12 2013	-	901,524.	132,565.				
58	1 19	Hevenue less expenses Subtracting 18 from line 12 - 0 0	Po	ginning of Current Year	End of Year				
ets (20	Total assets (Part X, line 16)	De	4,264,166.	5,277,056.				
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	-	30,000.	943,035.				
Net Assets or Find Balances	22	Net assets or fund balances Subtract line 21 from line 20		4,234,166.	4,334,021.				
_	art II	Signature Block	-	4,25±,100¢	4,004,001.				
Und	ler_pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	d statem	ents, and to the best of m	y knowledge and belief, it is				
	200	t, and complete_Declaration of preparer (other than officer) is based on all information of which i			,				
	2	VIII Breen		× 5-15.	- 13				
Sig	ne?	Signature of officer 4		Date					
He	re	ROBYN BROWNING, EXECUTIVE DIRECTOR							
	NON EN	Type or print name and title							
	~	Time Type property Straine		Date Check	PTIN				
Pai	رز ال	JOHN BOVARD MIRON		713/13 If self-employ					
	parer	Firm's name QUIGLEY & MIRON, CPA'S		Firm's EIN	95-4656881				
USE	Only	Firm's address 3550 WILSHIRE BOULE ARD-SUITE 166	U	,	212\ 620 2550				
	LOS ANGELES, CA_96010-2481 Phone no. (213) 639-3550								
	<u>y tne:⊪</u> 001 12-1	S discuss this return with the preparer shown above? (see instructions) 0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Yes No Form 990 (2012)				
232	JUL 12-1	u-iz - Eliza itut Pauel work neuududion adt Noude, see uie separate iiiStructions.			1 01111 000 (2012)				

		<u> </u>	Page Z
Pa	art 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 PROGRAMS	ΔNTO	
	SUPPORTING NONPROFIT CORPORATIONS WHO BRING BETTER NUTRITION	TO	
	CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2			□ □
	the prior Form 990 or 990-EZ?	∟ Yes	X 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?	Ves	X No
•		103	110
	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	by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, a	ınd
	revenue, if any, for each program service reported		
4a			
	DURING 2012, THE FOUNDATION FUNDED PROGRAMS THAT PROVIDED HE	ALTHY	
	NUTRITION AND NUTRITION EDUCATION TO CHILDREN AND FAMILIES I	N NEED.	
	ADDITIONALLY, THE FOUNDATION SUPPORTED CHARITIES THAT ASSIST		
		7D 114	
	DISASTER RELIEF.		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			_
4c	(Code) (Expenses \$)
	Other and an area (December of Cabordada O.)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,660,113.		
			00

232002 12-10-12

Form 990 (2012) HERBALIFE FAMILY FOUNDATION Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	
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			₩.
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
5	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
,	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_ <u>X</u> _
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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, VII, VIII, IX, or X			
	as applicable.			3 3
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		<u>X</u>
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		<u>X</u> _
đ	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		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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,			
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
no-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
		-orm	27271	レロコント

Form 990 (2012) 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	}		l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants 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		<u>X</u>
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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	, !		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	i '		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		l	
	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		l	3,7
	contributions? If "Yes," complete Schedule M	30	 -	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	v
	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			- T
	Schedule N, Part II	_32_		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	<u>X</u> _	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^ -
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26	1	Х
27	If "Yes," complete Schedule R, Part V, line 2	_36_	 	122
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27	1	X _
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X_	
	Mote. Air on 1990 file is are required to complete scriedule of			(2012
		. 5		,,

3a		Check if Schedule O contains a response to any question in this Part V			
be Enter the number of Forms W.2G included in line 1a. Enter C-16 not applicable — Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees exported on Form W.3. Transmittal of Wage and Tax Statements. Ried for the calendary sear ending with or within the year covered by this nature. b If at least one is reported on line 2a, did the organization file all enquired federal employment tax returns? Note. If the sum of lines 1 and 750, you may be required to effect fees enstructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Life of the organization results of the organization in Ashedidur O. 4a. A fairly time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country yeurs as a bank account, securities account, or other financial accounts? 4b. If "Yes," enter the name of the foreign country P. 5c. Sea instructions for filing requestions for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b. If "Yes," enter the name of the foreign country P. 5c. Did any taxable party northly the grapitation in that was or is a party to a prohibited tax sheller transaction? 5b. X. 6c. If Yes, "for the organization has tax deductible as charitable contributions? 6c. July 15 organization and provide the organization that were on the value of the goods or services provided? 6c. July 16 organization and the very solicitation an express statement that such contributions or grits were not tax deductible? 6c. July 16 organization statement organization in the graphical preparation for the value of the goods or services provided? 6c.				Yes	No
Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) wavenings to pize wereners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3 If all least one is reported on line 20, of the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3 Det the organization have unrelated business gross income of \$1,000 or more dump the year? 5 If "Yes," has it filed a Form 9501 for this year? If "No," provide an explanation in Schedule O. 5 If "Yes," has it filed a Form 9501 for this year? If "No," provide an explanation in Schedule O. 5 If "Yes," has it filed a Form 9501 for this year? If "No," provide an explanation in Schedule O. 5 If "Yes," has it filed a Form 9501 for this year? If "No," provide an explanation in Schedule O. 5 If "Yes," the recommendation of the organization in the form 9502 for the organization in the foreign country. 5 Was the organization in a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 3 or 30, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 3 or 30, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 3 or 30, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 3 or 30, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 3 or 30, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 3 or 30, did the organization transition shelt tax shelter transaction? 5 If "Yes," to line organization shelt tax shelter transaction and tax shelter transaction	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			· ·
Gambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W3, Transmitatol Wage and Tax Statements, field for the calondar year ending with or within the year covered by this return 1 If at least one is reported on line 2a, of the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more dump the year? 3 If Yes, 1 has it filed a Form 990-F for this year? If No, 1 provide an explanation in Schedule O 3 If Yes, 2 If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Yes, 2 If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Yes, 3 If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Yes, 3 If Yes, 4 If the sum of lines 1 and	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
heef for the calendar year ending with or within the year covered by this return Stall elast sone is reported on line 22, did the organization file all required federal employment tax returns? Not. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions) And I have unrelated business gross income of \$1,000 or more during the year? A lat any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? A lat any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? A lat any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry (such as a bank account, securities account, or other financial account? B lf 'Yes, "enter the name of the foreign country		(gambling) winnings to prize winners?	1c		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990. The this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990. The this year? If "No," provide an explanation in Schedule O 3b If "Yes," and the firm of the foreign country (such as a bank account, securities account, or other financial account!? 4a Xany time the name of the foreign country: 5b If "Yes," and the foreign country: 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-f? 5b Id any taxible party notify the organization file Form 8886-f? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-f? 6c If "Yes," do the organization mixed with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," do the organization mixed with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c If "Yes," dot the organization notify the donor of the value of the goods or services provided? 6d If "Yes," and the organization notify the donor of the value of the goods or services provided? 6d If "Yes," and chacte the number of Forms 8828 filed during the year 6d If "Yes," and chacte the number of Forms 8828 filed during the year 6d If "Yes," and chacte the number of Forms 88282 filed during the year 7d If If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d If If the organization make any trailed destribution of qualified intellectual property, did the organization in the Form 1098-0? 7d Spensoring organizations maintaining door advised funds. 7d Spensoring organizations maint	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, add the organization have an interest in, or a signature or other authority over, a financial accountly? 4 As a tarry time during the calendar year, add the organization have an interest in, or a signature or other authority over, a financial accountly? 5 Biff "yes," either the name of the foreign country. Implication is a bank account, or other financial accountly? 5 Biff yes," either the name of the foreign country. Implication is a bank account, or other financial accounts? 5 Biff was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Biff was the organization and party to a prohibited tax shelter transaction? 5 Biff was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 Biff was," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions or under section 170(c). 6 Biff was," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Biff was," indicate the number of Forms 8282 filed during the year. 8 Biff was," indicate the number of Forms 8282 filed during the year. 9 Did the organization on lefty the donor of the value of the goods or services provided? 9 Did the organization received a contribution of carbonization. In the part of the organization file forms 8293 are equired? 1 Biff was," indicate the number of Forms 8282 filed during the year. 9 Sponsoring organization are ceived an contribution of carbonization. In the organization file Form 8293 are equired? 1 Biff was," indicate the number of Forms 8282 fil		filed for the calendar year ending with or within the year covered by this return			
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter. a 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) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 13b 13c 13c 14a 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C				,
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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					\mathbf{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							
	If there are material differences in voting rights among members of the governing body, or if the governing	- 1									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.										
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		ş	, ·					
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direct s	upervision								
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	, sy man and the grant and										
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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 ap	point one	e or								
	more members of the governing body?			7a		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholde	ers, or								
	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 fo	llowing:		^¥						
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed at th	ne								
	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 Re	venue Co	ode)			<u></u>					
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, a	ffiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before f	iling the form?	11a	X	 -					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		_	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," desci	nbe	1	,,						
40	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	X						
15	Did the process for determining compensation of the following persons include a review and approval	by indep	pendent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official				x						
	Other officers or key employees of the organization			15a		X					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont with	•		,	20					
.04	taxable entity during the year?	en will	a	160		X					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te part	anation	16a							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		Сірацоп								
	exempt status with respect to such arrangements?	Zations				i					
Sec	tion C. Disclosure			16b							
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)e only	availah							
	for public inspection. Indicate how you made these available. Check all that apply	(20001011	oo i (o)(o)a only)	avallat							
	Own website Another's website Dipon request Other (explain in	n Schod	ule (1)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor		-	nd fina	ncial						
	statements available to the public during the tax year	inict Of II	iterest policy, a	iiu iiiial	ioiai						
20	State the name, physical address, and telephone number of the person who possesses the books and	d records	s of the organiz	ation 🖿	•						
-	THE ORGANIZATION - 310-410-9600	50510	o organiz			-					
	800 W. OLYMPIC BOULEVARD, NO. 406, LOS ANGELES, CA	900	115								
232006				Forn	990	(2012)					

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		orga	nıza			nper	nsat	-		
(A)	(B)			_ (C	C)			(D)	(E)	(F)
Name and Title	Average	(do		Position			one	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss per	rson	is bot	h an	compensation	compensation	amount of
	week		Jer an	O a di	recid	Iritus	lee)	from	from related	other
	(list any	l ect						the	organizations	compensation
	hours for	9	₈			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		, as	ben		(W-2/1099-MISC)		organization and related
	organizations below	ta	lonal		ge	tcon /ee	١			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу еп	Highest compensated employee	Former			Organizations
(1) DESMOND WALSH	5.00									
DIRECTOR		X						0.	0.	0.
(2) BRETT C. CHAPMAN	5.00									•
SECRETARY		X		X				0.	0.	0.
(3) RICHARD P. GOUDIS	5.00]								
TREASURER		X		X	L.			0.	0.	0.
(4) MICHAEL O. JOHNSON	5.00									
CHAIRMAN OF THE BOARD		X		X	<u>L</u> .	<u> </u>	L	0.	_0.	0.
(5) BARBARA B. HENDERSON	10.00]	ļ							
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(6) LEROY T. BARNES	1.00]								
DIRECTOR		X		Ш				0.	0.	0.
(7) DIANE V. NETZEL	1.00]								
DIRECTOR		X		Ш	<u>_</u>			0.	0.	0.
(8) ROBYN M. BROWNING	40.00						Ī			
EXECUTIVE DIRECTOR		<u> </u>		Х	<u> </u>	<u> </u>	ļ	0.	290,664.	15,727
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Part VII Section A. Officers, Directors, Trus	I	ploy	ees			ghe	st C					
` (A)	(B)	1			C)			(D)	(E)		(F)	
, Name and title	1	Average Position (do not check more than one						Reportable	Reportable	I	Estimated	
	hours per week					is bot or/trus		compensation	compensation from related		amount of other	
	(list any	Ē						the	organization	· ·		
	hours for	Individual trustee or director	ł			, E			(W-2/1099-MI		from the	
	related	ee or	stee			n sate		(W-2/1099-MISC)	,	, l	organization	
	organizations	Itas	a tr		oyee	Mg .					and related	
	below	wdua	Institutional trustee	ie.	Key employee	Highest compensated employee	ë				organizations	
	line)	Ē	III	Officer	Key	물등	Ē					
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		L	L			Ļ_			200 6		15 707	
1b Sub-total								0.	<u>290,6</u>		<u> 15,727.</u>	
c Total from continuation sheets to Part V	II, Section A							0.	200 6	0.	0.	
d Total (add lines 1b and 1c)						<u> </u>		0.	290,6		<u> 15,727.</u>	
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wi	no r	eceived more than \$100	,000 of reportab	le	_	
compensation from the organization									·		Yes No	
0 D.III								1		Г		
3 Did the organization list any former officer			е, ке	y er	npio	yee	, or	nignest compensated e	mpioyee on		2	
line 1a? If "Yes," complete Schedule J for s										-	3 X	
4 For any individual listed on line 1a, is the si	•		•					•	tne organization	ŀ	4 X	
and related organizations greater than \$15											4 X	
5 Did any person listed on line 1a receive or	•				-		relat	ed organization or indiv	idual for services	, -	5 X	
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Scheaul	<u>e J 1</u>	or s	ucn	pers	son					5 X	
	mnoncotod :=:	don	.n.d	nt c	ont	ract-	orc 4	that recoved more than	\$100 000 of com	nnonco	tion from	
Complete this table for your five highest countries the organization. Report compensation for										nhensa	SOIT HOIT	
(A)	tile caleridar y	eai	enui	ny v	VILIT	OI W	1	(B)	year	· · · · · ·	(C)	
Name and business	address	N	INC	7			l	Description of s	services	Co	mpensation	
			2141				\dashv				· · · · · · · · · · · · · · · · · · ·	
									_			
							- 1			i		
									· · ·			
										1		
												
										1		
2 Total number of independent contractors (ıncludina but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ						0		- · · · · · · · · · · · · · · · · · · ·	- · ·		*	
							_				000	

		Check if Schedule O conta	ains a response	to any question	in this Part VIII			
	•			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
ا ق		Fundraising events	1c					
ar A		Related organizations	1d					,
연필					1		1	
Sig		All other contributions, gifts, grant			*		> .	3 5. '
들힐	f	similar amounts not included abov		817,993.	i ´			
불리	_			011,000.	1			, ,
등	9		1a-1f \$		3,817,993.	1 n3	\$ ^ 3	
9,0	<u>n</u>	Total. Add lines 1a-1f		· -				
_	•			Business Code				
je	2 a							
re er	b							
Program Service Revenue	С							
<u>ja</u>	d							_
<u>o</u> _	е							
۵.	f	All other program service rever	nue				w»	
	<u>g</u>	Total. Add lines 2a-2f		<u> </u>			. 🤴	
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	44,624.			44,624.
	4	Income from investment of tax	c-exempt bond p	roceeds				
	5	Royalties		> _				
			(ı) Real	(II) Personal) > % */		, §	1
	6 a	Gross rents					7	
	b	Less rental expenses					1 1 m	
	С	Rental income or (loss)				1		- X
	d			>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other	5		\$	1942a . 19
			220,000.	(., =		"		
	b	Less: cost or other basis			\$		1,4	(å) 2
	-		219,759.		() ×		P. 7	Š .
	_	Gain or (loss)	241.		***	\$4\$\frac{1}{2}\$	`	, , ,
		Net gain or (loss)		<u></u>	241.	~		241.
		Gross income from fundraising	n events (not			£,'	\$ 150	- '¥ .
e l	O a	including \$	-		`		,	
ě		contributions reported on line					•	
ĕ.		Part IV, line 18	•		· .	٠, ,		
Other Reven	_		a b		1			
ŏ		Less direct expenses	_					
		Net income or (loss) from fund				*		,
	9 а	Gross income from gaming ac						
		Part IV, line 19	a		,			^ >
l		Less direct expenses	b	L	- *	- Siz	*	
ĺ		Net income or (loss) from gam		_			<u> </u>	
	10 a	Gross sales of inventory, less	returns					,
		and allowances	а		-			* }
ŀ		Less cost of goods sold	b					
}	c	Net income or (loss) from sales		<u> </u>		**		ļ
		Miscellaneous Revenue	e	Business Code				
	11 a						ļ	ļ
	b							<u> </u>
	С							
	d							
	е	Total. Add lines 11a-11d		•				
	12	Total revenue See instructions.			3,862,858.	0.	0.	44,865.
23200								Form QQA (2012)

Form 990 (2012) HERBALIFE FAMILY FOUNDATION

Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	. Check if Schedule O contains a respon			(0)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	571,286.	571,286.		
2	Grants and other assistance to individuals in			•	į
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,			*	,
	organizations, and individuals outside the			× 7**	/
	United States See Part IV, lines 15 and 16	2,056,708.	2,056,708.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	<u> </u>				
b	5				
C					
d	Lobbying Professional fundraising services. See Part IV, line 17		<u> </u>		
e f	Investment management fees	3,540.	*	3,540.	
q		3,340.		3,340.	
y	column (A) amount, list line 11g expenses on Sch 0.)	13,655.	10,241.	2,048.	1,366.
12	Advertising and promotion	13,033.	10,241.	2,040.	1,300.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,579.	21,434.	4,287.	2,858.
23	Insurance	5,221.		5,221.	
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.)			, * * * * *	
а	DINDON TOTAL DINDUIGO	1,011,579.			1,011,579.
b	CO	19,601.	-		19,601.
c	DANK AND CREEK CARD OU	18,017.	<u></u>	18,017.	
d		2,107.	444.	1,663.	<u> </u>
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,730,293.	2,660,113.	34,776.	1,035,404.
26	Joint costs. Complete this line only if the organization			•	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here			<u> </u>	

Form 990 (2012)
Part X Balance Sheet

Par	<u> </u>	Balance Sneet				
		Chèck if Schedule O contains a response to any	question in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		264,258.	1	777,981.
ľ	2	Savings and temporary cash investments	660,421.	2	781,321.	
	3	Pledges and grants receivable, net		1,604,412.	3	1,559,370.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	non 501(c)(9) voluntary	;		*
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		324,402.	8	359,531
`	9	Prepaid expenses and deferred charges		181,510.	9	68,514
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 36,142.		42	2 20.000 170
	b	Less accumulated depreciation	10a 36,142. 10b 36,142.	28,579.	10c	0
	11	Investments - publicly traded securities	1,193,978.	11	1,719,929	
Ì	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments · program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,606.	15	10,410
_	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	4,264,166.	16	5,277,056
	17	Accounts payable and accrued expenses	ļ		17	
	18	Grants payable	30,000.	18	871,835	
	19	Deferred revenue			19	71,200
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete i	ì		21	
	22	Loans and other payables to current and former		**	\$.04 \$.	
Liabilities		key employees, highest compensated employee	s, and disqualified persons	شادات المشكاد السيس		
_		Complete Part II of Schedule L		· · · · · · · · · · · · · · · · · · ·	22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	i		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
	00	Schedule D		30,000.	25	943,035
\dashv	26	Total liabilities. Add lines 17 through 25), check here X and	30,000.	26_	343,033
		Organizations that follow SFAS 117 (ASC 958	"			
š	07	complete lines 27 through 29, and lines 33 an Unrestricted net assets	d 34.	3,962,224.	27	3,979,228
<u> </u>	27 28	Temporarily restricted net assets		271,942.	28	354,793
<u> </u>	29	Permanently restricted net assets		2/1,742.	29	334,133
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (A	SC 958) check here		23	
<u> </u>		and complete lines 30 through 34.	*	Į.	,	
13.5	30	Capital stock or trust principal, or current funds			30	
20	31	Paid-in or capital surplus, or land, building, or ed	uunment fund		31	
کِ	32	Retained earnings, endowment, accumulated in	` '	100	32	
Se	33	Total net assets or fund balances	Joine, or other lutius	4,234,166.	33	4,334,021
-		rotarnot assets or fund balances		, <u> </u>	, 00	1,001,001

	990 (2012) HERBALIFE FAMILY FOUNDATION	51-052	23266	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	4,234),2 2,5 1,1	93. 65.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		4 22	. ^	21
Da	column (B)) rt XII Financial Statements and Reporting	10	4,334	<u>+ , U</u>	<u> 41 •</u>
ı u	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
	Officer if Schedule O contains a response to any question in this hart All			Yes	No
1	Accounting method used to prepare the Form 990	.0			D despera print
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar consolidated basis, or both. Separate basis X Consolidated basis Both consolidated and separate basis	e basis,			'
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			:
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		\$\$.		<u> </u>
	Act and OMB Circular A-133?	J	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>

232012 12-10-12 Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

10 | 2012

Schedule A (Form 990 or 990-EZ) 2012

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

			FE FAMILY FO							1-0523	<u> 466</u>	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this part) See inst	ructions	_			
The organ	ization is not a	a private foundation	because it is (For lines 1	I through	11, check (only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🗌	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗔	A hospital or	a cooperative hospi	ital service organization o	described	in section	170(b)(1)((A)(m).					
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ribed in se	ction 170	(b)(1)(A)(ıi	i). Enter	the hospital	's nam	ne,
	city, and stat	e										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🗀	A federal, sta	ite, or local governm	nent or governmental unit	t describe	d ın sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	ceives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed	n
	section 170(b)(1)(A)(vi). (Comple	ete Part II)									
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II)							
9 🔲	An organizati	on that normally rec	ceives (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	ind gross re	ceipts	from
	activities rela	ted to its exempt ful	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	invest	ment
	income and i	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	0, 197	75
	See section	509(a)(2). (Complete	e Part III)									
10	An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety S	See sectio	n 509(a)(4	l).				
11 🔲	An organizati	ion organized and o	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2) See sec	tion 509(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	l b T	ype II c 🔙 Ty	ype III - Fu	nctionally i	ntegrated	o	≀	e III - No	n-functional	ly inte	grated
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	I directly or	r indirectly	by one or	more dis	qualified	persons oth	ner tha	ın
	foundation m	nanagers and other t	than one or more publicly	supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	ation received a writ	tten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	his box					-				
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the folk	owing per	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (ııı) below	,,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	ļ	1
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		ļ
	(iii) A 35% d	controlled entity of a	ı person described in (i) o	or (II) above	e?					11g(iii)	<u> </u>	
h	Provide the fe	ollowing information	about the supported org	ganızatıon	(s)							
			,	,				1		T		
(i) Name	of supported	(ii) EIN	(111) Typo of organization	, ,		, , ,		(vi) ls organization	the	(vii) Amoun	of mo	netary
orga	anization		(0000.0000	, , ,	sted in your document?	organizat (i) of youi		(i) organiz	ed in the	sup	port	
			above or IRC section (see instructions))		T		г	Ü.S				
			(,	Yes	No	Yes	No	Yes	No			
								ŀ				
					<u> </u>				 			
					 				 			
				1						}		
Total									L			

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

(Form 990 or 990-EZ) 2012 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)

(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 ın)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	2,515,898.	1,422,643.	2,283,120.	3,276,749.	3,817,993.	13,316,403.
2	Tax revenues levied for the organ-		, , ,				
	ization'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	2,515,898.	1,422,643.	2,283,120.	3,276,749.	3.817.993.	13,316,403.
5	The portion of total contributions	1200	, A e-				
_	by each person (other than a			`			
	governmental unit or publicly	* *		* -	<u>, ;</u>		
	supported organization) included		,		ŕ	•	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				*		
	column (f)			·		Ŷ	54,009.
6	Public support. Subtract line 5 from line 4	<u> </u>					13 262 394
	ction B. Total Support	,					20,000,00
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	2,515,898.	1,422,643.	2,283,120.	3,276,749.	3,817,993.	13,316,403.
8	Gross income from interest,				*,=,	· · · · · · · · · · · · · · · · · · ·	
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	31,912.	11,121.	22,934.	13,912.	44,624.	124,503.
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)						
11	Total support. Add lines 7 through 10						13,440,906.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for			d, fourth, or fifth tax	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here			•		ightharpoons
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, c	olumn (f))	·	14	98.67 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	97.39 %
16a	33 1/3% support test - 2012. If the d	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons
b	33 1/3% support test - 2011. If the	organization did no	t check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2012. If the orga	anization did not c	heck 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 Pai	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a j	oublicly supported	organization	_	ightharpoons
b	10% -facts-and-circumstances tes	_	-	. , ,	•	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization			•			s >
						dula A /Farm 000	

Schedule A (Form 990 or 990-EZ) 2012 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 A. Public Support		•				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		·				
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose	į					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			 	=	-	
ization's benefit and either paid to						
or expended on its behalf	!					
•					<u> </u>	
5 The value of services or facilities					1	
furnished by a governmental unit to	!					
the organization without charge			<u> </u>			
6 Total. Add lines 1 through 5				 		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					 - 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that	İ					
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					ļ	
c Add lines 7a and 7b	*					
8 Public support (Subtract line 7c from line 6)	77. 1784		<u> </u>	1 2 14 <u>4 1 </u>	1.00	
Section B. Total Support	т					
Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carned on			1			
12 Other income Do not include gain				 -		
or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is for		first second the	ed fourth or fifth	tay year as a sast	on 501(a)(3) organiz	ation
	in the organization s	s ilist, second, trii	ra, rourar, or mar	tax year as a secti	on 50 NC)(5) organiza	ation, ▶□
check this box and stop here Section C. Computation of Pub	lic Support Pe	rcentage			-	
15 Public support percentage for 2012			ooluma (fl)		15	
16 Public support percentage for 2012		· -	Columni (i))		16	
Section D. Computation of Inve				_	1 10 1	
					147	
17 Investment income percentage for 2	•	.,	ine 13, column (f))		17	
18 Investment income percentage from		•		46	18	
19a 33 1/3% support tests - 2012. If the	-					/ is not
more than 33 1/3%, check this box a	•		-			. ▶∟.
b 33 1/3% support tests - 2011. If the						and
line 18 is not more than 33 1/3%, ch						<u> </u>
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see ii	nstructions	<u>▶</u>

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.

2012
Open to Public Inspection

Name of the organization

HERBALIFE FAMILY FOUNDATION

Employer identification number 51-0523266

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s 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 advi-	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	e used only
	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
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
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	. L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	·	
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	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 financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

		FE FAMILY	FOUNDATION	ſ <u>_</u>		51	<u>-052</u>	23266	Pag	је 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or	Other	Similar A	Set	S (contini	ued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that a	are a sign	ificant use	of its c	ollection	ıtems	
	(check all that apply)									
а	Public exhibition	C		hange program	ıs					
b	Scholarly research	е	e Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						n Part	XIII		
5	During the year, did the organization solicit o				sımılar as	ssets		1		
Da	to be sold to raise funds rather than to be mark IV Escrow and Custodial Arran						<u> </u>	Yes _		No
Га	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yo	es" to Fo	rm 990, Par	τιν, III	ne 9, or		
 1а	Is the organization an agent, trustee, custod		diary for contribution	s or other asse	ts not inc	cluded		· · · · · ·		
	on Form 990, Part X?		and y for sommound			J.4404		Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
	, . ,							Amount		
С	Beginning balance					1c				
đ	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
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV	, line 10.					
		(a) Current year	(b) Prior year	(c) Two years t	oack (d)	Three years	back	(e) Four	years ba	ack
1a	Beginning of year balance	1,467,049.	1,151,420.	735	765.	1,000,	000.			
b	Contributions	283,325.	308,380.	405,	082.	-267,	099.	1,	<u>000,0</u>	00.
С	Net investment earnings, gains, and losses	12,155.	9,123.	14,	096.	3,	347.			
đ	Grants or scholarships					· · · · · · · · · · · · · · · · · · ·		··		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	3,540.	1,874.		523.		483.			
g	End of year balance	1,758,989,	1,467,049.	1,151,	420.	735,	765.	1,	000,0	00.
2	Provide the estimated percentage of the curr	-		i)) held as:						
a	Board designated or quasi-endowment	100.00	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should be considered as a second cons	%								
20	Are there endowment funds not in the posse		ation that are hold a	nd administers	d for the	orgonization	_			
Ja	by	ssion of the organiza	ation that are neig a	nd administered	a for the	organizatioi	1	Г	Yes I	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	in Schedule B?					3b		
4	Describe in Part XIII the intended uses of the	•						1 00		
Par	t VI্ব Land, Buildings, and Equipm				•					
	Description of property	(a) Cost or o		or other	(c) Accu	ımulated		(d) Book	value	
		basis (investr		(other)	٠,,	ciation		,		
1a	Land			ź' s.	ct	2,12				
b	Buildings									
c	Leasehold improvements									
d	Equipment									
e	Other		3	6,142.	3	6,142				0.
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	0(c))						0.

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 HERBALIFE FAMILY FOUNDATION	51-	0523266 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
1	Total revenue, gains, and other support per audited financial statements	1	4,320,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments $2a - 32,710$.		
b	Donated services and use of facilities 2b 493,538.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII) 2d	3	
е	Add lines 2a through 2d	2e	460,828.
3	Subtract line 2e from line 1	3	3,859,318.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	. A. A.	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,540.	* 4	
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	3,5 <u>40</u> .
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,862,858.
Pa	t•XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements	1	4,220,291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a 493,538.		
b	Prior year adjustments 2b	***	
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	493,538.
3	Subtract line 2e from line 1	3	3,726,753.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,540.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	3,540.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,730,293.
Pai	t XIII 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	2b, Part V, line 4; Part
X, line	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat	ion	
PAI	T V, LINE 4: DISTRIBUTIONS TO FUND CASA HERBALIFE PROGRAM	SW	ILL BE
<u>CO1</u>	SIDERED ONCE ENDOWMENT ASSETS REACH \$3,000,000.		
PAI	T X, LINE 2: ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION	<u> </u>	
EV	LUATE ITS TAX POSITIONS AND PROVIDE A LIABILITY FOR ANY P	<u>osi</u>	TIONS THAT
<u>yow</u>	LD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHELD	UND	ER A TAX
AU	HORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POS	ITI	ONS AND HAS
<u>CO1</u>	CLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESS	ARY	AT

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 HERBALIFE FAMILY FOUNDATION	51-0523266 Page 5
Schedule D (Form 990) 2012 HERBALIFE FAMILY FOUNDATION Part XIII Supplemental Information (continued)	
DECEMBER 31, 2012. GENERALLY, HFF'S INFORMATION RETURNS	S REMAIN OPEN FOR
INSPECTION FOR 3 YEARS (FEDERAL) AOR 4 YEARS (STATE OF C	י אַ דאַר דּרָסָּאָד. זאַי
INSPECTION FOR 3 TEARS (FEDERAL) AUR 4 TEARS (STATE OF C	CALIFORNIA):

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.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

HERBALIFE FAMILY FOUNDATION

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"

to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

			an be duplicated if additional space is		ı
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	l agents, and	services, investments, grants to	describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in region	investments
		in region	recipients located in the region,	or service(s) in region	in region
CENTRAL AMERICA AND				ORGANIZATION BRINGS GOOD	
THE CARIBBEAN -	0	0	GRANT TO RECIPIENT	NUTRITION TO CHILDREN.	25,000.
			GRANT TO RECIPIENT		
EAST ASIA AND THE			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
PACIFIC -	0	0	REGION.	NUTRITION TO CHILDREN.	346,744.
EUROPE (INCLUDING			GRANT TO RECIPIENT		
ICELAND & GREENLAND)			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
	0	0	REGION.	NUTRITION TO CHILDREN.	382,948.
			GRANT TO RECIPIENT		
MIDDLE EAST AND			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
NORTH AFRICA -	_	0	REGION.	NUTRITION TO CHILDREN.	0.
NORTH AFRICA -			REGION.	NOTRITION TO CHIEDREN.	
NORTH AMERICA -			GRANT TO RECIPIENT		
CANADA AND MEXICO,			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
BUT	0	0	REGION,	NUTRITION TO CHILDREN.	624,033.
			GRANT TO RECIPIENT		
RUSSIA & THE NEWLY			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
INDEPENDENT STATES -	0	0	REGION.	NUTRITION TO CHILDREN.	16,009.
			GRANT TO RECIPIENT		
SOUTH AMERICA -			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
ARGENTINA, BOLIVIA,	0	0	REGION.	NUTRITION TO CHILDREN.	483,219.
SOUTH ASIA -			GRANT TO RECIPIENT		
AFGHANISTAN,			CHARITABLE ORGANIZATIONS IN	ORGANIZATION BRINGS GOOD	
BANGLADESH	0	o	REGION.	NUTRITION TO CHILDREN.	100,242,
3 a Sub-total	0			· ·	1,978,195
b Total from continuation				* ` `	
sheets to Part I	0	<u>o</u>	• • •	<i>\$</i> .81	78,512
c Totals (add lines 3a					
and 3b)	0	0			2_056_707

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

Schedule F (Form 990) 2012

(a) Region 、	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA	0		GRANT TO RECIPIENT CHARITABLE ORGANIZATIONS IN REGION.	ORGANIZATION BRINGS GOOD NUTRITION TO CHILDREN.	78,512
-	-		-	-	
					
Totals ▶					78,512

Schedule F (Form 990) 2012 HERBALIFE FAMILY FOUNDATION

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 Part II can be duplicated if additional space is needed Part II

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)
	i.	EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	O	WIRE	0		
	`, `\\$	SUB-SAHARAN AFRICA	PROVIDE PROPER	57,277,6	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	.000	WIRE	0.0		
-	3	EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	15,000,	WIRE	0		
	ś.	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	21,000,WIRE	VIRE	0		
	į.	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	50,740.WIRE	vire	0		
*)* *	SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	797	WIRE	0		
	ং শ্বন্ধ	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	32,132,WIRE	MIRE	*0		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

27

3 Enter total number of other organizations or entities

Q

Schedule F (Form 990) 2012

Schedule F (Form 990) Part II Continuation of	HERBA of Grants and Other	HERBALIFE FAMILY nd Other Assistance to Organiz	(Form 990) HERBALIFE FAMILY FOUNDATION 51-0523266 Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 990). Part II. line	United States.	51-05 (Schedule F (Form 9	51-0523266 F (Form 990). Part II. line 1)		Page 2
l e	(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)
2		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	35,158,	WIRE	0		
			PROVIDE PROPER NUTRITION TO CHILDREN	90,000	WIRE	0		
		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	53,300,	WIRE	.0		
		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	42,000.8	WIRE	0		
	*,	SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	24,056,	WIRE	0		
	, ,	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	31,752,1	WIRE			
			PROVIDE PROPER NUTRITION TO CHILDREN	21,496,	WIRE	0		
,	,	SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	6 605	WIRE	0		
<	**	EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	30,000,1	WIRE	0		
232182 05-01-12			28					

Schedule F (Form 990)	T T	HERBALIFE	LIFE FAMILY 1	(Form 990) HERBALIFE FAMILY FOUNDATION 51-0523266	States States	51-0523266	23266 30) Part II Ine 1)		Page 2
Į ė̃	ation and EIN (if applicable)	te section ipplicable)	(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)
	·	202	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER	30,000,WIRE	WIRE	0		
	*	2 2	MERICA , AND	PROVIDE PROPER	23,158,	WIRE	0		
		UI UI	MERICA	PROVIDE PROPER NUTRITION TO CHILDREN	*000 08	WIRE	0		
	*				50 091.	WIRE	0		
		<u> </u>	IA AND THE	/IDE PROPI	26,711.	WIRE	o		
_	4	<u> </u>	& THE NDEPENDENT	PROVIDE PROPER NUTRITION TO CHILDREN	0,0	WIRE	0		
			(INCLUDING D & AND)	PROVIDE PROPER NUTRITION TO CHILDREN	13,000,	WIRE	0		
		О	CLUDING	PROVIDE PROPER NUTRITION TO CHILDREN	16,900,	WIRE	0		
			CLUDING	PROVIDE PROPER NUTRITION TO CHILDREN	31,309,WIRE	WIRE	0		

ц	HERBA	HERBALIFE FAMILY	FOUNDATION		51-0523266	23266	:	Page 2
Part II Continuation of 1 Cont	(b) IRS code section and EIN (if applicable)	Assistance to Organiza (c) Region	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (b) IRS code section and EIN (if applicable) (c) Region and EIN (if applicable)	United States. (e) Amount of cash grant	(Schedule F (Form 99) (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	**	EAST ASIA AND THE DPACIFIC	PROVIDE PROPER	19 308 WIRE	71 88	O		
		MERICA	PROVIDE PROPER	28	Z IRB	0		
	s '	(INCLUDING	PROVIDE PROPER NUTRITION TO CHILDREN		WIRE	0		
		EAST ASIA AND THE D PACIFIC	PROVIDE PROPER NUTRITION TO CHILDREN	6,512,8	WIRE	0.		
X		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	30,000,	WIRE	0.		
	, ,	SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	,000°s	WIRE	0.		
₹ [™] >>	***	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	N. 000, 0E	WIRE	0		
_	. *	SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	30,063,	WIRE	0		
,		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	30,000 WIRE	IRE	0		

Schedule F (Form 990)	HERBALIFE	LIFE FAMILY	FOUNDATION 51-0523266	Total States	51-0523266	23266		Page 2
je je	(b) IRS code section and EIN (if applicable)	(c) Region and EIN (if applicable)	(d) Purpose of	(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)
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	20,000,WIRE	WIRE	0		
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	26,158,	WIRE	0		
		IA AND THE	PROVIDE PROPER NUTRITION TO CHILDREN	10,000,WIRE	WIRE	.0		
, v4	žų	EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	10,000.	WIRE	0		
1986	<i>y</i>	RUSSIA & THE NEWLY INDEPENDENT STATES	PROVIDE PROPER NUTRITION TO CHILDREN	0	WIRE	0.		
		SIA AND THE	PROVIDE PROPER NUTRITION TO CHILDREN	24,532,WIRE	WIRE	*0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	25,000.	WIRE	0		
	*	AND THE	PROVIDE PROPER NUTRITION TO CHILDREN	25,269,WIRE	WIRE	0		
	356.	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	22,000,WIRE	WIRE	0		

Schedule F (Form 990) Part II Continuation o	HERBA	HERBALIFE FAMILY nd 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	United States.	51-0523266 (Schedule F (Form 990), Part I	23266 30), Part II, line 1)		Page 2
ue ((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)
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	25,371,6	WIRE	0		
	ķ	MERICA AND	PROVIDE PROPER		2 7 1	o		
	*\$	IA AND THE	PROVIDE PROPER NUTRITION TO CHILDREN	536.	WIRE	0		
		NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	17,000.1	WIRE	0		
	150	EUROPE (INCLUDING ICELAND & GREENLAND)	PROVIDE PROPER NUTRITION TO CHILDREN	20,000,1	WIRE	0		
	,	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	50,000	WIRE	0		
	,	SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	21,902,	WIRE	0		
	, .	NORTH AMERICA (CANADA AND MEXICO)	PROVIDE PROPER NUTRITION TO CHILDREN	50,315,WIRE	WIRE	0		
		SOUTH AMERICA	PROVIDE PROPER NUTRITION TO CHILDREN	50,000,WIRE	WIRE	0		

Page 2	(i) Method of valuation (book, FMV, appraisal, other)									
	(h) Description of non-cash assistance									
51-0523266	(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0.	0
51-05	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	ш Ж Н
	(e) Amount of cash grant	25,000,WIRE	26,790,	0	20,000,1	13,000,8	50,000,WIRE	8,269,	26,224,WIRE	21 235 WIRE
FOUNDATION	(b) IRS code section (c) Region (d) Purpose of (e) Amount (f) Manner of non-cash and EIN (if applicable) (c) Region (d) Purpose of grant cash disbursement assistance	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER NUTRITION TO CHILDREN	PROVIDE PROPER
LIFE FAMILY	(c) Region	CENTRAL AMERICA I		EAST ASIA AND THE DPACIFIC	EUROPE (INCLUDING ICELAND & GREENLAND)	AND THE	NORTH AMERICA (CANADA AND MEXICO)	EAST ASIA AND THE PROCIFIC	EAST ASIA AND THE PACIFIC	aran
HERBALIFE	(b) IRS code section and EIN (if applicable)	ų.		ų				· /5	٠	
Schedule F (Form 990)	Je J					_		\$500	,	

Schedule F (Form 990) Part II Continuation of	HERBA f Grants and Other	ASSISTANCE TO ORGANIZA	FOUNDATION 51-0523266 ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	51-0523266 (Schedule F (Form 990), Part I	23266 90), Part II, line 1		Page 2
(b) II	(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)
	^	IA AND THE	PROVIDE PROPER		į	•		
	• • •	COTTING ACTA	PROVIDE PROPER	208	MINE TO BE			
		HE	PROVIDE PROPER	503,	WIRE	0		l
	,	(INCLUDING D & AND)	PROVIDE PROPER NUTRITION TO CHILDREN	103.674.	WIRE	0.		
	***************************************	AND THE	PROVIDE PROPER NUTRITION TO CHILDREN	0	WIRE	0		
	*:	SIA	PROVIDE PROPER NUTRITION TO CHILDREN	36,034,	WIRE	0		
	,	AND THE	PROVIDE PROPER NUTRITION TO CHILDREN	30,000,1	WIRE	0.		
		k THE NDEPENDENT	PROVIDE PROPER NUTRITION TO CHILDREN	503.	WIRE	0		
	•	EAST ASIA AND THE PACIFIC	PROVIDE PROPER	29 100.WIRE	E III	0		
j								

51-0523266

Page 3

HERBALIFE FAMILY FOUNDATION

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 Schedule F (Form 990) 2012

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2012
(g) Description of non-cash assistance					Schedu
(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					

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

Schedule F (Form 990) 2012

Yes

X No

6

for Form 5713)

Schedule F (Form 990) 2012 HERBALIFE FAMILY FOUNDATION	51-0523266	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, I		
 amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting met		I, column
(c) lestimated number of recipients), as applicable. Also complete this part to provide any additional	Information	
SCHEDULE F, PART I, LINE 2: PERIODIC VISITS TO GRANTEE C	RGANIZATIONS, 1	AS
WELL AS WRITTEN REPORTS OF SERVICES PROVIDED BY GRANTEE	ORGANIZATIONS.	
SCHEDULE F, PART I, LINE 3: WRITTEN REPORTS OF SERVICES	PROVIDED BY	
ODANIED ODGANIZACIONO INGLIDING NADDACTIE AND AGGIAL EV	TODACO COADOMENI	n
GRANTEE ORGANIZATIONS, INCLUDING NARRATIVE AND ACTUAL EX	PENSE STATEMEN.	<u> </u>
OF MONIES SPENT.		
		<u>-</u>
		<u>, </u>

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

243-0047	15
ON GIND	20

Open to Public Inspection

Name of the organization HEDBALTER FAMILY	T VITAGE '	FOITHDAMTON					Employer identification number 51_052326
Part I General Information on Grants and Assistance		101111100					000000000000000000000000000000000000000
1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Governments and \$5,000 Part II can	d Organizations in the	e United States. Connal space is need	omplete if the orga	ınızatıon answered "Y	'es" to Form 990, Part	IV, line 21, for any
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
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	95-4427291	501(C)(3)	90,000,	0			PROVIDE PROPER NUTRITION TO CHILDREN,
_ 51 -	53-0196605	501(C)(3)	10,000,	0			INTERNATIONAL RELIEF
D CF	53-0196605	501(C)(3)	25.873,	0			RELIEF - SUPERSTORM SANDY
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 200065009	53-0196605	501(C)(3)	44,413,	0			RELIEF - US WILDFIRE
ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA GA 30308	58-1675299	501(C)(3)	61,000.	0			
CASA DE ESPERANZA DE LOS NINOS 2911 CORDER STREET HOUSTON, TX 77054	76-0105306	501(C)(3)	30000	0.			PROVIDE PROPER NUTRITION TO CHILDREN,
2 Enter total number of section 501(c)(3) and government organizations li	and government or	ganizations listed in th	isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is listed in the line s, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

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 F	HERBALIFE FAMILY FOUNDATION Stants and Other Assistance to Governments and Organ	nizations in the Ur	nted States (Sche	dule I (Form 990), Par		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
CHILDREN'S INSTITUTE		501(C)(3)	10,000.	0			PROVIDE PROPER NUTRITION
CITY HOUSE INC. 902 EAST 16TH STREET PLANO, TX 75074	75-2213291	501(C)(3)	0	0			PROVIDE PROPER NUTRITION TO CHILDREN,
ERIE NEIGHBORHOOD HOUSE 1347 W ERIE STREET CHICAGO, IL 60642	36-3043253	501(C)(3)	40,000	0			PROVIDE PROPER NUTRITION TO CHILDREN,
KOINONIA FOSTER HOMES INC 3725 TAYLOR ROAD LOOMIS, CA 95650	94-2792265	501(Ç)(3)	50,000	0			PROVIDE PROPER NUTRITION TO CHILDREN,
SAVE THE CHILDREN 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	25.000,	0			HAITI BARTHOUAKE
SAVE THE CHILDREN 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	25,000,	.0			PHILIPPINES DISASTER RELIEF

Schedule I (Form 990)

PROVIDE PROPER NUTRITION

TO CHILDREN.

PROVIDE PROPER NUTRITION TO CHILDREN,

PROVIDE PROPER NUTRITION

TO CHILDREN,

Ö

25,000

501(C)(3)

59-0696284

80,000

501(C)(3)

06-1135999

40

5,000,

501(C)(3)

33-0884435

UNITED SKATES SYNCHRONIZED TEAM

ASSOCIATION - 26382 SAN SOUCI

THE HAITIAN HEALTH FOUNDATION

97 SHERMAN STREET NORWICH, CT 06360

TAMPA, FL 33615-2599

THE CHILDREN'S HOME 10909 MEMORIAL HWY.

PLACE - MISSION VIEJO, CA 92692

Schedule I (Form 990) HERBALIFE FAMILY FOUNDATIO	E FAMILY F	FOUNDATION	nizations in the Ur	nited States (Sche	N Organizations in the United States (Schedule I (Form 990), Part II)		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
WAYNE BARTON STUDY CENTER 269 NORTHEAST 14TH STREET BOCA RATON, FL 33432	65-0315990	501(C)(3)	50,000,	0			PROVIDE PROPER NUTRITION TO CHILDREN,
					-		
							Schedule I (Form 990)
232241 05-01-12			41				

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (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 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 Schedule I (Form 990) (2012)

Part III Grants and Other

Schedule I (Form 990) (2012)

42

232102 12-18-12

Page 2

51-0523266

HERBALIFE FAMILY FOUNDATION

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.

2012

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

HERBALIFE FAMILY FOUNDATION

Employer identification number 51-0523266

P	art I Questions Regarding 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,	*	ž.	ν;
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	\$		N/4
	First-class or charter travel Housing allowance or residence for personal use		j i	- Secret
	Travel for companions Payments for business use of personal residence			Ŷ.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		4	- Apr.
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		``	.dù
			*	% ;
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	٣.		
	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,			
	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			Ž.
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to	1		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	, pprotein by the board of component of the control			>,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			l » š
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4	
	, , , , , , , , , , , , , , , , , , , ,	`.	7.	2
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			-
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1.3
	contingent on the revenues of			
а	The organization?	5a	1301 - 140	X
b	Any related organization?	5b		X
	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		4 6	
	contingent on the net earnings of.		* *	3
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.		* 1	Xa:
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		100,70	A. 000
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			T
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 HERBALIFE FAMILY FOUNDATION

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	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(i)(B)	reported as deferred in prior Form 990
(1) ROBYN W BROWNING	w	0	0	0	0	0	0	0.
EXECUTIVE DIRECTOR	Ξ	175,43	37,500.	77,730.	5,45	10,269.	306,391	0
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SCHEDULE O

(Form 990 or 990-EZ)

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

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

HERBALIFE FAMILY FOUNDATION

Employer identification number 51-0523266

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
AUDITOR. FOLLOWING THE COMPLETION OF A DRAFT OF THE AUDITED FINANCIAL
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
FOUNDATION. THE DEPARTMENT PERFORMS AN ANNUAL REVIEW OF THE PERFORMANCE OF
THE ED. 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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990·EZ) (2012)	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	GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINAN	ICIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIG	HT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF ITS IN	IDEPENDENT
AUDITORS. THIS PROCESS IS UNCHANGED IN 2012 FROM 2011.	

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2012	Open'to Public	Inspection

OMB No 1545-0047

Employer identification number 51-0523266

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

(f) Direct controlling entity			-exempt	Section 512(b)(13)	Yes			
			or more related tax-	(f) Direct controlling entity				7.7.0
(e) End-of-year assets			ause it had one c	(e) Public charity status (if section	501(c)(3))	·		
(d) Total income			art IV, line 34 bec	(d) Exempt Code section				
(c) Legal domicile (state or foreign country)			swered "Yes" to Form 990, P.	(c) Legal domicile (state or foreign country)				
(b) Primary activity			ons (Complete if the organization and	(b) Primary activity				000
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II i 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.)	(a) Name, address, and EIN of related organization				

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

232161 12-10-12 LHA

51-0523266

Page 2

Schedule R (Form 990) 2012 HERBALIFE FAMILY FOUNDATION

Part III 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.)

General or Percentage managing ownership 3 Yes No Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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) Part IV

(a)	(q)	(0)	(p)	(e)	(J)	(B)	(h)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	ፙ	512(b 512(b contre entire	(13) (13) (13) (13) (13)
HERBALIFE, LTD, - 95-3954565									<u>;</u>
UGLAND HOUSE, SOUTH CHURCH STREET	SALE OF HEALTHY	CAYMAN	PUBLICLY						
GRAND CAYMAN, CAYMAN ISLANDS	NUTRITIONAL PRODUCTS	ISLANDS	TRADED	C CORP				_	×
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		-							

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Schedule R (Form 990) 2012

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Yes

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HERBALIFE FAMILY FOUNDATION Schedule R (Form 990) 2012

	on answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)	
	if the organization a	
	(Complete if the	
	ed Organizations	
	With Relate	
	Transactions	
,	>	
	art	í

		ns with one or more related organizations listed in Parts II-IV?
	mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	listed in Pa
	lote.	<u>-</u>
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- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses α,
- s Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s)

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(а) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HERBALIFE	M	173,562.	
(2) HERBALIFE	Z	3,887.	
(3) HERBALIFE	0	316,089.	
(4)			
(5)			
(9)			

Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 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

(k) ercentage ownership					Schedule R (Form 990) 2012
(J) neral or F naging urtner?					
Gene O man Part Yes		- 		 	 a
(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage tooractions amount in box 20 managing ownership allocations of Schedule K-1 partner? Ves No (Form 1065) ves No					School
(h) sproportonate ocations?					
(g) Share of end-of-year assets					
(f) Share of total income				:	
(e) Are all partners sec 501(c)(3) 00857 4) Yes No	-				
(d) Are all Are all Predominant income partiers sec (related, unrelated, excluded from tax under section 512-514) Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Current Year Deduction	13,333.	28,579	• 💉		٠			39	
Current Sec 179		0		4					
Accumulated Depreciation	6,667.	7,563.	* / . *					,	physe.
Basis For Depreciation	20,000.	36,142.		Portugues of Color	**************************************	\$	•		
Reduction In Basis		0,	,			**		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	90m. 2 >
Bus % Excl		,	- 					-	,
Unadjusted Cost Or Basis	20,000.	36,142.				44	3.,		, v
No S	17 17				· · · · · · · · · · · · · · · · · · ·	\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		3	, <u>, , , , , , , , , , , , , , , , , , </u>
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Date Acquired	0101 <u>1</u> 15L	. 4	* **	,	17 . 4) .	<	; 	
Description	IV SOFTWARE	* TOTAL 990 PAGE 10 DEPR			· · · · · · · · · · · · · · · · · · ·)	, ;)		, ,
Asset No	H 6	}						,	

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction