

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

| | | |
|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PABLOVE FOUNDATION INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6607 W SUNSET BLVD City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90028 F Name and address of principal officer: JO ANN THRAILKILL 6607 WEST SUNSET BOULEVARD, LOS ANGELES, CA | D Employer identification number 26-3006100 E Telephone number 323-657-5557 G Gross receipts \$ 1,969,544. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ PABLOVE.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2008 M State of legal domicile: CA |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: THE MISSION OF THE PABLOVE FOUNDATION IS TO FUND PEDIATRIC CANCER RESEARCH AND ADVANCES IN | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 15 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 275 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 837. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | | 1,377,942. | 1,779,781. |
| 10 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 11 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 715. | 837. |
| 12 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 38,726. | 9,120. |
| 13 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,417,383. | 1,789,738. |
| 14 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 307,500. | 209,411. |
| 15 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 373,054. | 586,974. |
| 17 | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 18 | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 196,819. | | |
| 19 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 225,736. | 249,833. |
| 20 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 906,290. | 1,046,218. |
| 21 | Revenue less expenses. Subtract line 18 from line 12 | 511,093. | 743,520. |
| 22 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 23 | | 2,108,405. | 2,837,956. |
| 24 | Total liabilities (Part X, line 26) | 14,579. | 0. |
| 25 | Net assets or fund balances. Subtract line 24 from line 22 | 2,093,826. | 2,837,956. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer JO ANN THRAILKILL, EXECUTIVE DIRECTOR Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name GARY E. SCHREIBER | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01317843 |
| | Firm's name ▶ MOSES AND SCHREIBER, LLP Firm's address ▶ 3000 MARCUS AVE, #1W5 LAKE SUCCESS, NY 11042 | Firm's EIN ▶ 13-1971216 Phone no. (516) 352-7700 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE MISSION OF THE PABLOVE FOUNDATION IS TO FUND PEDIATRIC CANCER RESEARCH AND ADVANCES IN TREATMENT, EDUCATE AND EMPOWER CANCER FAMILIES, AND IMPROVE THE QUALITY OF LIFE FOR CHILDREN LIVING WITH CANCER THROUGH HOSPITAL PLAY, MUSIC AND ARTS PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 307,221. including grants of \$ 209,411.) (Revenue \$) PEDIATRIC CANCER RESEARCH GRANT-MAKING PROGRAM - THE PURPOSE OF THIS PROGRAM IS TO FUND CUTTING EDGE CHILDHOOD RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF CHILDHOOD CANCER.

4b (Code:) (Expenses \$ 362,000. including grants of \$) (Revenue \$ 3,657.) SHUTTERBUGS - PABLOVE SHUTTERBUGS IS A PHOTGRAPHY PROGRAM THAT ALLOWS CHILDREN LIVING WITH CANCER TO EXPRESS AND DEVELOP THEIR CREATIVE VOICES THROUGH THE ART OF PHOTOGRAPHY. IN A EDUCATIONAL SETTING EACH CHILD RECEIVES HANDS-ON EXPERIENCE THROUGH A MIX OF ONE-ON-ONE WEEKLY INSTRUCTION AND GROUP CLASSES. STUDENTS RECEIVE THEIR OWN CAMERA, EQUIPMENT WHICH IS THEIRS TO KEEP UPON COMPLETION OF THE PROGRAM.

4c (Code:) (Expenses \$ 33,398. including grants of \$) (Revenue \$ 2,410.) THE PURPOSE OF OUR ANNUAL CHILDHOOD CANCER SYMPOSIUM IS TO EDUCATE AND ENCOURAGE PATIENT FAMILIES AND MEDICAL PROFESSIONALS IN THE PEDIATRIC CANCER COMMUNITY. WE HOST THE COUNTRY'S LEADING EXPERTS ON CRITICAL TOPICS LIKE RARE CHILDHOOD CANCERS AND LONG TERM EFFECTS AND ALLOW FAMILIES TO INTERACT ONE-ON-ONE WITH SPEAKERS AND EACH OTHER. MEDICAL PROFESSIONALS FROM ALL AREAS OF PRACTICE, FROM ONCOLOGY TO NURSING TO SOCIAL WORK, ARE ALSO INVITED IN AN EFFORT TO INCREASE THE QUALITY OF CARE FOR PATIENTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 702,619.

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)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 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? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b X | |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24b | | | |
| c | 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 27 | | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28a | | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b | | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 29 | | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 31 | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 33 | | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 34 | | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35a | | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 35b | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |
| 38 | | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 10 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 10 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | 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 | | X |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JO ANN THRAILKILL - 323-657-5557**
6607 SUNSET BLVD, LOS ANGELES, CA 90028

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JO ANN THRAILKILL CO FOUNDER - EXECUTIVE DIR | 40.00 | X | | X | | | | 91,200. | 0. | 0. |
| (2) JEFF CASTELAZ CO FOUNDER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JOHN BENNETT CHAIRMAN OF THE BOARD | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) LEO MASCARENHAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) ALAN SARTIRANA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) ROB GOLDKLANG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) PIERO GIRAMONTI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) CARRIE HOLT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) RHEA SCOTT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) SCOTT KEYS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|--|--|----------------------------|--|--------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 561,085. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,218,696. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 1,779,781. | | | |
| | Program Service Revenue | 2 a | | Business Code | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 837. | | 837. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | b | Less: rental expenses | | | |
| | | | c | Rental income or (loss) | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | b | Less: cost or other basis and sales expenses | | | |
| | | | c | Gain or (loss) | | | |
| | d | Net gain or (loss) | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ 561,085. of contributions reported on line 1c). See Part IV, line 18 | a | 168,532. | | | |
| | | | b | Less: direct expenses | 165,479. | | |
| c | | | Net income or (loss) from fundraising events | | 3,053. | | 3,053. |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | | b | Less: direct expenses | | | | |
| | | c | Net income or (loss) from gaming activities | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | 17,984. | | | | |
| | | b | Less: cost of goods sold | 14,327. | | | |
| | | c | Net income or (loss) from sales of inventory | | 3,657. | 3,657. | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | VENDOR REIMBURSEMENT | 423000 | 2,410. | 2,410. | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 2,410. | | | | |
| 12 | Total revenue. See instructions. | | 1,789,738. | 6,067. | 837. | 3,053. | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 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 | 209,411. | 209,411. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 91,200. | 59,280. | 9,120. | 22,800. |
| 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 | 390,390. | 238,480. | 53,818. | 98,092. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 26,170. | 12,139. | 6,234. | 7,797. |
| 10 Payroll taxes | 79,214. | 50,869. | 9,852. | 18,493. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,950. | | 1,950. | |
| c Accounting | 4,030. | | 4,030. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 37,411. | 27,945. | 4,924. | 4,542. |
| 12 Advertising and promotion | 2,345. | 1,306. | 533. | 506. |
| 13 Office expenses | 10,443. | 5,347. | 2,718. | 2,378. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 45,665. | 27,399. | 9,133. | 9,133. |
| 17 Travel | 22,882. | 13,997. | 5,068. | 3,817. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,450. | 1,450. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,174. | 1,174. | | |
| 23 Insurance | 5,490. | 3,843. | 549. | 1,098. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CAMERAS AND ACCESSORIES | 22,321. | 22,321. | | |
| b TELEPHONE | 18,917. | 5,234. | 11,938. | 1,745. |
| c PAYROLL PROCESSING FEES | 17,635. | 8,386. | 5,084. | 4,165. |
| d SUPPLIES | 10,470. | 3,846. | 2,519. | 4,105. |
| e All other expenses | 47,650. | 10,192. | 19,310. | 18,148. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,046,218. | 702,619. | 146,780. | 196,819. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 2,042,861. | 1 | 869,982. | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | 8,920. | 4 | | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 56,624. | 8 | 51,933. | |
| | 9 Prepaid expenses and deferred charges | | 9 | | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 16,430. | | | |
| | b Less: accumulated depreciation | 10b 1,174. | 0. | 10c 15,256. | |
| | 11 Investments - publicly traded securities | | 11 | | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | 1,900,785. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,108,405. | 16 | 2,837,956. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 14,579. | 17 | | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | | |
| | 26 Total liabilities. Add lines 17 through 25 | 14,579. | 26 | 0. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 2,093,826. | 27 | 2,837,956. | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | 2,093,826. | 33 | 2,837,956. | |
| 34 Total liabilities and net assets/fund balances | 2,108,405. | 34 | 2,837,956. | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,789,738. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,046,218. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 743,520. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,093,826. |
| 5 | Net unrealized gains (losses) on investments | 5 | 610. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,837,956. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2013)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization'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 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 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 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 472,137. | 1126810. | 1020719. | 1377942. | 1779781. | 5777389. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 472,137. | 1126810. | 1020719. | 1377942. | 1779781. | 5777389. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 5777389. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 472,137. | 1126810. | 1020719. | 1377942. | 1779781. | 5777389. |
| 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 carried on | | | | | | |
| 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.) | 472,137. | 1126810. | 1020719. | 1377942. | 1779781. | 5777389. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 100.00 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | .00 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization PABLOVE FOUNDATION INC **Employer identification number** 26-3006100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

| | |
|-------|----|
| Yes | No |
| 3a(i) | |
- (ii) related organizations

| | |
|--------|----|
| Yes | No |
| 3a(ii) | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| | |
|-----|----|
| Yes | No |
| 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 16,430. | 1,174. | 15,256. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 15,256. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) MONEY MARKET FUNDS | 1,551,147. | END-OF-YEAR MARKET VALUE |
| (B) BOND FUND | 75,125. | END-OF-YEAR MARKET VALUE |
| (C) EQUITY FUND | 20,331. | END-OF-YEAR MARKET VALUE |
| (D) OTHER FUNDS | 254,182. | END-OF-YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1,900,785. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|--|--------------|---------------------|------------------------------------|
| | | PABLOVE ACROSS AMERINOLA GOLF (event type) | (event type) | 7 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 338,720. | 44,835. | 177,530. | 561,085. |
| | 2 Less: Contributions | 336,255. | 7,150. | 49,148. | 392,553. |
| | 3 Gross income (line 1 minus line 2) | 2,465. | 37,685. | 128,382. | 168,532. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | 6,592. | 24,574. | 31,166. |
| | 7 Food and beverages | 5,394. | | 9,157. | 14,551. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 76,012. | 5,075. | 38,675. | 119,762. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 165,479. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 3,053. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

PABLOVE FOUNDATION INC

Employer identification number

26-3006100

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United 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.

| 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE WASHINGTON , DC 20010 | | | 22,500. | 0. | | | CHILDHOOD CANCER |
| DANA FARBER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215 | | | 6,911. | 0. | | | CHILDHOOD CANCER |
| CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES , CA 90027 | | | 70,000. | 0. | | | CHILDHOOD CANCER |
| HEALTH RESEARCH INC ELM STREET BUFFALO, NY 14263 | | | 50,000. | 0. | | | CHILDHOOD CANCER |
| MAYO CLINIC 200 FIRST STREET ROCHESTER, MN 55905 | | | 50,000. | 0. | | | CHILDHOOD CANCER |
| LIVE STRONG FOUNDATION 2201 E 6TH STREET AUSTIN, TX 78702 | | | 10,000. | 0. | | | CHILDHOOD CANCER |

- 2** Enter total number of section 501(c)(3) and government organizations listed 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.

Schedule I (Form 990) (2013)

Part III 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.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

PABLOVE FOUNDATION INC

Employer identification number

26-3006100

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TREATMENT, EDUCATE AND EMPOWER CANCER FAMILIES, AND IMPROVE THE QUALITY
OF LIFE FOR CHILDREN LIVING WITH CANCER THROUGH HOSPITAL PLAY, MUSIC
AND ARTS PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 1:

EXPLANATION: THE ORGANIZATIONS BOARD VOTES ONLY ON EXECUTIVE DIRECTOR'S
SALARY

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: EXECUTIVE DIRECTOR/CO-FOUNDER JO ANN THRAILKILL AND CO-FOUNDER
JEFF CASTELAZ ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE TAX RETURN IS SENT OUT TO ALL BOARD MEMBERS FOR REVIEW. A
CONFERENCE CALL IS SCHEDULED TO DISCUSS AND CLARIFY QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE ORGANIZATION'S BOARD VOTES ONLY ON THE EXECUTIVE
DIRECTOR'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: ALL DOCUMENTS AVAILABLE UPON REQUEST

PART VI LINE 2

EXPLANATION: EXECUTIVE DIRECTOR / CO-FOUNDER JO ANN THRAILKILL AND

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization
PABLOVE FOUNDATION INC

Employer identification number
26-3006100

CO-FOUNDER JEFF CASTELAZ ARE MARRIED.

Multiple horizontal lines for additional text entry.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---------------------|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | PROGRAM SERVICES | | | | | | | | | | | |
| | FURNITURE & | | | | | | | | | | | |
| 1 | FIXTURES | 063013 | SL | 7.00 | 16 | 16,430. | | | 16,430. | | | 1,174. |
| | * 990 PAGE 10 TOTAL | | | | | 16,430. | | 0. | 16,430. | 0. | 0. | 1,174. |
| | PROGRAM SERVICES | | | | | | | | | | | |
| | * GRAND TOTAL 990 | | | | | 16,430. | | 0. | 16,430. | 0. | 0. | 1,174. |
| | PAGE 10 DEPR | | | | | | | | | | | |

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

| | | |
|---|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. PABLOVE FOUNDATION INC | Employer identification number (EIN) or 26-3006100 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 6607 W SUNSET BLVD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90028 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JO ANN THRAILKILL

• The books are in the care of **6607 SUNSET BLVD - LOS ANGELES, CA 90028**

Telephone No. **323-657-5557** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER AND COMPILE INFORMATION NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE TAX RETURN

| | | | |
|---|-----------|----|-----------|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

**California Exempt Organization
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

| | | | |
|--|--------------------|--------------------------|---|
| Corporation/Organization Name PABLOVE FOUNDATION INC | | | California corporation number 3154112 |
| Address (suite, room, or PMB no.) 6607 W SUNSET BLVD | | | FEIN 26-3006100 |
| City LOS ANGELES | State CA | ZIP Code 90028 | |

| | |
|--|--|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p> | <p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|--|

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|------------------------------|----|--|----|--------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 189,763.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 1,779,781.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B | 4 | 1,969,544.00 |
| | 5 | Cost of goods sold STMT 2 | 5 | 14,327.00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 14,327.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 1,955,217.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 1,211,697.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 743,520.00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10.00 |
| | 12 | Total payments | 12 | 00 |
| | 13 | Penalties and Interest. See General Instruction J | 13 | 00 |
| | 14 | Use tax. See General Instruction K | 14 | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 10.00 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---------------------------------|--|------|---|
| Sign Here | Signature of officer EXECUTIVE DIRE | Date | Telephone |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> PTIN P01317843 |
| | Firm's name (or yours, if self-employed) and address MOSES AND SCHREIBER, LLP 3000 MARCUS AVE, #1W5 LAKE SUCCESS, NY 11042 | | FEIN 13-1971216 |
| | May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No | | Telephone (516) 352-7700 |

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

| | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|------------|--------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 186,516.00 | |
| | 2 | Interest | • | 2 | 837.00 | |
| | 3 | Dividends | • | 3 | 00 | |
| | 4 | Gross rents | • | 4 | 00 | |
| | 5 | Gross royalties | • | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | 00 | |
| | 7 | Other income | • | 7 | 2,410.00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 189,763.00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 209,411.00 | |
| | 10 | Disbursements to or for members | • | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 91,200.00 | |
| | 12 | Other salaries and wages | • | 12 | 390,390.00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | 00 |
| | | 14 | Taxes | • | 14 | 79,214.00 |
| | | 15 | Rents | • | 15 | 45,665.00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 1,174.00 |
| | | 17 | Other Expenses and Disbursements | • | 17 | 394,643.00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 1,211,697.00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|------------|---------------------|--------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 2,042,861. | | • 869,982. |
| 2 | Net accounts receivable | | 8,920. | | • |
| 3 | Net notes receivable | | | | • |
| 4 | Inventories | | 56,624. | | • 51,933. |
| 5 | Federal and state government obligations | | | | • |
| 6 | Investments in other bonds | | | | • |
| 7 | Investments in stock | | | | • |
| 8 | Mortgage loans | | | | • |
| 9 | Other investments | | | | • 1,900,785. |
| 10 | a Depreciable assets | | | 16,430. | |
| | b Less accumulated depreciation | () | | (1,174.) | 15,256. |
| 11 | Land | | | | • |
| 12 | Other assets | | | | • |
| 13 | Total assets | | 2,108,405. | | 2,837,956. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 14,579. | | • |
| 15 | Contributions, gifts, or grants payable | | | | • |
| 16 | Bonds and notes payable | | | | • |
| 17 | Mortgages payable | | | | • |
| 18 | Other liabilities | | | | • |
| 19 | Capital stock or principle fund | | | | • |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 | Retained earnings or income fund | | 2,093,826. | | • 2,837,956. |
| 22 | Total liabilities and net worth | | 2,108,405. | | 2,837,956. |

| Schedule M-1 Reconciliation of income per books with income per return | | | | |
|--|--|------------|---|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | | |
| 1 | Net income per books | • 743,520. | 7 Income recorded on books this year not included in this return | • |
| 2 | Federal income tax | • | 8 Deductions in this return not charged against book income this year | • |
| 3 | Excess of capital losses over capital gains | • | 9 Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year | • | 10 Net income per return. | |
| 5 | Expenses recorded on books this year not deducted in this return | • | Subtract line 9 from line 6 | 743,520. |
| 6 | Total. Add line 1 through line 5 | 743,520. | | |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

| | | | |
|----|---|--------|--------|
| 1. | INVENTORY AT BEGINNING OF YEAR | | |
| 2. | MERCHANDISE PURCHASED. | | |
| 3. | COST OF LABOR. | | |
| 4. | MATERIALS AND SUPPLIES | 14,327 | |
| 5. | OTHER COSTS. | | |
| 6. | ADD LINES 1 THROUGH 5 | | 14,327 |
| 7. | INVENTORY AT END OF YEAR | | |
| 8. | COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 14,327 |

| | | | |
|----------|--------------|-----------|---|
| FORM 199 | OTHER INCOME | STATEMENT | 3 |
|----------|--------------|-----------|---|

| DESCRIPTION | AMOUNT |
|------------------------------------|--------|
| VENDOR REIMBURSEMENT | 2,410. |
| TOTAL TO FORM 199, PART II, LINE 7 | 2,410. |

| | | | |
|----------|--|-----------|---|
| FORM 199 | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT | 4 |
|----------|--|-----------|---|

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|-------------------------------------|--------------|
| JO ANN THRAILKILL 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | CO FOUNDER - EXECUTIVE DIR 40.00 | 91,200. |
| JEFF CASTELAZ 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | CO FOUNDER 1.00 | 0. |
| JOHN BENNETT 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | CHAIRMAN OF THE BOARD 1.00 | 0. |
| LEO MASCARENHAS 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |
| ALAN SARTIRANA 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |
| ROB GOLDKLANG 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |
| PIERO GIRAMONTI 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |
| CARRIE HOLT 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |

| | | |
|---|------------------|----------------|
| RHEA SCOTT 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |
| SCOTT KEYS 6607 W SUNSET BLVD LOS ANGELES, CA 90028 | DIRECTOR 1.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>91,200.</u> |

| | | | |
|----------|----------------|-----------|---|
| FORM 199 | OTHER EXPENSES | STATEMENT | 5 |
|----------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|---------------------------------------|-----------------|
| CAMERAS AND ACCESSORIES | 22,321. |
| TELEPHONE | 18,917. |
| PAYROLL PROCESSING FEES | 17,635. |
| SUPPLIES | 10,470. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 165,479. |
| OTHER EMPLOYEE BENEFITS | 26,170. |
| LEGAL FEES | 1,950. |
| ACCOUNTING FEES | 4,030. |
| OTHER PROFESSIONAL FEES | 37,411. |
| ADVERTISING AND PROMOTION | 2,345. |
| OFFICE EXPENSES | 10,443. |
| TRAVEL | 22,882. |
| CONFERENCES AND CONVENTIONS | 1,450. |
| INSURANCE | 5,490. |
| ALL OTHER EXPENSES | 47,650. |
| TOTAL TO FORM 199, PART II, LINE 17 | <u>394,643.</u> |

| | | | |
|----------|-------------------|-----------|---|
| FORM 199 | OTHER INVESTMENTS | STATEMENT | 6 |
|----------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------------|
| MONEY MARKET FUNDS | 0. | 1,551,147. |
| BOND FUND | 0. | 75,125. |
| EQUITY FUND | 0. | 20,331. |
| OTHER FUNDS | 0. | 254,182. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | <u>0.</u> | <u>1,900,785.</u> |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 26-3006100

Corporation name

California corporation number

PABLOVE FOUNDATION INC

3154112

Part I Election To Expense Certain Property Under IRC Section 179

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 | Total cost of IRC Section 179 property placed in service | 2 | |
| 3 | Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property (elected IRC Section 179 cost) | 7 | |
| 8 | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| (a) Description property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation Method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 1 FURNITURE & FIXTURES | 06/30/13 | 16,430. | | SL | 7.00 | 1,174. | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | 1,174. |

Part III Summary

| | | | |
|----|--|----|--------|
| 16 | Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 1,174. |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 1,174. |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | 0. |

Part IV Amortization

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instructions) | (f) Period or percentage | (g) Amortization for this year | |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|--|
| 19 | | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | 20 | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | | 22 | |