Form 990

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)

Department of the Treasury
Internal Revenue Service

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

A. For the 2012 calendar year, or tax year beginning and ending:

B. Check if applicable:

C. Name of organization:

DRAVET SYNDROME FOUNDATION INC

Doing Business As

D. Employer identification number

27-0924627

E. Telephone number

8203.880.9456

F. Name and address of principal officer:

LORI O'DRISCOLL

SAME AS C ABOVE

MONROE, CT 06468

G. Gross receipts

567,785

H. Is this a group return for affiliates?

No

J. Website:

WWW.DRAVETFOUNDATION.ORG

K. Form of organization:

Corporation

Other

L. Year of formation:

2009

State of legal domicile:

CT

Part I: Summary

1. Briefly describe the organization's mission or most significant activities: THE MISSION OF THE DRAVET SYNDROME FOUNDATION (DSF) IS TO AGGRESSIVELY RAISE RESEARCH FUNDS

2. Check this box 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)

4.

4. Number of independent voting members of the governing body (Part VI, line 1b)

4.

5. Total number of individuals employed in calendar year 2012 (Part V, line 2a)

6.

6. Total number of volunteers (estimate if necessary) (Part V, line 2b)

0.

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

0.

8. Contributions and grants (Part VIII, line 1a)

71,524.

9. Program service revenue (Part VIII, line 2a)

132,679.

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0.

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9d, 10c, and 11e)

397,935.

12. Total revenue: add lines 8 through 11

469,459.

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

424,078.

14. Benefits paid to or for members (Part IX, column (A), line 4)

0.

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0.

16a. Professional fundraising fees (Part IX, column (A), line 11e)

b. Total fundraising expenses (Part IX, column (D), line 25)

75,239.

17. Other expenses (Part IX, column (A), lines 11a, 11b, 11f, 24a)

476,836.

18. Total expenses. Add lines 13-17

<7,377.

19. Revenue less expenses. Subtract line 18 from line 12

<39,703.

20. Total assets (Part X, line 15)

206,892.

21. Total liabilities (Part X, line 26)

84,006.

22. Net assets or fund balances. Subtract line 21 from line 20

122,886.

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

LORI O'DRISCOLL, PRESIDENT

Date

4/30/13

Preparer's Name

BRIAN C. WHITE

Preparer's Signature

STUDLEY, WHITE & ASSOCIATES P.C

Preparer's EIN

06-0990123

Phone no.

203-748-6517

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

LHA

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
THE DSF FUNDS RESEARCH TOWARD BETTER TREATMENTS AND A CURE OF DRAVET SYNDROME AND RELATED EPILEPSIES BY AWARDING RESEARCH GRANTS TO QUALIFIED SCIENTISTS AND DOCTORS. THE DSF PRODUCES AN ANNUAL MEETING TO PROVIDE AN OPPORTUNITY FOR RESEARCHERS AND FACILITATE BOTH.

1a. The DSF funds research toward better treatments and a cure of DRAVET syndrome and related epilepsies by awarding research grants to qualified scientists and doctors. The DSF produces an annual meeting to provide the opportunity for researchers and a road map toward a cure and how to best facilitate both.

1b. We understand that medical expenses are high when caring for a child with chronic health issues, unfortunately some of the items that might improve the quality of life for the child and/or family are not always covered by medical insurance. Through (our) international partnership, we provide grants to cover these items.

2. Did the organization undertake any significant program services during the year which were not listed on Schedule C?

3. If “Yes,” describe the new services in detail and the changes on Schedule C.

4. Did the organization have any changes in its largest program services, as measured by expenses, during the year which were not listed on Schedule C?

4a. Did the organization have any changes in its largest program expenses during the year which were not listed on Schedule C?

4b. The DSF produces an annual research roundtable meeting to provide an opportunity for researchers, clinicians, and other professionals to collaborate and discuss better treatment options and a road map toward a cure and how to best facilitate both.

4c. We understand that medical expenses are high when caring for a child with chronic health issues, unfortunately some of the items that might improve the quality of life for the child and/or family are not always covered by medical insurance. Through (our) international partnership, we provide grants to cover these items.

4d. Other program services (describe in Schedule C).

4e. Total program service expenses.

Form 990 (2012) 2012-03040 DRAVET SYNDROME FOUNDATION DRAVET1
<table>
<thead>
<tr>
<th>Form 990 (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part II</strong> Date: 2012.03.4000 80990000 DRAVEY 27-0924627</td>
</tr>
<tr>
<td><strong>Part IV</strong> Checklist of Required Schedules</td>
</tr>
</tbody>
</table>

1. Is the organization described in section 501(c)(3) or 501(c)(4) (other than a parent foundation)?

2. Is the organization required to prepare an IRS Schedule A (Form 990-A)?

3. Are the organization's activities to any of the following extents, if yes, complete Schedule G, Part V, if applicable?

4. Is the organization required to prepare a Form 990-PF due to the presence of foreign assets?

5. Is the organization required to prepare a Form 990-EZ due to the presence of foreign assets?

6. Is the organization a member of a controlled group of tax-exempt organizations?

7. Is the organization required to prepare a Form 990-ES?

8. Does the organization have an orchestra or similar organization?

9. Does the organization have a controlled group of tax-exempt organizations?

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100. Does the organization have a controlled group of tax-exempt organizations?
| X | Note: All Form 990s are required to complete Schedule O. You must use Form 990 Schedule O for Part I, Part II, and Part III.  
| X | the organization conducted more than 50% of its activities through an entity that is not a United States organization and therefore did not prepare Form 990.  
| X | The organization made any transfers to another organization for the benefit of a controlled entity.  
| 36 | did the organization have a controlled entity? Yes. **Complete Schedule O**.  
| 35 | Yes, see Schedule O.  
| 34 | the organization made any transfers to another organization for the benefit of a controlled entity.  
| 33 | the organization did not make any transfers to another organization for the benefit of a controlled entity.  
| 32 | the organization did not make any transfers to another organization for the benefit of a controlled entity.  
| 31 | the organization did not make any transfers to another organization for the benefit of a controlled entity.  
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| 3 | the organization made any transfers to another organization for the benefit of a controlled entity.  
| 2 | the organization made any transfers to another organization for the benefit of a controlled entity.  
| 1 | the organization made any transfers to another organization for the benefit of a controlled entity.          |   |
Section 501(c)(3) Organizations:

1. Did the organization make any contributions under Section 4958?
2. Did the organization make any loans or advances granted or made under Section 4958?
3. Did the organization make any transfers of property which it was required to report under Section 4958?
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Section 501(c)(3) Organizations:

1. Did the organization make any distributions under Section 4958?
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10. Did the organization make any distributions under Section 4958?
**Section C: Disclosures**

<table>
<thead>
<tr>
<th>Disclosures</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your organization have a written management policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. Does the organization have a written distribution policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Does the organization have a written retention policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Does the organization have a written protection policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. Does the organization have a written compliance policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6. Does the organization have a written training policy?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Section A: Governing Body and Management**

- **Governing Body & Directors:**
- **Address:**
- **Phone:**
- **Email:**

- **Executive Officers:**
- **Position:**
- **Telephone:**
- **Fax:**
- **Email:**

- **Board Members:**
- **Position:**
- **Telephone:**
- **Fax:**
- **Email:**

- **Non-Board Officers:**
- **Position:**
- **Telephone:**
- **Fax:**
- **Email:**

**Section B: Financial Information**

- **Revenue:**
- **Expenses:**
- **Net Assets:**

**Section D: Financial Statements**

- **Audited Financial Statement:**
- **Unaudited Financial Statement:**

**Section E: Programs and Services**

- **Programs:**
- **Services:**

**Section F: Board of Directors**

- **Board Members:**
- **Officers:**

**Section G: Other**

- **Other:**
- **Notes:**

**Section H: Additional Information**

- **Other:**
- **Notes:**

**Section I: Supporting Documents**

- **Supporting Documents:**
- **Notes:**
<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Position</th>
<th>Average Hours per Week</th>
<th>W-2 (W-2/Misc)</th>
<th>Other Compensation from Related Organizations</th>
<th>Other Compensation from Non-Related Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LORI D. DRAKE-SCOLL</td>
<td>PRESIDENT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(2) ABIGAIL H. REED</td>
<td>VICE PRESIDENT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(3) AMANDA BENZ</td>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check this box if neither the organization nor any related organization compensated any current officers, directors, or trustees.

Check if any key employees, officers, or directors are members of the organization's boards of directors, board of trustees, or similar governing bodies.

Enter compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of $100,000 or more, or compensation in excess of $50,000 from any non-related organization(s) of which the organization is a participant or a director of the board of directors or board of trustees.

List all of the organization's former directors, 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 current directors, officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations, regardless of amount of compensation.

List all of the organization's current directors, officers, key employees, and highest compensated employees who received compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $50,000 from any non-related organization(s) of which the organization is a participant or a director of the board of directors or board of trustees.
<table>
<thead>
<tr>
<th>Name and title</th>
<th>Total from continuation sheets to Part VII, Section A</th>
<th>Total (lines 1b and 1c)</th>
<th>Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?</th>
<th>Did any individual listed on line 1a receive more than $100,000 of compensation from the organization for services during the organization's tax year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>(B)</td>
<td>(C)</td>
</tr>
<tr>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

- **Total number of Independent Contractors**
  - Section B:
    - Complete the table for your independent contractors who received more than $100,000 of compensation from the organization, report compensation for the calendar year ending with or within the organization's tax year.
    - **Description of services**
      - **Name and business address**
        - **(A) Name and business address**
          - **(B) Description of services**
            - **(C) Name and business address**
              - **(D) Total number of independent contractors including but not limited to those listed above who received more than $100,000 of compensation from the organization**
### Program Revenue

- **Part A**: Total revenue from all sources.
- **Part B**: Total revenue from investment, membership, and service fees (must be subtracted from contributions).
- **Part C**: Total revenue from membership and service fees.
- **Part D**: Total revenue from investment.
- **Part E**: Total revenue from all sources.

### Contributions, Gifts, Grants and Other Similar Amounts

- **Part A**: Contributions, Gifts, Grants, and Other Similar Amounts from All Sources.
- **Part B**: Contributions, Gifts, Grants, and Other Similar Amounts from Federal Awards.
- **Part C**: Contributions, Gifts, Grants, and Other Similar Amounts from State Awards.

### Program Revenue Statement

- **Part D**: Revenue from membership and service fees.
- **Part E**: Revenue from investment.
- **Part F**: Total revenue from all sources.

### Comments

- **Part G**: Narrative comments on the revenue and expenses for the year.

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**Note:** The form is a financial report for the Drayer Syndrome Foundation, Inc., for the fiscal year ending December 31, 2012. The table includes detailed revenue and expense categories, total contributions, and other financial information.
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>0.00</td>
<td>Bank Charges</td>
</tr>
<tr>
<td>0.00</td>
<td>Postage &amp; Printing</td>
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<tr>
<td>0.00</td>
<td>Other</td>
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<tr>
<td>0.00</td>
<td>Total Contributions, Grants, and Membership Donations</td>
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<td>0.00</td>
<td>Total</td>
</tr>
<tr>
<td>0.00</td>
<td>Program Services</td>
</tr>
<tr>
<td>0.00</td>
<td>Total Expenses</td>
</tr>
</tbody>
</table>

Column (d): Amounts in column (d) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (e): Amounts in column (e) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (f): Amounts in column (f) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (g): Amounts in column (g) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (h): Amounts in column (h) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (i): Amounts in column (i) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (j): Amounts in column (j) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (k): Amounts in column (k) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (l): Amounts in column (l) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (m): Amounts in column (m) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (n): Amounts in column (n) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (o): Amounts in column (o) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (p): Amounts in column (p) are required for organizations that file Form 990 or the alternative Form 990-EZ.

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Column (r): Amounts in column (r) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (s): Amounts in column (s) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (t): Amounts in column (t) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (u): Amounts in column (u) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (v): Amounts in column (v) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (w): Amounts in column (w) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (x): Amounts in column (x) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (y): Amounts in column (y) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (z): Amounts in column (z) are required for organizations that file Form 990 or the alternative Form 990-EZ.

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Column (bb): Amounts in column (bb) are required for organizations that file Form 990 or the alternative Form 990-EZ.

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Column (dd): Amounts in column (dd) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (ee): Amounts in column (ee) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (ff): Amounts in column (ff) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (gg): Amounts in column (gg) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (hh): Amounts in column (hh) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (ii): Amounts in column (ii) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (jj): Amounts in column (jj) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (kk): Amounts in column (kk) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (ll): Amounts in column (ll) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (mm): Amounts in column (mm) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (nn): Amounts in column (nn) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (oo): Amounts in column (oo) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (pp): Amounts in column (pp) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (qq): Amounts in column (qq) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (rr): Amounts in column (rr) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (ss): Amounts in column (ss) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (tt): Amounts in column (tt) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (uu): Amounts in column (uu) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (vv): Amounts in column (vv) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (ww): Amounts in column (ww) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (xx): Amounts in column (xx) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (yy): Amounts in column (yy) are required for organizations that file Form 990 or the alternative Form 990-EZ.

Column (zz): Amounts in column (zz) are required for organizations that file Form 990 or the alternative Form 990-EZ.
### Form 990 (2012)

**Assets**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>6,703.90</td>
</tr>
<tr>
<td>Other assets</td>
<td>15,131.40</td>
</tr>
<tr>
<td>Total Assets</td>
<td>187,626.10</td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Liabilities</td>
<td>114,969.74</td>
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</table>

**Net Assets**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Total Net Assets</td>
<td>72,656.36</td>
</tr>
</tbody>
</table>

- **Schedule D**
- **Schedule E**
- **Schedule F**
- **Schedule G**
- **Schedule H**
- **Schedule I**
- **Schedule J**
- **Schedule K**
- **Schedule L**
- **Form 990 (2012)**
<table>
<thead>
<tr>
<th>SCHEDULE A</th>
<th>Reason for Public Charity Status</th>
<th>Type of Organization</th>
<th>Type of Activity</th>
<th>Supporting Organization</th>
<th>Supporting Activity</th>
<th>Amount of Money</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I: Reason for Public Charity Status</td>
<td>A non-profit organization as defined in section 501(c)(3)</td>
<td>a. Federal, state, or local government or governmental unit</td>
<td>b. Any organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) or a community trust described in section 170(b)(1)(A)(vii)</td>
<td>c. A church, convention, or association of churches described in section 170(b)(1)(A)(x)</td>
<td>d. An organization operated for the benefit of a college or university owned or operated by an educational institution</td>
<td>e. A hospital described in section 170(b)(1)(A)(vi)</td>
<td>f. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(vi)</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td></td>
</tr>
</tbody>
</table>

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**Notes:**
- **Type of Organization:**
  - a. Federal, state, or local government or governmental unit
  - b. Any organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) or a community trust described in section 170(b)(1)(A)(vii)
  - c. A church, convention, or association of churches described in section 170(b)(1)(A)(x)
  - d. An organization operated for the benefit of a college or university owned or operated by an educational institution
  - e. A hospital described in section 170(b)(1)(A)(vi)
  - f. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(vi)
  - g. A school described in section 170(b)(1)(A)(v)
  - h. An organization operated for the benefit of a college or university owned or operated by an educational institution

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**Amount of Money:**
- The amount of money refers to the amount of contribution or support received by the organization from the specified type of organization.

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**Total:**
- The total amount refers to the aggregate amount of money received from all supporting organizations of the specified type.