

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 2010 calendar year, or tax year beginning , **2010**, and ending , **20**

B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Address change</td> <td style="width: 80%;">C Name of organization PRADER-WILLI CALIFORNIA FOUNDATION</td> <td style="width: 10%;">D Employer identification number 95-3480752</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> <td>Doing Business As</td> <td>E Telephone number (310) 372-5053</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 514 N. PROSPECT AVENUE STE 110-LL</td> <td>G Gross receipts \$ 181,924.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Terminated</td> <td>City or town, state or country, and ZIP + 4 REDONDO BEACH, CA 90277</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> <td>F Name and address of principal officer:</td> <td>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> <td></td> <td>If "No," attach a list. (see instructions)</td> </tr> </table>	<input type="checkbox"/>	Address change	C Name of organization PRADER-WILLI CALIFORNIA FOUNDATION	D Employer identification number 95-3480752	<input type="checkbox"/>	Name change	Doing Business As	E Telephone number (310) 372-5053	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 514 N. PROSPECT AVENUE STE 110-LL	G Gross receipts \$ 181,924.	<input type="checkbox"/>	Terminated	City or town, state or country, and ZIP + 4 REDONDO BEACH, CA 90277	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	Amended return	F Name and address of principal officer:	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Application pending		If "No," attach a list. (see instructions)
<input type="checkbox"/>	Address change	C Name of organization PRADER-WILLI CALIFORNIA FOUNDATION	D Employer identification number 95-3480752																						
<input type="checkbox"/>	Name change	Doing Business As	E Telephone number (310) 372-5053																						
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 514 N. PROSPECT AVENUE STE 110-LL	G Gross receipts \$ 181,924.																						
<input type="checkbox"/>	Terminated	City or town, state or country, and ZIP + 4 REDONDO BEACH, CA 90277	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
<input type="checkbox"/>	Amended return	F Name and address of principal officer:	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
<input type="checkbox"/>	Application pending		If "No," attach a list. (see instructions)																						
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: ▶ WWW.PWCF.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: 1979 M State of legal domicile: CA																							

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE PARENTS AND PROFESSIONALS A STATE NETWORK OF INFORMATION, ADVOCACY, AND SUPPORT SERVICES TO EXPRESSLY MEET THE NEEDS OF CHILDREN AND ADULTS WITH PRADER-WILLI SYNDROME AND THEIR FAMILIES.		
Activities & Governance	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	11.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	40.
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	116,643.	111,344.
	9	Program service revenue (Part VIII, line 2g)	3,301.	57,630.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,658.	8,301.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,728.	4,649.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,330.	181,924.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,248.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16 a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,850.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	114,148.	122,348.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,396.	142,802.
	19	Revenue less expenses. Subtract line 18 from line 12	105,934.	39,122.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	834,958.	931,803.
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	834,958.	931,803.

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">▶ Signature of officer</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>▶ Type or print name and title</td> <td></td> </tr> </table>	▶ Signature of officer	Date	▶ Type or print name and title	
▶ Signature of officer	Date				
▶ Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ FRITH-SMITH & ARCHIBALD, LLP		11/14/2011		P00370997
	Firm's address ▶ 6355 TOPANGA CANYON BLVD, SUITE #400 WOODLAND HILLS, CA 91367			Firm's EIN ▶ 95-4714778	Phone no. 818-774-1500
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE PARENTS AND PROFESSIONALS A STATE NETWORK OF INFORMATION, ADVOCACY, AND SUPPORT SERVICES TO EXPRESSLY MEET THE NEEDS OF CHILDREN AND ADULTS WITH PRADER-WILLI SYNDROME AND THEIR FAMILIES.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,461. including grants of \$) (Revenue \$)

PUBLIC AWARENESS PROGRAMMING: PRADER-WILLI CALIFORNIA FOUNDATION CREATED A DVD FEATURING THE MUSIC OF MILEY CYRUS TO HELP RAISE THE PUBLIC'S AWARENESS OF PRADER-WILLI SYNDROME. A PWS CONCERT HELD IN SAN FRANCISCO, A PWS EVENT HELD AT THE ORACLE ARENA IN OAKLAND, AND OUR ANNUAL STATEWIDE WALKATHON HELPED INCREASE THE PUBLIC'S AWARENESS OF THIS RARE SYNDROME. PWS GLOW-IN-THE-DARK WRISTBANDS WERE DISTRIBUTED TO OVER 1,500 PEOPLE THROUGHOUT THE YEAR.

4b (Code:) (Expenses \$ 55,491. including grants of \$) (Revenue \$)

ATTACHMENT 1

4c (Code:) (Expenses \$ 43,672. including grants of \$) (Revenue \$)

ATTACHMENT 2

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

4e Total program service expenses 125,624.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RENEE TARICA 514 N. PROSPECT AVENUE SUITE 110LL REDONDO BEACH, CA 90277 310-372-5053

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) JULIE CASEY SECRETARY	1.50	X		X				0.	0.	0.
(2) MICHELLE FREIER DIRECTOR	.50	X						0.	0.	0.
(3) KEN KNOX PRESIDENT	1.00	X		X				0.	0.	0.
(4) DREW MARICH DIRECTOR	1.00	X						0.	0.	0.
(5) CARL MARTENS DIRECTOR	.50	X						0.	0.	0.
(6) TOM MCRAE DIRECTOR	1.00	X						0.	0.	0.
(7) BETTY OLSON DIRECTOR	1.00	X						0.	0.	0.
(8) CHRIS PATAY VICE PRESIDENT	1.00	X		X				0.	0.	0.
(9) MICHAEL MOORE DIRECTOR	1.00	X						0.	0.	0.
(10) RENEE TARICA TREASURER	6.50	X		X				0.	0.	0.
(11) JULIE TAUSCHER DIRECTOR	1.00	X						0.	0.	0.
(12) LISA GRAZIANO EXECUTIVE DIRECTOR	15.00				X			37,800.	0.	0.
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
1b Sub-total							37,800.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							37,800.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b	9,073.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	102,271.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			111,344.			
Program Service Revenue	2a EDUCATION	Business Code		57,630.	57,630.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			57,630.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 3			8,301.		
4 Income from investment of tax-exempt bond proceeds				0.			
5 Royalties				0.			
6a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)					0.		
7a 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)					0.		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events					0.		
9a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS				50.	50.		
b REIMBURSEMENTS				4,599.	4,599.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d				4,649.			
12 Total revenue. See instructions				181,924.	62,279.		8,301.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	20,454.	20,454.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	52,400.	45,120.	5,390.	1,890.
12 Advertising and promotion	1,000.	1,000.		
13 Office expenses	27,130.	24,484.	843.	1,803.
14 Information technology	24.	24.		
15 Royalties	0.			
16 Occupancy	9,515.	8,562.	477.	476.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	23,077.	19,451.	126.	3,500.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	2,113.	1,902.	105.	106.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BANK CHARGES</u>	58.		58.	
b <u>INVESTMENT FEES</u>	4,391.	3,156.	1,060.	175.
c <u>POSTAGE & DELIVERY</u>	1,587.	1,049.	44.	494.
d <u>DUES & SUBSCRIPTIONS</u>	225.		225.	
e <u>FOOD & DRINKS</u>	563.	287.		276.
f All other expenses	265.	135.		130.
25 Total functional expenses. Add lines 1 through 24f	142,802.	125,624.	8,328.	8,850.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,291.	1	65,527.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	400.	4	0.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	4,950.	7	0.
	8 Inventories for sale or use	2,850.	8	705.
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 960.		
	b Less: accumulated depreciation	10b 576.		
		384.	10c	384.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	631,170.	12	542,928.
	13 Investments - program-related. See Part IV, line 11	180,187.	13	321,533.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	726.	15	726.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	834,958.	16	931,803.	
Liabilities	17 Accounts payable and accrued expenses		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 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. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	826,605.	27	923,437.
	28 Temporarily restricted net assets	8,353.	28	8,366.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	834,958.	33	931,803.
34 Total liabilities and net assets/fund balances	834,958.	34	931,803.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,802.
3	Revenue less expenses. Subtract line 2 from line 1	3	39,122.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	834,958.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	57,723.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	931,803.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <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?		X
2b	Were the organization's financial statements audited by an independent accountant?		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.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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?		
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION	Employer identification number 95-3480752
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An 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)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 79.81%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 82.83%; 16a 33 1/3 % support test - 2010. 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 [X]; 16b 33 1/3 % support test - 2009. 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; 17a 10%-facts-and-circumstances test - 2010. 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; 17b 10%-facts-and-circumstances test - 2009. 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; 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.

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3 % support tests - 2010. 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 - 2009. 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.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION	Employer identification number 95-3480752
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CASH CONTRIBUTION UNDER \$5,000 PROVIDED UPON REQUEST REDONDO BEACH, CA 90277	\$ 29,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE STORR FAMILY FOUNDATION 33 BROOKRIDGE DR GREENWICH, CT 06830	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TESSIE & JEFF NEDELMAN 240 RIVERSIDE BLVD. #27A NEW YORK, NY 10069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	APX FAMILY FOUNDATION 4931 N. 300 WEST PROVO, UT 84604	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JEREMIAH & MAUREEN KELLY FAMILY CHARITAB 150 MOUNTAIN WAY MORRIS PLAINS, NY 07950-2215	\$ 16,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JOSEPH DROWN FOUNDATION 1999 AVENUE OF THE STARS, STE. #2330 LOS ANGELES, CA 90067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? Yes No

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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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 XIV, 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 ▶ \$ _____

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

Schedule D (Form 990) 2010

JSA
0E1268 1.000

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 XIV.

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?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities. 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) MARKETABLE SECURITIES	497,312.	COST
(B) CERTIFICATES OF DEPOSIT	45,616.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	542,928.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH FUND	321,533.	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	321,533.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include description, line number, and a blank column for values.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for reconciliation of revenue. Includes sub-columns 2a-2d and 4a-4b.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for reconciliation of expenses. Includes sub-columns 2a-2d and 4a-4b.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

INVESTMENTS - OTHER SECURITIES
PART X, LINE 12
THE NONPROFIT ALSO HAS MONEY MARKET ACCOUNTS IN THE AMOUNT OF
\$45,616 AND IS HELD AS CERTIFICATES OF DEPOSIT.

Part XIV Supplemental Information *(continued)*

**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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

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. Check this box if no one recipient 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
(1)	THE PAINTED TURTLE 1300 4TH ST., SUITE 300	95-4612481		8,000.				CAMP SUPPORT
(2)	RADY CHILDREN'S HOSP SAN DIEGO 3020 CHILDREN'S WAY #5031	95-1691313		6,730.				PWS CLINIC
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations 11.
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART IV

THE ORGANIZATION'S PURPOSE IS TO PROVIDE PARENTS AND PROFESSIONALS A STATE NETWORK OF INFORMATION, ADVOCACY, AND SUPPORT SERVICES TO EXPRESSLY MEET THE NEEDS OF CHILDREN AND ADULTS WITH PRADER-WILLI SYNDROME AND THEIR FAMILIES. GRANTS ARE GIVEN TO ORGANIZATIONS WHO WILL TAKE PART IN DOING THE SAME.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HENRY TARICA DBA TARIX INSTANT PRINT	SPOUSE OF OWNER	9,324.	PRINTING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI SECTION B. POLICIES QUESTION 11, 11A

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO ALL MEMBERS OF ITS
GOVERNING BODY BEFORE FILING THE FORM:

IT IS THE POLICY OF THE PRADER-WILLI CALIFORNIA FOUNDATION THAT TAX FORM
990 SHALL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMITTING THE
FORM TO THE IRS IN THE FOLLOWING MANNER:

1) THE ACCOUNTING FIRM SHALL PREPARE AND PROVIDE A DRAFT FORM 990 TO
THE EXECUTIVE DIRECTOR AND THE TREASURER.

2) THE EXECUTIVE DIRECTOR OR THE TREASURER SHALL FORWARD A COPY OF
FORM 990 TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE SHALL REVIEW
FORM 990 AND PROVIDE THE BOARD OF DIRECTORS WITH ITS REMARKS,
SUGGESTIONS, AND/OR QUESTIONS.

3) THE BOARD OF DIRECTORS SHALL REVIEW FORM 990 AND MAKE ANY
NECESSARY CLARIFICATIONS AND/OR CORRECTIONS.

4) THE EXECUTIVE DIRECTOR OR THE TREASURER SHALL PROVIDE ALL
CLARIFICATIONS AND/OR CORRECTIONS TO THE ACCOUNTING FIRM.

5) THE MINUTES OF THE MEETING SHALL REFLECT THE FACT THAT THE BOARD

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION	Employer identification number 95-3480752
--	--

REVIEWED FORM 990.

6) THE FORM 990 SHALL BE POSTED TO THE PRADER-WILLI CALIFORNIA FOUNDATION'S WEBSITE AS QUICKLY AS POSSIBLE.

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE

QUESTION 12A AND B AND ALSO QUESTION 15A

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND EITHER REVISED OR RENEWED ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, A RESPONSIBLE PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE EXECUTIVE DIRECTORS AND RESPONSIBLE PARTIES OF THE COMMITTEE WHO WILL CONSIDER THE PROPOSED TRANSACTION AND ARRANGEMENT.

QUESTION 15A

THE PROCESS OF DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION: THE PROCESS WAS UTILIZED AS THE ORGANIZATION DOES COMPENSATE KEY PERSONNEL. IF AND WHEN THE ORGANIZATION DOES COMPENSATE SUCH PERSONNEL WE WILL REVIEW AND CONSIDER ALL RELEVANT DATA AS DESCRIBED IN THE IRS 990 INSTRUCTIONS RELATED TO THIS QUESTION.

PART XI RECONCILIATION OF NET ASSETS

LINE 5

THE ORGANIZATION REPORTED UNREALIZED GAINS AND LOSSES OF \$57,722 AS A NET

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION	Employer identification number 95-3480752
--	--

CHANGE IN NET ASSETS WHICH IS NOT REPORTED ON THE STATEMENT OF REVENUE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATIONAL PROGRAM: THIS ANNUAL CONFERENCE BROUGHT PRADER-WILLI SYNDROME EXPERTS FROM THROUGHOUT THE COUNTRY TO CALIFORNIA TO EDUCATE PARENTS, EXTENDED FAMILY MEMBERS, RESIDENTIAL CARE PROVIDERS, VOCATIONAL SERVICE PROVIDERS, REGIONAL CENTER CASE WORKERS, TEACHERS, PHYSICIANS AND ALL ALLIED HEALTH PROFESSIONALS.

ATTENDEES LEARNED ABOUT PRADER-WILLI SYNDROME AND THE MOST CURRENT, STATE-OF-THE-ART TREATMENT AND MANAGEMENT STRATEGIES. THE 2010 CONFERENCE FOCUSED ON EDUCATING ATTENDEES ON MANAGING THE BEHAVIORAL AND PSYCHIATRIC SYMPTOMS INHERENT IN THE SYNDROME.

WORLD RENOWNED PWS EXPERTS PRESENTED VITAL INFORMATION TO PARENTS AND OTHER CARE PROVIDERS, AS WELL AS PHYSICIANS AND TEACHERS.

SPANISH TRANSLATION WAS PROVIDED. THE CONFERENCE ALSO PROVIDED A CONCURRENT YOUTH & ADULT PROGRAM - A UNIQUE MINI-CONFERENCE FOR CHILDREN AND ADULTS WITH PRADER-WILLI SYNDROME AND THEIR SIBLINGS.

THE YOUTH & ADULT PROGRAM IS STAFFED BY STUDENTS RECRUITED FROM LOCAL UNIVERSITIES WHO ARE STUDYING SUCH FIELDS AS MEDICINE, THERAPEUTIC SPECIALTIES (I.E., SPEECH AND LANGUAGE PATHOLOGY, PHYSICAL THERAPY, ETC.), SPECIAL EDUCATION, AND LAW. THROUGH THIS PROGRAM THESE UNIVERSITY STUDENTS HAD AN OPPORTUNITY TO LEARN MORE ABOUT PERSONS WITH PRADER-WILLI SYNDROME. RESIDENTIAL STAFF

TRAINING: PRADER-WILLI CALIFORNIA FOUNDATION PROVIDED INDIVIDUALIZED TRAINING SERVICES TO STAFF WHO WORK AT GROUP HOMES,

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION	Employer identification number 95-3480752
--	--

ATTACHMENT 1 (CONT'D)

SUPPORTED LIVING HOMES, AND VOCATIONAL WORK SITES THAT PROVIDE SERVICES TO PERSONS WITH PRADER-WILLI SYNDROME. INSERVICE TRAINING: INSERVICE TRAINING SERVICES WERE PROVIDED TO SCHOOLS SERVING CHILDREN WITH PRADER-WILLI SYNDROME WHO LIVE THROUGHOUT THE STATE OF CALIFORNIA. EDUCATIONAL PUBLICATIONS: PRADER-WILLI CALIFORNIA FOUNDATION PUBLISHES FOUR NEWSLETTERS EACH YEAR WHICH PROVIDE EDUCATION ABOUT THE MANAGEMENT OF VARIOUS SYMPTOMS CAUSED BY PRADER-WILLI SYNDROME, INFORMATIVE ARTICLES, AND UPDATES ON RESEARCH ACTIVITY. THE FOUNDATION ALSO PUBLISHES A HANDBOOK FOR PARENTS AND DISTRIBUTES OTHER EDUCATIONAL MATERIALS SUCH AS BOOKS, BROCHURES AND DVDS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SUPPORT & ADVOCACY PROGRAM: PRADER-WILLI CALIFORNIA FOUNDATION PROVIDED SUPPORT TO FAMILIES BY GRANTING FUNDS TO MAINTAIN PWS CLINICS WITHIN CALIFORNIA THAT PROVIDE MEDICAL CARE TO PATIENTS WITH PRADER-WILLI SYNDROME. ALMOST NO FAMILY HAS EVER HEARD OF PWS BEFORE THEIR CHILD WAS DIAGNOSED WITH IT, AND VERY FEW PHYSICIANS OR ALLIED HEALTH PROFESSIONALS HAVE TREATED A CHILD WITH PWS OR ARE KNOWLEDGEABLE ABOUT THE CURRENT TREATMENTS AND THERAPIES FOR THIS EXTRAORDINARILY COMPLEX SYNDROME. STATISTICALLY, THERE ARE APPROXIMATELY 2,000-2,500 PEOPLE WITH PWS IN CALIFORNIA, BUT LESS THAN 500 PEOPLE HAVE BEEN IDENTIFIED TO DATE. PWS IS LIFELONG AND LIFE-THREATENING. WITHOUT APPROPRIATE MEDICAL INTERVENTION,

Name of the organization PRADER-WILLI CALIFORNIA FOUNDATION	Employer identification number 95-3480752
--	--

ATTACHMENT 2 (CONT'D)

PERSONS WITH PWS EXPERIENCE REDUCED QUALITY OF LIFE AND/OR PREMATURE DEATH. PWCF'S GRANTS TO SUPPORT THESE PWS CLINICS HELPED SAVE LIVES AND IMPROVED THE QUALITY OF LIFE OF THOSE TREATED. PWCF ALSO MAINTAINS A PWS MEDICAL CRISIS LINE. CAMP SCHOLARSHIPS & RESPITE SUPPORT FOR FAMILIES: PRADER-WILLI CALIFORNIA FOUNDATION PROVIDES SCHOLARSHIPS SO THAT INDIVIDUALS WITH PRADER-WILLI SYNDROME STILL LIVING WITHIN THEIR FAMILY HOME MAY ATTEND A SUMMER CAMP. THIS SCHOLARSHIP PROGRAM ALLOWED PERSONS WITH PWS TO ENJOY CAMP ACTIVITIES AWAY, WHILE ALLOWING FAMILIES RESPITE FROM THE 24/7, DAY TO DAY CARETAKING OF THEIR LOVED ONE WITH PWS. RESIDENTIAL & VOCATIONAL SERVICE PROVIDER GRANTS: PRADER-WILLI CALIFORNIA FOUNDATION PROVIDED SERVICES TO ADULTS WITH PRADER-WILLI SYNDROME AND THEIR FAMILIES BY GRANTING FUNDS TO SUPPORT GROUP HOMES THAT PROVIDE RESIDENTIAL SERVICES TO THEIR RESIDENTS WITH PRADER-WILLI SYNDROME. PERSONS WITH PRADER-WILLI SYNDROME CANNOT LIVE INDEPENDENTLY. AS THEY AGE, PARENTS ARE NOT ABLE TO CONTINUE TO CARE FOR THEIR ADULT CHILD AND MUST OR CHOOSE TO PLACE THEIR ADULT CHILD IN A PWS GROUP HOME OR PWS SUPPORTED LIVING HOME. WITHOUT APPROPRIATE ENVIRONMENTAL MANAGEMENT AND

Name of the organization

PRADER-WILLI CALIFORNIA FOUNDATION

Employer identification number

95-3480752

ATTACHMENT 2 (CONT'D)

ONE-TO-ONE SUPERVISION 24 HOURS A DAY, EVERY DAY, FOR THE ENTIRETY OF THEIR LIVES, PERSONS BORN WITH PWS WILL DIE PREMATURELY AS A RESULT OF A CHOKING INCIDENT, STOMACH RUPTURE, DIABETES, HEART FAILURE OR OTHER MEDICAL ISSUES RESULTING FROM MORBID OBESITY. PWCF'S GRANTS TO SUPPORT THESE GROUP HOMES HELPED IMPROVE THE QUALITY OF LIFE FOR THESE RESIDENTS.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	4,848.			4,848.
INTEREST INCOME	6,521.			6,521.
CAPITAL LOSS DISTRIBUTION	-3,068.			-3,068.
TOTALS	<u>8,301.</u>			<u>8,301.</u>

ATTACHMENT 4

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: ZYLNNA ANDAYA
 ORIGINAL AMOUNT: 25,000.
 DATE OF NOTE: 07/02/2007
 MATURITY DATE: 07/02/2009
 REPAYMENT TERMS: \$1,000 PER MONTH
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: ACQUISITION OF REAL PROPERTY

BEGINNING BALANCE DUE 4,950.
 TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 4,950.

FRITH-SMITH & ARCHIBALD, LLP

6355 TOPANGA CANYON BLVD, SUITE #400
WOODLAND HILLS, CA 91367

INSTRUCTIONS FOR FILING
PRADER-WILLI CALIFORNIA FOUNDATION

CALIFORNIA RRF-1 - REGISTRATION/RENEWAL FEE REPORT
FOR THE PERIOD ENDED DECEMBER 31, 2010

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF
THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2011
WITH...

ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

AN ANNUAL FILING FEE OF \$ 50. MUST BE SUBMITTED WITH THE REPORT
PAYABLE TO THE ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

FRITH-SMITH & ARCHIBALD, LLP
6355 TOPANGA CANYON BLVD, SUITE #400
WOODLAND HILLS, CA 91367

INSTRUCTIONS FOR FILING
PRADER-WILLI CALIFORNIA FOUNDATION
CA FORM 199
CALIFORNIA FORM 199 - EXEMPT ORGANIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2010

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF
THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2011
WITH...

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CALIFORNIA 94257-0700

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

<p>State Charity Registration Number: <u>039978</u></p> <hr/> <p>PRADER-WILLI CALIFORNIA FOUNDATION <small>Name of Organization</small></p> <hr/> <p>514 N. PROSPECT AVENUE STE 110-LL <small>Address (Number and Street)</small></p> <hr/> <p>REDONDO BEACH, CA 90277 <small>City or Town, State and ZIP Code</small></p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>Corporate or Organization No. <u>40310</u></p> <hr/> <p>Federal Employer I.D. No. <u>95-3480752</u></p>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between 1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2010 ending 12/31/2010) list:

Gross annual revenue \$ 181,924. Total assets \$ 931,803.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? ATCH 1	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes", provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes", provide an attachment indicating the number of raffles and the date(s) they occurred. ATCH 2	X	
8. Does the organization conduct a vehicle donation program? If "yes", provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (310) 372-5053

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____

Printed Name _____

Title _____

Date _____

PART B, LINE 1 - TRANSACTIONS WITH OFFICERS, DIRECTORS OR TRUSTEE

EXPLANATION

THE ORGANIZATION IS PROVIDED THEIR PRINTING FROM TARIX INSTANT PRINT WHICH IS OWNED BY ONE OF THE OFFICER'S SPOUSE.

PART B, LINE 7 - CHARITABLE RAFFLES

EXPLANATION

ONE RAFFLE WAS CONDUCTED ON THE FOLLOWING DATE:
NOVEMBER 6, 2010.

TAXABLE YEAR **California Exempt Organization**
2010 Annual Information Return

FORM
199

Calendar Year 2010 or fiscal year beginning month 01 day 01 year 10, and ending month 12 day 31 year 2010.

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701 (insert letter) D
 IRC Section 4947(a)(1) trust

CORP #
40310

Corporation/Organization Name
PRADER-WILLI CALIFORNIA FOUNDATION

FEIN
95-3480752

Address
514 N. PROSPECT AVENUE STE 110-LL
 City REDONDO BEACH State CA ZIP Code 90277

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption?
 (a) Is this a group filing for affiliates? See General Instruction L Yes No
 (b) If "Yes," enter the number of affiliates _____
 (c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number _____
 (f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
 (1) 990T (2) 990PF (3) (Schedule H) 990

G 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. See General Instruction F. No filing fee is required.
H Accounting method used (1) Cash (2) Accrual (3) Other
I 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)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J 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? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

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	70,580.00
	2 Gross dues and assessments from members and affiliates	2	9,073.00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	102,271.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	4	181,924.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	181,924.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	180,602.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,322.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	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	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 _____ Title _____ Date _____ Telephone _____

Paid Preparer's Use Only
 Preparer's signature _____ Date 11/14/2011 Check if self-employed
 Firm's name (or yours, if self-employed) and address FRITH-SMITH & ARCHIBALD, LLP
6355 TOPANGA CANYON BLVD, SUITE #400
WOODLAND HILLS, CA 91367
 Preparer's PTIN/SSN P00370997
 FEIN 95-4714778
 Telephone 818-774-1500
 May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	57,630.00
	2	Interest	•	2	8,301.00
	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. Attach schedule	•	7	4,649.00
	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	70,580.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	20,454.00
	10	Disbursements to or for members	•	10	0.00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	37,800.00
	12	Other salaries and wages	•	12	0.00
	13	Interest	•	13	0.00
	14	Taxes	•	14	0.00
	15	Rents	•	15	9,515.00
	16	Depreciation and depletion (See instructions)	•	16	0.00
	17	Other. Attach schedule	•	17	112,833.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	180,602.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		14,291.		65,527.
2 Net accounts receivable		400.		0.
3 Net notes receivable. Attach schedule	ATCH 6	4,950.		0.
4 Inventories		2,850.		705.
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule	ATCH 7	811,357.		864,461.
8 Mortgage loans (number of loans _____)				
9 Other investments. Attach schedule				
10 a Depreciable assets	960.		960.	
b Less accumulated depreciation	(576)	384.	(576)	384.
11 Land				
12 Other assets. Attach schedule	ATCH 9	726.		726.
13 Total assets		834,958.		931,803.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		834,958.		931,803.
22 Total liabilities and net worth		834,958.		931,803.

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 \$25,000

1	Net income per books	•	96,845.	7	Income recorded on books this year not included in this return.	
2	Federal income tax	•			Attach schedule	•
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year. Attach schedule	•			Attach schedule	•
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	57,722.	9	Total. Add line 7 and line 8	
6	Total. Add line 1 through line 5	•	154,567.	10	Net income per return. Subtract line 9 from line 6	154,567.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 3

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
<u>GRANTS PAID</u>			
EASTER SEALS CENTRAL CA 9010 SOQUEL DR APTOS, CA 95003	NONE 501 (C) 3	CAMP SCHOLARSHIP	500.
CAMPING UNLIMITED 4610 WHITESANDS COURT EL SOBRANTE, CA 94803	NONE 501 (C) (3)	CAMP SCHOLARSHIP	500.
CHRISTIAN BERETS, INC 1317 OAKDALE ROAD SUITE 320 MODESTO, CA 95355	NONE 501 (C) (3)	CAMP SCHOLARSHIP	500.
JOWELLA CHICO CARE HOME 8442 SUNRISE BLVD CITRUS HEIGHTS, CA 95610	NONE 501 (C) (3)	EXERCISE EQUIPMENT	1,224.
GRIFFIN FAMILY CARE HOME P.O. BOX 5026 VACAVILLE, CA 95696	NONE 501 (C) (3)	FURNITURE	1,000.
THE PAINTED TURTLE 1300 4TH ST., SUITE 300 SANTA MONICA, CA 90401	NONE 501 (C) (3)	CAMP SUPPORT	8,000.
CAMPING UNLIMITED, INC. 4610 WHITESANDS COURT EL SOBRANTE, CA 94803	NONE 501 (C) (3)	CAMP SCHOLARSHIP	500.
RADY CHILDREN'S HOSP SAN DIEGO 3020 CHILDREN'S WAY #5031 SAN DIEGO, CA 92123	NONE 501 (C) (3)	PWS CLINIC	6,730.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEARATTACHMENT 3 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
EASTER SEALS CAMP HARMON 9010 SOQUEL DR. APTOS, CA 95003	NONE 501 (C) (3)	CAMP SCHOLARSHIP	500.
CITY OF WALNUT CREEK 1666 N. MAIN ST. WALNUT CREEK, CA 94596	NONE 501 (C) (3)	CAMP SCHOLARSHIP	500.
CO-OP CAMP 1442-A WALNUT PMB 415 BERKELEY, CA 94709	NONE 501 (C) (3)	CAMP SCHOLARSHIP	500.
		TOTAL CONTRIBUTIONS PAID	<u>20,454.</u>

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 4

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JULIE CASEY 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.50 SECRETARY	0.		
MICHELLE FREIER 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	.50 DIRECTOR	0.		
KEN KNOX 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 PRESIDENT	0.		
DREW MARICH 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 DIRECTOR	0.		
CARL MARTENS 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	.50 DIRECTOR	0.		
TOM MCRAE 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 DIRECTOR	0.		
BETTY OLSON 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 DIRECTOR	0.		

CA 199, PART II - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 4 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TIME DEVOTED TO POSITION AND TITLE</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CHRIS PATAY 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 VICE PRESIDENT	0.		
MICHAEL MOORE 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 DIRECTOR	0.		
RENEE TARICA 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	6.50 TREASURER	0.		
JULIE TAUSCHER 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	1.00 DIRECTOR	0.		
LISA GRAZIANO 514 N. PROSPECT AVENUE STE 110-LL REDONDO BEACH, CA 90277	15.00 EXECUTIVE DIRECTOR	37,800.		
	GRAND TOTALS	<u>37,800.</u>		

PART II - OTHER EXPENSES

ADVERTISING	1,000.
OTHER	52,400.
OFFICE EXPENSE	27,130.
INFORMATION TECHNOLOGY	24.
CONFERENCES, CONVENTIONS, AND MEETINGS	23,077.
INSURANCE	2,113.
BANK CHARGES	58.
INVESTMENT FEES	4,391.
POSTAGE & MAILING	1,587.
MISCELLANEOUS	265.
FOOD & BEVERAGE	563.
DUES & SUBSCRIPTION	225.
TOTAL OTHER EXPENSES	<u>112,833.</u>

SCHEDULE L - NOTES RECEIVABLE NET

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
TOTAL NOTES RECEIVABLE NET	<u>4,950.</u>	

SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
MARKETABLE SECURITIES	435,139.	497,312.
CERTIFICATE OF DEPOSIT	196,031.	45,616.
CASH	180,187.	321,533.
TOTAL INVESTMENTS IN STOCK	<u>811,357.</u>	<u>864,461.</u>

CA 199, SCHEDULE L - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: ZYLNNA ANDAYA

ORIGINAL AMOUNT: 25,000.

DATE OF NOTE: 07/02/2007

MATURITY DATE: 07/02/2009

REPAYMENT TERMS: \$1,000 PER MONTH

SECURITY PROVIDED: NONE

PURPOSE OF LOAN: ACQUISITION OF REAL PROPERTY

BEGINNING BALANCE DUE 4,950.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 4,950.

CA 199 SCHEDULE L - OTHER ASSETS

ATTACHMENT 9

DESCRIPTION

ENDING
BOOK VALUE

OFFICE LEASE DEPOSIT

726.

TOTALS

726.

SCHEDULE M-1 - EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED

UNREALIZED LOSSES	57,722.
TOTAL EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED	<u>57,722.</u>