





**Part V Other Information (Note the statement requirements in the instructions for Part VI.)**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶		
37b	b Did the organization file Form 1120-POL for this year? . . . . .		X
38a	38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		
39b	b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
40d	d Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	41 List the states with which a copy of this return is filed. ▶		
42a	42a The books are in care of ▶ RENEE TARICA . . . . . Telephone no. ▶ 310-372-5053 Located at ▶ SEE STATEMENT 17 . . . . . ZIP + 4 ▶ 90277		
42b	b 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
	If "Yes," enter the name of the foreign county: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶		
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46**  **X**
  - 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **47**  **X**
  - 49a Did the organization make any transfers to an exempt non-charitable related organization? **48**  **X**
  - 49b If "Yes," was the related organization(s) a section 527 organization? **49a**  **49b**
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **FRITH-SMITH & ARCHIBALD, LLP** EIN ▶ **95-4714778**

18321 VENTURA BLVD, SUITE #600 TARZANA, CA Phone no. ▶ **818-774-1500**

May the IRS discuss this return with the preparer shown above? See instructions  **Yes**  **No**



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	97,993.	96,522.	98,342.	111,037.	143,882.	547,776.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .	97,993.	96,522.	98,342.	111,037.	143,882.	547,776.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						547,776.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	97,993.	96,522.	98,342.	111,037.	143,882.	547,776.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,616.	25,580.	28,329.	24,006.	26,867.	113,398.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						661,174.
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					12	12,070.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	82.85 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	84.38 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2008.</b> 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1-5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%

- 19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

**2008**

**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 organizations 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 Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

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	PFIZER, INC. 235 EAST 42ND STREET NEW YORK, NY 10017-5788	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CASH CONTRIBUTION UNDER \$5,000 PROVIDED UPON REQUEST REDONDO BEACH, CA 90277	\$ 128,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE STORE FAMILY FOUNDATION 33 BROOKRIDGE DR GREENWICH, CT 06830	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990EZ, PART I - INVESTMENT INCOME  
=====

DESCRIPTION -----	AMOUNT -----
DIVIDEND INCOME	12,021.
INTEREST INCOME	28,374.
OTHER INVESTMENTS	-13,528.
 	-----
TOTAL	26,867.
	=====

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

-----

AMOUNT

-----

FUND RAISING WALK

78,193.

TOTAL

-----  
78,193.  
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUND RAISING WALK	1,347.	5,027.	-3,680.
TOTALS	1,347.	5,027.	-3,680.

FORM 990EZ, PART I - OTHER REVENUE  
=====

MISCELLANEOUS	40.
OFFICE REIMBURSEMENT	3,971.
	-----
TOTALS	4,011.
	=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID  
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

GENETIC MEDICINE CENTRAL CA  
351 E BARSTOW # 106  
FRESNO, CA 93710

501(C)(3)

PWS CLINIC SUPPORT

7,000.

CHILDREN'S HOSPITAL OF ORANGE COUNTY  
455 S MAIN STREET  
ORANGE, CA 92868

501(C)(3)

PWS CLINIC SUPPORT

6,000.

THE PAINTED TURTLE CAMP  
P.O. BOX 455  
LAKE HUGHES, CA 93532

501(C)(3)

PWS FAMILY DAY CAMP

8,000.

TOTAL CONTRIBUTIONS PAID

21,000.

FORM 990EZ, PART I - OTHER EXPENSES  
=====

TRAVEL	1,813.
DEPRECIATION	160.
MISCELLANEOUS	50.
OFFICE EXPENSE	24,660.
CONSULTING FEES	43,465.
RENT EXPENSE	8,991.
BANK CHARGES	74.
INVESTMENT FEES	2,968.
INSURANCE	1,127.
ANNUAL MEETING	13,771.
EVENT EXPENSE	3,955.
	-----
TOTAL	101,034.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES  
=====

DECREASES IN FUND BALANCES  
-----

UNREALIZED LOSSES

237,824.

TOTAL

-----  
237,824.  
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	24,341.	40,191.
INVESTMENTS - SECURITIES	874,696.	672,676.
TOTALS	----- 899,037. -----	----- 712,867. -----

FORM 990EZ, PART II - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	550.	400.
OTHER NOTES AND LOANS RECEIVABLE	22,833.	11,700.
INVENTORIES FOR SALE OR USE	2,850.	2,850.
OFFICE LEASE DEPOSIT	726.	726.
	-----	-----
TOTALS	26,959.	15,676.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES  
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	1,720.	NONE
TOTALS	1,720.	NONE

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

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.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
=====PROGRAM SERVICE ACCOMPLISHMENT 1  
-----

## EDUCATION:

PWCF'S 2008 GENERAL EDUCATION MEETING PROVIDED APPROXIMATELY 160 FAMILIES AND PROFESSIONALS VITAL INFORMATION ABOUT PRADER-WILLI SYNDROME, FOCUSING UPON NONVERBAL LEARNING DISORDER, SPECIAL NEEDS AND TRUSTS, OCCUPATIONAL THERAPY, VOCATIONAL WORK SITE ISSUES, AND EDUCATIONAL ADVOCACY ISSUES. A SIMULTANEOUS YOUTH AND ADULT PROGRAM HOSTED PERSONS WITH PRADER-WILLI SYNDROME AND THEIR SIBLINGS. VOLUNTEERS TO OVERSEE THE YOUTH AND ADULT PROGRAM WERE RECRUITED FROM LOCAL UNIVERSITIES AND COLLEGES, WHICH ALSO SERVED TO INCREASE AWARENESS OF THE SYNDROME OF FUTURE PHYSICIANS, NURSES, OCCUPATIONAL AND PHYSICAL THERAPISTS, SPEECH AND LANGUAGE PATHOLOGISTS, AND ATTORNEYS.

PROGRAM SERVICE ACCOMPLISHMENT 2  
-----

## ADVOCACY &amp; SUPPORT:

PWCF PROVIDED SUPPORT TO RESIDUAL AND VOCATIONAL SERVICES PROVIDERS BY PROVIDING EXERCISE AND FURNITURE GRANTS TO GROUP HOMES, AND BY SECURING A CONTRACT WITH A PROFESSIONAL TRAINING CONSULTANT TO TRAVEL THROUGHOUT CALIFORNIA TO PROVIDE INSERVICE TRAINING TO EVERY RESIDENTIAL FACILITY THAT SERVES PERSONS WITH PRADER-WILLI SYNDROME

PWCF PROVIDED GRANTS TO SUPPORT 2 PWS CLINICS LOCATED THROUGHOUT THE STATE THAT SERVE HUNDREDS OF PERSONS WITH PWS.

PWCF PROVIDED CAMP SCHOLARSHIPS/RESPITE HOURS TO 5 FAMILIES TO HELP SEND THEIR TEEN OR ADULT WITH PWS TO CAMP. PWCF SPONSORED PWS FAMILY DAY AT THE PAINTED TURTLE CAMP TO SUPPORT 21 FAMILIES AND A TOTAL OF 84 PERSONS.

PWCF MAINTAINS SUPPORT GROUPS LOCATED IN-PERSON THROUGHOUT CALIFORNIA AND ONLINE, AND MAINTAINS A TOLL-FREE NUMBER TO SERVE ALL PERSONS WITHIN CALIFORNIA.

PWCF CREATED DOZENS OF ADVOCACY PACKETS TO SUPPORT FAMILIES' PURSUIT OF STATE ELIGIBILITY FOR SERVICES, GROWTH HORMONE TREATMENT, AND APPROPRIATE EDUCATIONAL SERVICES.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
=====

PROGRAM SERVICE ACCOMPLISHMENT 3  
-----

PUBLIC AWARENESS

PWCF SUPPORTED MULTIPLE GRASS-ROOTS AWARENESS AND FUNDRAISING EVENTS, INCLUDING A LARGE EVENT WITH THE WARRIORS BASKETBALL TEAM. HUNDREDS OF PUBLIC SERVICE ANNOUNCEMENTS FEATURING CLINT HURDLE AIRED IN NORTHERN AND SOUTHERN CALIFORNIA TO PROMOTE THE EVENT. A PWS BOOTH WAS STAFF AT THE AREA WHERE BROCHURES AND PWS WRISTBANDS WERE DISTRIBUTED TO HUNDREDS OF ATTENDEES.

PWCF HOSTED ITS 8TH ANNUAL WALKING FOR PRADER-WILLI SYNDROME AWARENESS AND FUND-RAISING EVENTS IN NORTHERN AND SOUTHERN CALIFORNIA. OVER 500 FAMILIES PARTICIPATED IN THE EVENTS STATEWIDE. PRESS RELEASES AND PUBLIC SERVICE ANNOUNCEMENTS WERE DISTRIBUTED TO RADIO AND TELEVISION STATIONS TO HELP RAISE THE PUBLIC'S AWARENESS OF THE SYNDROME.

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JULIE CASEY 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	SECRETARY 32.	NONE	NONE	NONE
MICHELLE FREIER 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	TRUSTEE 32.	NONE	NONE	NONE
KEN KNOX 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	PRESIDENT 24.	NONE	NONE	NONE
DREW MARICH 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	TRUSTEE 32.	NONE	NONE	NONE
CARL MARTENS 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	TRUSTEE 32.	NONE	NONE	NONE
TOM MCRAE	TRUSTEE 32.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277				
KIMBERLEE MORGAN 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	TRUSTEE 32.	NONE	NONE	NONE
BETTY OLSON 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	TRUSTEE 32.	NONE	NONE	NONE
CHRIS PATAY 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	VICE PRESIDENT 16.	NONE	NONE	NONE
LINDA RYAN 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL REDONDO BEACH, CA 90277	TRUSTEE 24.	NONE	NONE	NONE
RENEE TARICA 514 N. PROSPECT AVENUE SUITE 110-LOWER LEVEL 110LL	TREASURER 32.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
REIDONDO BEACH, CA 90277				

REIDONDO BEACH, CA 90277

GRAND TOTALS

NONE	NONE	NONE	NONE
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FORM 990EZ, PART V, LINE 42A - LOCATION OF BOOKS

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514 N. PROSPECT AVENUE SUITE 110LL REDONDO BEACH, CA