

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PROSTATE CANCER FOUNDATION		D Employer identification number 95-4418411
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (310) 570-4700
		1250 FOURTH STREET, SUITE 360		Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
		City or town, state or country, and ZIP + 4 SANTA MONICA, CA 90401-1353		<input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.PROSTATECANCERFOUNDATION.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **31,321,932.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received: STMT 1			
	a	Direct public support	1a	29,639,381.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 29,025,998. noncash \$ 613,383.)	1d	29,639,381.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments STMT 2	4	198,062.	
	5	Dividends and interest from securities STMT 3	5	241.	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory STMT 4	(A) Securities		(B) Other	
		621,843.	8a		
		613,363.	8b		
		8,480.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	8,480.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 8,796,968. of STMT 5 contributions reported on line 1a)	9a	862,405.		
b	Less: direct expenses other than fundraising expenses	9b	862,405.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	29,846,164.		
Expenses	13	Program services (from line 44, column (B))	13	22,273,446.	
	14	Management and general (from line 44, column (C))	14	1,844,083.	
	15	Fundraising (from line 44, column (D))	15	4,432,220.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	28,549,749.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,296,415.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,559,807.	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,856,222.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>17,673,324.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	17,673,324.	17,673,324.	STMT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				STMT 8
25	Compensation of officers, directors, etc.	1,581,895.	956,088.	625,807.	NONE
26	Other salaries and wages	1,800,242.	419,918.	492,575.	887,749.
27	Pension plan contributions				
28	Other employee benefits	238,108.	66,397.	109,258.	62,453.
29	Payroll taxes	169,119.	52,305.	58,753.	58,061.
30	Professional fundraising fees	531,781.	NONE	NONE	531,781.
31	Accounting fees	49,395.	NONE	49,395.	NONE
32	Legal fees	80,301.	NONE	80,301.	NONE
33	Supplies	60,923.	27,268.	30,531.	3,124.
34	Telephone	109,648.	38,748.	35,286.	35,614.
35	Postage and shipping	114,113.	24,241.	31,277.	58,595.
36	Occupancy	202,966.	66,492.	78,032.	58,442.
37	Equipment rental and maintenance	9,558.	NONE	9,558.	NONE
38	Printing and publications	420,051.	420,041.	10.	NONE
39	Travel	222,015.	69,635.	22,499.	129,881.
40	Conferences, conventions, and meetings	3,554,255.	1,168,989.	249.	2,385,017.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	91,007.	50,139.	22,076.	18,792.
43	Other expenses not covered above (itemize):				
a	STMT 9	1,641,048.	1,239,861.	198,476.	202,711.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	28,549,749.	22,273,446.	1,844,083.	4,432,220.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,004,542.; (ii) the amount allocated to Program services \$ 269,551.;
 (iii) the amount allocated to Management and general \$ NONE; and (iv) the amount allocated to Fundraising \$ 734,991.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 10**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **SEE STATEMENT 10A**

(Grants and allocations \$ **17,673,324.**) If this amount includes foreign grants, check here

22,273,446.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services), **22,273,446.**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	600.	45	1,000.	
	46 Savings and temporary cash investments	6,777,820.	46	7,588,651.	
	47a Accounts receivable		47a		
	b Less: allowance for doubtful accounts		47b	47c	
	48a Pledges receivable	10,694,255.	48a		
	b Less: allowance for doubtful accounts		48b	48c	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	STMT. 11	6,444.	50	NONE
	51a Other notes and loans receivable (attach schedule)		51a		
	b Less: allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	STMT. 12	555,149.	53	63,064.
	54 Investments - securities (attach schedule)	STMT. 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	94,501.	54	434,416.
	55a Investments - land, buildings, and equipment: basis		55a		
	b Less: accumulated depreciation (attach schedule)		55b	55c	
56 Investments - other (attach schedule)		56			
57a Land, buildings, and equipment: basis		57a	649,540.		
b Less: accumulated depreciation (attach schedule)	STMT. 14	57b	492,274.	240,371.	
58 Other assets (describe <input type="checkbox"/> STMT. 15)		144,986.	58	576,094.	
59 Total assets (must equal line 74). Add lines 45 through 58.		14,812,116.	59	19,514,746.	
Liabilities	60 Accounts payable and accrued expenses		60	2,428,524.	
	61 Grants payable		61	9,230,000.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/>)		65		
66 Total liabilities. Add lines 60 through 65.		8,252,309.	66	11,658,524.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		67	7,856,222.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		6,559,807.	73	7,856,222.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		14,812,116.	74	19,514,746.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 27

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No.

75b X

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT . 23

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.

75c X

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: -0-, -0-, -0-, -0-.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE

81a NONE

b Did the organization file Form 1120-POL for this year?

81b N/A

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911	NONE ; section 4912	
	section 4955	NONE	
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE	
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 24	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	25
91 a	The books are in care of	PROSTATE CANCER FOUNDATION Telephone no. (310) 570-4700	
	Located at	1250 4TH ST., #360, SANTA MONICA, CA ZIP + 4 90401	
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)? If "Yes," enter the name of the foreign country	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1 contains 'N/A'.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1 contains 'N/A'.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes [] No [X]
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes [] No [X]
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here
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.
Signature of officer: [Signature]
Date: 09/28/2006
Type or print name and title: LESLIE MICHELSON, CEO

Paid Preparer's Use Only
Preparer's signature: [Signature]
Date: 9-27-06
Check if self-employed: []
Preparer's SSN or PTIN (See Gen. Inst. V): P00023315
Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG LLP, 18111 VON KARMAN AVENUE, SUITE 1000, IRVINE, CA 92612-1007
EIN: 34-6565596
Phone no.: 949.794.2300

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

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
	Number, street, and room or suite no. If a P.O. box see instructions. 1250 FOURTH STREET, SUITE 360	For IRS use only
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions SANTA MONICA, CA 90401-1353	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8370
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

• The books are in the care of **HELEN HSIEH**
Telephone No. **310 570-4700** FAX No. **310 570-4701**

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

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

4 I request an additional 3-month extension of time until **11/15/2006**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension _____

ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____ **NONE**

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

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

Signature **Ku Gol** Title **CPA OF ERNST & YOUNG** Date **7-21-06**

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

Director _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name **ERNST & YOUNG LLP - ATTN: KARA ADAMS**

Type or print Number and street (include suite, room, or apt. no.) or a P.O. box number **16111 VON KARMAN AVENUE, SUITE 1000**

City or town, province or state, and country (including postal or ZIP code) **IRVINE, CA 92612-1007**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 FOURTH STREET, SUITE 360	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90401-1353	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form E069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ HELEN HSIEH

Telephone No. ▶ 310 570-4700 FAX No. ▶ 310 570 4701

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

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

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year 2005 or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 6453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
SEE STATEMENT 25				
Total number of other employees paid over \$50,000 . . ▶		24		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 26		
Total number of others receiving over \$50,000 for professional services ▶		9

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>64,882</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? STMT 27.	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? FORM 990, PART V.	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

NOT APPLICABLE
(2004) (2003) (2002) (2001)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21

d Add: Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a X if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Table with columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include: 36 Total lobbying expenditures to influence public opinion, 37 Total lobbying expenditures to influence a legislative body, 38 Total lobbying expenditures (add lines 36 and 37), 39 Other exempt purpose expenditures, 40 Total exempt purpose expenditures (add lines 38 and 39), 41 Lobbying nontaxable amount, 42 Grassroots nontaxable amount, 43 Subtract line 42 from line 36, 44 Subtract line 41 from line 38.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 45 Lobbying nontaxable amount, 46 Lobbying ceiling amount (150% of line 45(e)), 47 Total lobbying expenditures, 48 Grassroots nontaxable amount, 49 Grassroots ceiling amount (150% of line 48(e)), 50 Grassroots lobbying expenditures.

Part VI-E Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table with columns: Yes, No, Amount. Rows include: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, legislators, or the public, e Publications, or published or broadcast statements, f Grants to other organizations for lobbying purposes, g Direct contact with legislators, their staffs, government officials, or a legislative body, h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means, i Total lobbying expenditures (Add lines c through h.).

Schedule of Contributors

2005

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

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 under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

Name of organization **PROSTATE CANCER FOUNDATION**

Employer identification number
95-4418411

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE STATEMENT 1 DIRECT CASH CONTRIBUTIONS	29,025,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SEE STATEMENT 1 DIRECT NON-CASH CONTRIBUTIONS	613,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **PROSTATE CANCER FOUNDATION**

Employer identification number
95-4418411

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	STOCK _____ _____ _____	\$ 613,383.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

=====

DESCRIPTION	AMOUNT
-----	-----
INTEREST INCOME	198,062.
TOTAL	----- 198,062. =====

PROSTATE CANCER FOUNDATION

95-4418411

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES
=====

DESCRIPTION

AMOUNT

DIVIDEND INCOME

241.

TOTAL

241.
=====

STATEMENT 3

Prostate Cancer Foundation
 FEIN: 95-4418411
 FYE: December 31, 2005

Form 990, Part I, Line 8 - Sale of Assets Other Than Inventory

<u>Shares</u>	<u>Company</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Proceeds</u>	<u>Cost or Basis</u>	<u>Gain or (Loss)</u>
15,000	Youthstream	3/13/2003	3/1/2005	7,199.75	738.67	6,461
3	UBS	7/28/2005	7/29/2005	246.43	250.00	(4)
	Millennium Pharmaceuticals	9/6/2005	9/6/2005	25,153.46	25,000.00	153
337	Applebees International	10/14/2005	11/21/2005	7,464.78	7,825.94	(361)
446	Progressive Corp.	11/22/2005	11/28/2005	54,069.83	54,296.04	(226)
120	Devon Energy	11/22/2005	11/28/2005	7,413.68	7,482.00	(68)
650	Aztar Corp	11/21/2005	11/28/2005	20,456.64	20,410.00	47
105	Cligroup	11/29/2005	11/30/2005	5,079.03	5,154.45	(75)
2,000	Zenith	12/5/2005	12/7/2005	96,867.94	96,240.00	628
170	USG Corp	12/1/2005	12/7/2005	10,567.75	10,849.40	(282)
75	Walmart	12/5/2005	12/8/2005	3,504.10	3,535.50	(31)
247	Investment Technology Group	12/5/2005	12/8/2005	9,945.67	10,065.25	(120)
245	American International Group	12/9/2005	12/13/2005	16,136.47	16,174.90	(38)
275	Autozone	12/9/2005	12/14/2005	25,776.92	25,927.00	(150)
124	Ebay	12/21/2005	12/27/2005	5,503.72	5,491.96	12
460	United Technologies Corp	12/21/2005	12/27/2005	26,456.29	26,394.80	61
8	Lennar	12/21/2005	12/27/2005	445.25	496.64	(51)
500	Walmart	12/21/2005	12/28/2005	23,939.26	24,325.00	(386)
20	Glaxosmithkline PLC	12/22/2005	12/29/2005	969.16	1,019.90	(51)
6,500	Thor Industries	12/23/2005	12/28/2005	261,960.14	264,160.00	(2,200)
22	Bristol Myers Squibb	12/28/2005	12/29/2005	457.74	503.80	(46)
550	Siebel Systems	12/21/2005		5,791.50	5,791.50	0
85,000	Youthstream & Misc.	12/23/2004	12/27/2004	6,437.10	1,230.00	5,207
Total Gain/(Loss)				621,843	613,363	8,480

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION -----	AMOUNT -----
MAR-A-LAGO TENNIS TOURNAMENT	981,757.
INDIAN WELLS TENNIS TOURNAMENT	134,460.
BIGHORN GOLF TOURNAMENT	321,632.
HAMPTONS TENNIS TOURNAMENT	359,865.
LA GOURMET GAMES	617,455.
NEW YORK DINNER	4,204,099.
WYNN RESORT EVENT	2,177,700.

TOTAL	8,796,968.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
MAR-A-LAGO TENNIS TOURNAMENT	48,411.	48,411.
INDIAN WELLS TENNIS TOURNAMENT	13,885.	13,885.
BIGHORN GOLF TOURNAMENT	33,263.	33,263.
HAMPTONS TENNIS TOURNAMENT	16,135.	16,135.
LA GOURMET GAMES	26,145.	26,145.
NEW YORK DINNER	302,266.	302,266.
WYNN RESORT EVENT	422,300.	422,300.
TOTALS	862,405.	862,405.

Prostate Cancer Foundation
 Grants and Allocations
 December 31, 2005
 Statement 7

FORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

Date	Description	Amount
2/16/2005	American Heart Association	2,000.00
3/4/2005	Baylor College of Medicine	5,000.00
3/1/2005	University of Washington	78,186.17
3/7/2005	University of California, San Francisco	50,000.00
3/15/2005	Fred Hutchison Cancer Center	(532.30)
4/13/2005	University of Washington	4,150.00
3/16/2005	GW Cancer Institute	10,000.00
4/20/2005	Hadassah University Hospital	12,500.00
4/20/2005	Hebrew University	25,000.00
4/20/2005	Technion Israel Institute	25,000.00
4/20/2005	Weizmann Institute of Science	25,000.00
4/22/2005	Cedars-Sinai Medical Center	100,000.00
4/22/2005	Dana-Farber Cancer Institute	100,000.00
4/22/2005	John Hopkins University School	33,333.33
5/10/2005	John Hopkins University School	33,333.33
4/22/2005	John Hopkins University School	33,333.33
4/22/2005	M.D. Anderson Cancer Center	100,000.00
4/22/2005	Memorial Sloan-Kettering	100,000.00
4/22/2005	University of California, San Francisco	100,000.00
4/22/2005	University of Michigan	100,000.00
4/22/2005	University of Wisconsin	100,000.00
5/4/2005	American Urological Association	3,000.00
5/24/2005	University of Washington	10,750.00
6/15/2005	Cedars-Sinai Medical Center	56,640.00
7/21/2005	Cedars-Sinai Medical Center	100,000.00
7/21/2005	Dana-Farber Cancer Institute	100,000.00
7/21/2005	John Hopkins University School	33,333.33
7/21/2005	John Hopkins University School	33,333.33
7/21/2005	John Hopkins University School	33,333.33
7/21/2005	M.D. Anderson Cancer Center	100,000.00
7/21/2005	Memorial Sloan-Kettering	100,000.00
7/21/2005	University of California, San Francisco	100,000.00
7/21/2005	University of Michigan	100,000.00
7/21/2005	University of Wisconsin	100,000.00
7/21/2005	University of Chicago	67,900.00
7/8/2005	Burnham Institute	100,000.00
7/8/2005	University of Washington	41,000.00
7/8/2005	M.D. Anderson Cancer Center	50,000.00
7/28/2005	Tommy Lasorda Foundation	25,000.00
8/10/2005	Hadassah University Hospital	12,500.00
8/10/2005	Hebrew University	25,000.00
8/10/2005	Technion Israel Institute	25,000.00
8/10/2005	Weizmann Institute of Science	25,000.00
8/10/2005	University of California, San Francisco	50,000.00

Prostate Cancer Foundation
 Grants and Allocations
 December 31, 2005
 Statement 7

FORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

Date	Description	Amount
8/24/2005	University of California, San Francisco	1,500.00
8/24/2005	University of California, San Francisco	8,000.00
8/24/2005	University of California, San Francisco	8,000.00
9/8/2005	University of California, San Francisco	500,000.00
11/12/2005	Cedars-Sinai Medical Center	100,000.00
11/12/2005	Dana-Farber Cancer Institute	100,000.00
11/12/2005	John Hopkins University School	33,333.33
11/12/2005	John Hopkins University School	33,333.33
11/12/2005	John Hopkins University School	33,333.33
11/12/2005	M.D. Anderson Cancer Center	100,000.00
11/12/2005	Memorial Sloan-Kettering	100,000.00
11/12/2005	University of California, San Francisco	100,000.00
11/12/2005	University of Michigan	100,000.00
11/12/2005	University of Wisconsin	100,000.00
11/12/2005	Hadassah University Hospital	12,500.00
11/12/2005	Hebrew University	25,000.00
11/12/2005	Technion Israel Institute	25,000.00
11/12/2005	Weizmann Institute of Science	25,000.00
10/5/2005	William Catalona, M.D.	5,000.00
10/5/2005	Christopher Logothetis, M.D.	5,000.00
9/16/2005	Jewish Foundation	5,000.00
10/26/2005	M.D. Anderson Cancer Center	50,000.00
10/26/2005	Cedars-Sinai Medical Center	50,000.00
10/26/2005	University of Washington	500.00
10/26/2005	Cedars-Sinai Medical Center	6,550.00
11/12/2005	Memorial Sloan-Kettering	25,000.00
10/11/2005	Duke University	(1,852.33)
11/2/2005	Joe Torre Safe At Home Foundation	25,000.00
11/9/2005	National Prostate Cancer Coalition	100,000.00
11/7/2005	Cancer Research and Treatment Fund	20,000.00
11/21/2005	University of Wisconsin	113,820.00
11/23/2005	John Hopkins University School	10,000.00
11/23/2005	M.D. Anderson Cancer Center	25,000.00
11/23/2005	Memorial Sloan-Kettering	65,000.00
11/10/2005	Dana-Farber Cancer Institute	(22.59)
11/30/2005	Dana-Farber Cancer Institute	200,000.00
12/1/2005	Professional Baseball Scout Foundation	2,500.00
12/6/2005	Ilan Leibovitch, M.D.	1,000.00
12/20/2005	Cedars-Sinai Medical Center	100,000.00
12/20/2005	Dana-Farber Cancer Institute	100,000.00
12/20/2005	John Hopkins University School	33,333.33
12/20/2005	John Hopkins University School	33,333.33
12/20/2005	John Hopkins University School	33,333.33
12/20/2005	M.D. Anderson Cancer Center	100,000.00

Prostate Cancer Foundation
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FORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

Date	Description	Amount
12/20/2005	Memorial Sloan-Kettering	100,000.00
12/20/2005	University of California, San Francisco	100,000.00
12/20/2005	University of Michigan	100,000.00
12/20/2005	University of Wisconsin	100,000.00
12/20/2005	Cedars-Sinai Medical Center	400,000.00
12/20/2005	Dana-Farber Cancer Institute	400,000.00
12/20/2005	John Hopkins University School	133,333.33
12/20/2005	John Hopkins University School	133,333.33
12/20/2005	John Hopkins University School	133,333.33
12/20/2005	M.D. Anderson Cancer Center	400,000.00
12/20/2005	Memorial Sloan-Kettering	400,000.00
12/20/2005	University of California, San Francisco	400,000.00
12/20/2005	University of Michigan	400,000.00
12/20/2005	University of Wisconsin	400,000.00
1/11/2006	M.D. Anderson Cancer Center	1,500,000.00
1/11/2006	Memorial Sloan-Kettering	2,000,000.00
2/3/2006	John Hopkins University School	1,125,000.00
1/25/2006	Cedars-Sinai Medical Center	50,000.00
1/25/2006	University of California, San Francisco	100,000.00
12/30/2005	Dana-Farber Cancer Institute	(264.96)
12/9/2005	Keep Memory Alive	3,000.00
1/18/2006	University of California, Los Angeles	250,000.00
2/2/2006	Dana-Farber Cancer Institute	100,000.00
2/2/2006	John Hopkins University School	100,000.00
2/2/2006	M.D. Anderson Cancer Center	100,000.00
2/2/2006	Memorial Sloan-Kettering	100,000.00
2/2/2006	Memorial Sloan-Kettering	100,000.00
2/2/2006	Memorial Sloan-Kettering	100,000.00
2/2/2006	Ohio State University	100,000.00
2/2/2006	Umass Memorial Foundation	100,000.00
2/2/2006	Regents of the University of Minnesota	100,000.00
2/7/2006	Dana-Farber Cancer Institute	100,000.00
2/7/2006	University of California, San Francisco	90,000.00
2/7/2006	University of Virginia	100,000.00
2/7/2005	Vanderbilt University	90,000.00
2/15/2006	University of Michigan	100,000.00
2/15/2006	University of California, Riverside	100,000.00
2/15/2006	University of Pittsburgh	75,000.00
2/15/2006	University of Pittsburgh	75,000.00
2/21/2006	University of Southern California	100,000.00
2/23/2006	Roger Williams Medical Center	100,000.00
2/23/2006	University of Virginia	75,000.00
2/23/2006	Roger Williams Medical Center	25,000.00
2/27/2006	Baylor College of Medicine	100,000.00

Prostate Cancer Foundation
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 Statement 7

FORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

Date	Description	Amount
2/27/2006	Hebrew University	100,000.00
2/27/2006	University of California, Los Angeles	100,000.00
2/27/2006	University of Wisconsin	100,000.00
2/27/2006	University of California, Los Angeles	100,000.00
2/27/2006	University of Wisconsin	90,000.00
2/28/2006	Wake Forest University	65,000.00
2/28/2006	University of Iowa	100,000.00
3/6/2006	University of Michigan	100,000.00
3/7/2006	Brigham and Women's Hospital	90,000.00
3/9/2006	University of Washington	75,000.00
3/15/2006	University of California, San Francisco	55,000.00
3/17/2006	John Hopkins University School	100,000.00
3/17/2006	University of California, San Francisco	100,000.00
3/17/2006	John Hopkins University School	100,000.00
3/17/2006	John Hopkins University School	75,000.00
3/21/2006	Georgetown University	100,000.00
3/21/2006	University of Alabama at Birmingham	100,000.00
3/28/2006	University of California, Davis	100,000.00
3/31/2006	University of Rochester	100,000.00
4/6/2006	University of Maryland	100,000.00
6/16/2006	Brigham and Women's Hospital	100,000.00
4/19/2006	Stanford University	75,000.00
5/1/2006	University of California, San Francisco	50,000.00
4/6/2006	University of Michigan	100,000.00
		17,673,323.94

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
LESLIE MICHELSON			
COMPENSATION:	131,750.	307,418.	NONE
PENSION PLAN CONTRIBUTIONS:	6,582.	15,357.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
DEBBIE BOHNETT			
COMPENSATION:	NONE	276,733.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	26,299.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
CRAIG DIONNE			
COMPENSATION:	303,653.	NONE	NONE
PENSION PLAN CONTRIBUTIONS:	22,572.	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
GREGG BRITT			
COMPENSATION:	219,495.	NONE	NONE
PENSION PLAN CONTRIBUTIONS:	21,966.	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
STUART HOLDEN, M.D.			
COMPENSATION:	200,000.	NONE	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
REVEREND ROSEY GRIER			
COMPENSATION:	42,000.	NONE	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
RALPH FINERMAN			
COMPENSATION:	8,070.	NONE	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOTALS	956,088.	625,807.	NONE

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	395,785.	375,712.	484.	19,589.
INSURANCE	10,496.	NONE	10,496.	NONE
OUTSIDE SERVICES	115,444.	2,085.	43,603.	69,756.
PROFESSIONAL FEES	425,260.	372,935.	NONE	52,325.
PUBLIC RELATIONS	37,555.	37,555.	NONE	NONE
TAXES AND LICENSES	8,545.	25.	8,305.	215.
PROMOTIONAL MATERIAL	25,851.	1,755.	225.	23,871.
DUES AND SUBSCRIPTIONS	32,273.	23,086.	7,659.	1,528.
MEALS AND ENTERTAINMENT	626,958.	14,059.	8,449.	604,450.
PARKING	27,992.	9,780.	9,512.	8,700.
LODGING AND HOTELS	385,494.	18,056.	1,808.	365,630.
DONATIONS	79,761.	NONE	NONE	79,761.
COMPUTER EXPENSE	152,395.	49,849.	50,978.	51,568.
TEMPORARY HELP	22,519.	1,920.	12,632.	7,967.
RELOCATION AND MOVING	21,485.	72.	18,024.	3,389.
VISUAL MATERIALS & SERVICES	20,255.	NONE	NONE	20,255.
RESEARCH MATERIALS & SERVICES	26,599.	15,043.	4,025.	7,531.
BANK FEES	975.	NONE	975.	NONE
DIRECT FUNDRAISING EXP RECLASS	-862,405.	NONE	NONE	-862,405.
PROGRAM SERVICE AND FUNDRAISING RECLASS	87,811.	269,551.	NONE	-269,551.
AMORTIZATION EXPENSE		48,378.	21,301.	18,132.
TOTALS	1,641,048.	1,239,861.	198,476.	202,711.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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PROSTATE CANCER FOUNDATION, IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED TO MAKE GRANTS, SUPPORT RESEARCH AND CONDUCT ACTIVITIES RELATING TO THE TREATMENT, PREVENTION AND CURE OF PROSTATE CANCER. SEE STATEMENT 10A.

Prostate Cancer Foundation
 Grants and Allocations
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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
A	Making of grants to the following organizations to fund scientific research programs related to the cure, prevention and treatment of cancer of the prostate.		
2/16/2005	American Heart Association	2,000	2,000
3/4/2005	Baylor College of Medicine	5,000	5,000
3/1/2005	University of Washington	78,186	78,186
3/7/2005	University of California, San Francisco	50,000	50,000
3/15/2005	Fred Hutchison Cancer Center	(532)	(532)
4/13/2005	University of Washington	4,150	4,150
3/16/2005	GW Cancer Institute	10,000	10,000
4/20/2005	Hadassah University Hospital	12,500	12,500
4/20/2005	Hebrew University	25,000	25,000
4/20/2005	Technion Israel Institute	25,000	25,000
4/20/2005	Weizmann Institute of Science	25,000	25,000
4/22/2005	Cedars-Sinai Medical Center	100,000	100,000
4/22/2005	Dana-Farber Cancer Institute	100,000	100,000
4/22/2005	John Hopkins University School	33,333	33,333
5/10/2005	John Hopkins University School	33,333	33,333
4/22/2005	John Hopkins University School	33,333	33,333
4/22/2005	M.D. Anderson Cancer Center	100,000	100,000
4/22/2005	Memorial Sloan-Kettering	100,000	100,000
4/22/2005	University of California, San Francisco	100,000	100,000
4/22/2005	University of Michigan	100,000	100,000
4/22/2005	University of Wisconsin	100,000	100,000
5/4/2005	American Urological Association	3,000	3,000
5/24/2005	University of Washington	10,750	10,750
6/15/2005	Cedars-Sinai Medical Center	56,640	56,640
7/21/2005	Cedars-Sinai Medical Center	100,000	100,000
7/21/2005	Dana-Farber Cancer Institute	100,000	100,000
7/21/2005	John Hopkins University School	33,333	33,333
7/21/2005	John Hopkins University School	33,333	33,333
7/21/2005	John Hopkins University School	33,333	33,333
7/21/2005	M.D. Anderson Cancer Center	100,000	100,000
7/21/2005	Memorial Sloan-Kettering	100,000	100,000
7/21/2005	University of California, San Francisco	100,000	100,000
7/21/2005	University of Michigan	100,000	100,000
7/21/2005	University of Wisconsin	100,000	100,000
7/21/2005	University of Chicago	67,900	67,900
7/8/2005	Burnham Institute	100,000	100,000
7/8/2005	University of Washington	41,000	41,000
7/8/2005	M.D. Anderson Cancer Center	50,000	50,000
7/28/2005	Tommy Lasorda Foundation	25,000	25,000
8/10/2005	Hadassah University Hospital	12,500	12,500

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
8/10/2005	Hebrew University	25,000	25,000
8/10/2005	Technion Israel Institute	25,000	25,000
8/10/2005	Weizmann Institute of Science	25,000	25,000
8/10/2005	University of California, San Francisco	50,000	50,000
8/24/2005	University of California, San Francisco	1,500	1,500
8/24/2005	University of California, San Francisco	8,000	8,000
8/24/2005	University of California, San Francisco	8,000	8,000
9/8/2005	University of California, San Francisco	500,000	500,000
11/12/2005	Cedars-Sinai Medical Center	100,000	100,000
11/12/2005	Dana-Farber Cancer Institute	100,000	100,000
11/12/2005	John Hopkins University School	33,333	33,333
11/12/2005	John Hopkins University School	33,333	33,333
11/12/2005	John Hopkins University School	33,333	33,333
11/12/2005	M.D. Anderson Cancer Center	100,000	100,000
11/12/2005	Memorial Sloan-Kettering	100,000	100,000
11/12/2005	University of California, San Francisco	100,000	100,000
11/12/2005	University of Michigan	100,000	100,000
11/12/2005	University of Wisconsin	100,000	100,000
11/12/2005	Hadassah University Hospital	12,500	12,500
11/12/2005	Hebrew University	25,000	25,000
11/12/2005	Technion Israel Institute	25,000	25,000
11/12/2005	Weizmann Institute of Science	25,000	25,000
10/5/2005	William Catalona, M.D.	5,000	5,000
10/5/2005	Christopher Logothetis, M.D.	5,000	5,000
9/16/2005	Jewish Foundation	5,000	5,000
10/26/2005	M.D. Anderson Cancer Center	50,000	50,000
10/26/2005	Cedars-Sinai Medical Center	50,000	50,000
10/26/2005	University of Washington	500	500
10/26/2005	Cedars-Sinai Medical Center	6,550	6,550
11/12/2005	Memorial Sloan-Kettering	25,000	25,000
10/11/2005	Duke University	(1,852)	(1,852)
11/2/2005	Joe Torre Safe At Home Foundation	25,000	25,000
11/9/2005	National Prostate Cancer Coalition	100,000	100,000
11/7/2005	Cancer Research and Treatment Fund	20,000	20,000
11/21/2005	University of Wisconsin	113,820	113,820
11/23/2005	John Hopkins University School	10,000	10,000
11/23/2005	M.D. Anderson Cancer Center	25,000	25,000
11/23/2005	Memorial Sloan-Kettering	65,000	65,000
11/10/2005	Dana-Farber Cancer Institute	(23)	(23)
11/30/2005	Dana-Farber Cancer Institute	200,000	200,000
12/1/2005	Professional Baseball Scout Foundation	2,500	2,500
12/6/2005	Ilan Leibovitch, M.D.	1,000	1,000
12/20/2005	Cedars-Sinai Medical Center	100,000	100,000
12/20/2005	Dana-Farber Cancer Institute	100,000	100,000

Prostate Cancer Foundation
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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
12/20/2005	John Hopkins University School	33,333	33,333
12/20/2005	John Hopkins University School	33,333	33,333
12/20/2005	John Hopkins University School	33,333	33,333
12/20/2005	M.D. Anderson Cancer Center	100,000	100,000
12/20/2005	Memorial Sloan-Kettering	100,000	100,000
12/20/2005	University of California, San Francisco	100,000	100,000
12/20/2005	University of Michigan	100,000	100,000
12/20/2005	University of Wisconsin	100,000	100,000
12/20/2005	Cedars-Sinai Medical Center	400,000	400,000
12/20/2005	Dana-Farber Cancer Institute	400,000	400,000
12/20/2005	John Hopkins University School	133,333	133,333
12/20/2005	John Hopkins University School	133,333	133,333
12/20/2005	John Hopkins University School	133,333	133,333
12/20/2005	M.D. Anderson Cancer Center	400,000	400,000
12/20/2005	Memorial Sloan-Kettering	400,000	400,000
12/20/2005	University of California, San Francisco	400,000	400,000
12/20/2005	University of Michigan	400,000	400,000
12/20/2005	University of Wisconsin	400,000	400,000
1/11/2006	M.D. Anderson Cancer Center	1,500,000	1,500,000
1/11/2006	Memorial Sloan-Kettering	2,000,000	2,000,000
2/3/2006	John Hopkins University School	1,125,000	1,125,000
1/25/2006	Cedars-Sinai Medical Center	50,000	50,000
1/25/2006	University of California, San Francisco	100,000	100,000
12/30/2005	Dana-Farber Cancer Institute	(265)	(265)
12/9/2005	Keep Memory Alive	3,000	3,000
1/18/2006	University of California, Los Angeles	250,000	250,000
2/2/2006	Dana-Farber Cancer Institute	100,000	100,000
2/2/2006	John Hopkins University School	100,000	100,000
2/2/2006	M.D. Anderson Cancer Center	100,000	100,000
2/2/2006	Memorial Sloan-Kettering	100,000	100,000
2/2/2006	Memorial Sloan-Kettering	100,000	100,000
2/2/2006	Memorial Sloan-Kettering	100,000	100,000
2/2/2006	Ohio State University	100,000	100,000
2/2/2006	Umass Memorial Foundation	100,000	100,000
2/2/2006	Regents of the University of Minnesota	100,000	100,000
2/7/2006	Dana-Farber Cancer Institute	100,000	100,000
2/7/2006	University of California, San Francisco	90,000	90,000
2/7/2006	University of Virginia	100,000	100,000
2/7/2005	Vanderbilt University	90,000	90,000
2/15/2006	University of Michigan	100,000	100,000
2/15/2006	University of California, Riverside	100,000	100,000
2/15/2006	University of Pittsburgh	75,000	75,000
2/15/2006	University of Pittsburgh	75,000	75,000
2/21/2006	University of Southern California	100,000	100,000

Prostate Cancer Foundation
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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
2/23/2006	Roger Williams Medical Center	100,000	100,000
2/23/2006	University of Virginia	75,000	75,000
2/23/2006	Roger Williams Medical Center	25,000	25,000
2/27/2006	Baylor College of Medicine	100,000	100,000
2/27/2006	Hebrew University	100,000	100,000
2/27/2006	University of California, Los Angeles	100,000	100,000
2/27/2006	University of Wisconsin	100,000	100,000
2/27/2006	University of California, Los Angeles	100,000	100,000
2/27/2006	University of Wisconsin	90,000	90,000
2/28/2006	Wake Forest University	65,000	65,000
2/28/2006	University of Iowa	100,000	100,000
3/6/2006	University of Michigan	100,000	100,000
3/7/2006	Brigham and Women's Hospital	90,000	90,000
3/9/2006	University of Washington	75,000	75,000
3/15/2006	University of California, San Francisco	55,000	55,000
3/17/2006	John Hopkins University School	100,000	100,000
3/17/2006	University of California, San Francisco	100,000	100,000
3/17/2006	John Hopkins University School	100,000	100,000
3/17/2006	John Hopkins University School	75,000	75,000
3/21/2006	Georgetown University	100,000	100,000
3/21/2006	University of Alabama at Birmingham	100,000	100,000
3/28/2006	University of California, Davis	100,000	100,000
3/31/2006	University of Rochester	100,000	100,000
4/6/2006	University of Maryland	100,000	100,000
6/16/2006	Brigham and Women's Hospital	100,000	100,000
4/19/2006	Stanford University	75,000	75,000
5/1/2006	University of California, San Francisco	50,000	50,000
4/6/2006	University of Michigan	100,000	100,000
		17,673,324	17,673,324
	Scientific Conferences	-	2,675,298
	Public Awareness and Advocacy	-	1,924,824
	TOTAL	17,673,324	22,273,446

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.

BORROWER: LESLIE MICHELSON, CEO - TRAVEL ADVANCE

BEGINNING BALANCE DUE	6,444.
ENDING BALANCE DUE	NONE

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.	6,444.
---	--------

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC.	NONE
--	------

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	555,149.	63,064.
TOTALS	555,149.	63,064.

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
SAGENT TECHNOLOGY	20.	20.	FMV
YOUTHSTREAM MEDIA NETWORKS	4,000.	9,350.	FMV
CASH IN SECURITIES ACCOUNT	90,481.	395,348.	FMV
BRISTOL MYERS	NONE	506.	FMV
WAL-MART	NONE	23,400.	FMV
THINKEQUITY PARTNERS - SIEBEL	NONE	5,792.	FMV
TOTALS	----- 94,501. -----	----- 434,416. -----	

PROSTATE CANCER FOUNDATION
 FEIN: 95-4418411
 FYE: DECEMBER 31, 2005

FORM 990, PART IV, LINES 42 AND 57 - FIXED ASSETS AND DEPRECIATION

<u>DESCRIPTION</u>	<u>BALANCE 12/31/2004</u>	<u>ADDITIONS</u>	<u>DISPOSALS/ WRITE-OFFS</u>	<u>BALANCE 12/31/2005</u>
<u>FIXED ASSETS</u>				
FURNITURE & FIXTURES	392,521	-	(355,342)	37,179
OFFICE EQUIPMENT	621,170	7,902	(383,454)	245,618
LEASEHOLD IMPROVEMENTS	366,743	-	-	366,743
TOTAL FIXED ASSETS	1,380,434	7,902	(738,796)	649,540

<u>DESCRIPTION</u>	<u>BALANCE 12/31/2004</u>	<u>ADDITIONS</u>	<u>DISPOSALS/ WRITE-OFFS</u>	<u>BALANCE 12/31/2005</u>
<u>ACCUMULATED DEPRECIATION</u>				
FURNITURE & FIXTURES	375,398	6,881	(355,342)	26,937
OFFICE EQUIPMENT	504,132	57,508	(383,454)	178,186
LEASEHOLD IMPROVEMENTS	260,533	26,618	-	287,151
TOTAL ACCUM. DEPRECIATION	1,140,063	91,007	(738,796)	492,274

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
OTHER ASSETS	8,392.	NONE
COMPUTER SOFTWARE	136,594.	57,175.
OTHER RECEIVABLES	NONE	518,919.
	-----	-----
TOTALS	144,986.	576,094.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RECLASS OF SPECIAL EVENT EXP	862,405.
TOTAL	862,405.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RECLASS OF SPECIAL EVENT EXP	862,405.

TOTAL	862,405.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LESLIE MICHELSON 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CEO/VICE CHAIRMAN 50 HRS/WK	439,168.	21,939.	NONE
DEBBIE BOHNETT 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	COO 50 HRS/WK	276,733.	26,299.	NONE
CRAIG DIONNE 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	EXECUTIVE VP 40 HRS/WK	303,653.	22,572.	NONE
GREGG BRITT 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	219,495.	21,966.	NONE
ANDREW S. GROVE INTEL CORPORATION 2200 MISSION COLLEGE BLVD. SANTA CLARA, CA 95052	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
STUART HOLDEN, M.D. * WARSCHAW PROSTATE CANCER CENTER 8631 W. THIRD ST., SUITE 915 EAST LOS ANGELES, CA 90048	DIRECTOR/MEDICAL DIR 30 HRS/WK	200,000.	NONE	NONE
ARTHUR KERN 98 MAIN ST. #517 TIBURON, CA 94920	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
DAVID HAMILTON KOCH	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

* COMPENSATION FOR DR. HOLDEN WAS PAID FOR SERVICES PROVIDED AS MEDICAL DIRECTOR.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KOCH INDUSTRIES 667 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10021				
SHMUEL MEITAR AUREC GROUP 16 ABBA HILLEL ST., 14TH FLOOR RAMAT GAN, IS 52506	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
LORI MILKEN 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	DIRECTOR, VICE PRES. 2 HRS/WK	NONE	NONE	NONE
NELSON PELTZ TRIARC COMPANIES, INC. 280 PARK AVENUE, SUITE 41 NEW YORK, NY 10017	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
LYNDA RESNICK ROLL INTERNATIONAL 11444 W. OLYMPIC BLVD., 10TH FLOOR LOS ANGELES, CA 90064	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
ROBIN RICHARDS NOTIFICATION TECHNOLOGIES 14144 VENTURA BLVD., SUITE 200 SHERMAN OAKS, CA 91604	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
BERT C. ROBERTS, JR. 1808 MILVALE ROAD ANNAPOLIS, MD 21401	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD SANDLER, ESQ. 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
DAVID D. EDERER EDERER INVESTMENT COMPANY 601 UNION STREET, SUITE 5525 SEATTLE, WA 98101	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
JAMES C. BLAIR DOMAIN ASSOCIATES ONE PALMER SQUARE, SUITE 515 PRINCETON, NJ 08542	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
SAMUEL WARD CASCHELLS III, M.D. UNIV. OF TEXAS HSC AT HOUSTON 7000 FANNIN STREET, UCT 795 HOUSTON, TX 77030	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
JERRY WEINTRAUB JERRY WEINTRAUB PRODUCTIONS WARNER BROTHERS 4000 WARNER BLVD. BURBANK, CA 91522	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
ELAINE WYNN WYNN RESORTS 3131 LAS VEGAS BLVD. SOUTH LAS VEGAS, NV 89109	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
STANLEY R. ZAX	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ZENITH NATIONAL INSURANCE CORP. 21255 CALIFA STREET WOODLAND HILLS, CA 91367				
MICHAEL MILKEN 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	CHAIRMAN 15 HRS/WK	NONE	NONE	NONE
SUE GIN MCGOWAN FLYING FOOD GROUP, INC. 212 NORTH SANGAMON, SUITE 1A CHICAGO, IL 60607	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
REVEREND ROSEY GRIER 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	DIRECTOR/CONSULTANT 20 HRS/WK	42,000.	NONE	NONE
J. GARY SHANSBY TSG CONSUMER PARTNERS, LP 600 MONTGOMERY ST., SUITE 2900 SAN FRANCISCO, CA 94111	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
LESTER H. SMITH SMITH INTERESTS 1001 FANNIN, SUITE 3850 HOUSTON, TX 77002	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
CHARLES F. BAIRD, JR. NORTH CASTLE PARTNERS 183 E. PUTNAM AVENUE GREENWICH, CT 06830	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRISTIAN EVENSEN 860 FLINTRIDGE AVENUE LA CANADA FLINTRIDGE, CA 91011	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
EARLE I. MACK THE MACK COMPANY 2115 LINWOOD AVENUE, SUITE 110 FORT LEE, NJ 07024	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
JEFFREY A. MARCUS CRESTVIEW ADVISORS 300 CRESCENT COURT, SUITE 1350 DALLAS, TX 75201	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
HENRY NORDHOFF GEN-PROBE INCORPORATED 10210 GENETIC CENTER DRIVE SAN DIEGO, CA 92121	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
RALPH FINERMAN ** 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CFO 15 HRS/WK	8,070.	NONE	NONE
GRAND TOTALS		1,489,119.	92,776.	NONE

** RALPH FINERMAN IS A MEMBER OF A THIRD PARTY COMPANY WHICH WAS PAID FOR SERVICES PROVIDED TO THE PROSTATE CANCER FOUNDATION.

PROSTATE CANCER FOUNDATION
FEIN: 95-4418411

FORM 990, PART V-A - RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC.:	LORI MILKEN
NAME OF RELATED PERSON/BUSINESS:	MICHAEL MILKEN
TITLE OR ROLE OF RELATED PARTY:	CHAIRMAN OF PROSTATE CANCER FOUNDATION
RELATIONSHIP:	SPOUSE
NAME OF OFFICER, DIRECTOR, ETC.:	MICHAEL MILKEN
NAME OF RELATED PERSON/BUSINESS:	LORI MILKEN
TITLE OR ROLE OF RELATED PARTY:	DIRECTOR, VP OF PROSTATE CANCER FOUNDATION
RELATIONSHIP:	SPOUSE
NAME OF OFFICER, DIRECTOR, ETC.:	RALPH FINERMAN (RFG FINANCIAL)
NAME OF RELATED PERSON/BUSINESS:	RICHARD SANDLER, MICHAEL AND LORI MILKEN
TITLE OR ROLE OF RELATED PARTY:	DIRECTOR, CHAIRMAN, DIRECTOR AND VP OF PROSTATE CANCER FOUNDATION
RELATIONSHIP:	SEE NOTE 1 BELOW
NAME OF OFFICER, DIRECTOR, ETC.:	RICHARD SANDLER, ESQ. (MARON & SANDLER)
NAME OF RELATED PERSON/BUSINESS:	RALPH FINERMAN, MICHAEL AND LORI MILKEN
TITLE OR ROLE OF RELATED PARTY:	CFO, CHAIRMAN, DIRECTOR AND VP OF PROSTATE CANCER FOUNDATION
RELATIONSHIP:	SEE NOTE 1 BELOW

NOTE 1: THE FIRMS OF RALPH FINERMAN AND RICHARD SANDLER (RFG FINANCIAL AND MARON & SANDLER) PROVIDE PROFESSIONAL SERVICES TO MICHAEL MILKEN AND LORI MILKEN. ALSO, RALPH FINERMAN AND RICHARD SANDLER ARE PARTNERS IN VARIOUS INVESTMENTS AND OTHER ENTITIES WITH EACH OTHER AND WITH MICHAEL MILKEN AND LORI MILKEN.

FORM 990, PART VI, LINE 90A - STATES
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AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA,
IL, KS, KY, ME, MD, MA, MI, MN, MO, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARTIN ERCK 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	141,441.	20,211.	NONE
HELEN HSIEH 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 30 HRS/WK	128,183.	20,116.	NONE
JAN HABER 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	124,319.	5,290.	NONE
KAREN STONE 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	120,826.	20,406.	NONE
SARAH EVANS 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	115,138.	20,562.	NONE
TOTAL COMPENSATION		629,907.	86,585.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
GRIZZARD P.O. BOX 534215 ATLANTA, GA 30353	DIR MAILING CONSULT.	155,880.
CONDE NAST PUBLICATIONS P.O. BOX 5350 NEW YORK, NY 10087	GOLF EVENT CONSULT.	439,795.
KDBA 2558 OVERLAND AVENUE LOS ANGELES, CA 90064	PUBLICITY	139,574.
TBWA/CHIAT/DAY INC. 488 MADISON AVENUE NEW YORK, NY 10022	ADVERTISING	139,466.
DAVE PERRON 10 GEARY AVENUE KENTFIELD, CA 94904	FUND. EVENT MGMT.	172,000.
TOTAL COMPENSATION		1,046,715.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C
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RALPH FINERMAN, CFO OF PROSTATE CANCER FOUNDATION, IS ALSO AFFILIATED WITH RFG FINANCIAL. RFG FINANCIAL WAS PAID \$8,070 FOR CONSULTING SERVICES PROVIDED TO PROSTATE CANCER FOUNDATION DURING 2005.

RICHARD SANDLER, A MEMBER OF THE BOARD OF DIRECTORS, IS ALSO AFFILIATED WITH MARON & SANDLER. MARON & SANDLER WAS PAID \$2,019 FOR LEGAL SERVICES PROVIDED TO PROSTATE CANCER FOUNDATION DURING 2005.

RALPH FINERMAN AND RICHARD SANDLER BOTH CONTRIBUTED AMOUNTS THAT MORE OFFSET THESE PAYMENTS FOR SERVICES DURING 2005.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
OTHER REVENUE	NONE	NONE	845.	4,351.	5,196.
TOTALS	NONE	NONE	845.	4,351.	5,196.