

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: PROSTATE CANCER FOUNDATION, 1250 FOURTH STREET, SANTA MONICA, CA 90401-1353

D Employer identification number: 95-4418411, E Telephone number: (310) 570-4700, F Accounting method: Accrual

G Website: www.prostatecancerfoundation.org

J Organization type (check only one): [X] 501(c) (3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No, H(b) If "Yes," enter number of affiliates: N/A, H(c) Are all affiliates included? No, H(d) Is this a separate return filed by an organization covered by a group ruling? No, I Group Exemption Number, M Check if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 29,596,640

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

Table with 21 rows and 3 columns: Description, Sub-part, Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22a	0	0	
22 b	Other grants and allocations (attach schedule) (cash \$ <u>15,297,393</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	15,297,393	15,297,393	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	1,647,630	987,910	659,720
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,660,013	355,754	640,961
27	Pension plan contributions not included on lines 25a, b, and c	27	0		
28	Employee benefits not included on lines 25a - 27	28	192,778	51,043	116,915
29	Payroll taxes	29	149,945	46,908	65,346
30	Professional fundraising fees	30	365,375	0	0
31	Accounting fees	31	65,838	0	65,838
32	Legal fees	32	24,239	0	24,239
33	Supplies	33	62,499	29,956	24,254
34	Telephone	34	87,832	29,746	31,317
35	Postage and shipping	35	247,090	51,131	20,357
36	Occupancy	36	245,431	69,344	129,118
37	Equipment rental and maintenance	37	14,902	0	14,902
38	Printing and publications	38	144,145	130,580	13,319
39	Travel	39	208,834	10,364	16,481
40	Conferences, conventions, and meetings	40	3,321,013	1,576,538	0
41	Interest	41	232	0	232
42	Depreciation, depletion, etc. (attach schedule)	42	77,899	48,676	13,981
43	Other expenses not covered above (itemize):				
a	STMT 8	43a	2,926,452	1,555,812	1,296,161
b		43b	0	0	0
c		43c	0	0	0
d		43d	0	0	0
e		43e	0	0	0
f		43f	0	0	0
g		43g	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	26,739,540	20,241,155	3,133,141

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 \$ 509,029; (ii) the amount allocated to Program services \$ 495,728; (iii) the amount allocated to Management and general \$ 13,301; and (iv) the amount allocated to Fundraising \$ 0

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? ► <u>SEE STATEMENT 9</u> 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 <u>SEE STATEMENT 10</u> ----- ----- ----- ----- ----- ----- (Grants and allocations \$ <u>15,297,393</u>) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	20,241,155
b ----- ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c ----- ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d ----- ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	20,241,155

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.

Table with columns (A) Beginning of year and (B) End of year. Rows include Assets (45-59), Liabilities (60-66), and Net Assets or Fund Balances (67-74). Includes sub-rows for receivables, investments, and equipment.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	28,188,954
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): SEE STATEMENT 15	b4	566,153	
	Add lines b1 through b4		b	566,153
c	Subtract line b from line a		c	27,622,801
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	27,622,801

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	27,305,693
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): SEE STATEMENT 16	b4	566,153	
	Add lines b1 through b4		b	566,153
c	Subtract line b from line a		c	26,739,540
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	26,739,540

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE STMT 17 Str City ST ZIP	Title Hr/WK SEE STMT 17	1,533,727	109,310	4,593
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
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Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
	26		
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) . . .STMT18	X	
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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.		X
d	Does the organization have a written conflict of interest policy?	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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
30 a	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?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
31 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 82a through 91b with various organizational details and financial information.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **▶** _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here **92** N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** |

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	339,125	
96 Dividends and interest from securities			14	412	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-9,076	
101 Net income or (loss) from special events			01	0	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____		0		0	0
b _____		0		0	0
c _____		0		0	0
d _____		0		0	0
e _____		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		330,461	0
105 Total (add line 104, columns (B), (D), and (E))					330,461

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

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).
	N/A

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

(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
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a	N/A				
b					
c					
Totals					0

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a	N/A				
b					
c					
Totals					0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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: Jonathan W. Simons Date: 8-29-07

JONATHAN SIMONS, CEO
Type of print name and title

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 8-29-07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP EIN: 34-6565596

18111 VON KARMAN AVE., STE 1000, IRVINE, CA 92612 Phone no.: 949-794-2300

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 **X**
 - 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► PROSTATE CANCER FOUNDATION

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 section 501(c)(3) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2006 or
- tax year beginning _____, _____, and ending _____, _____.

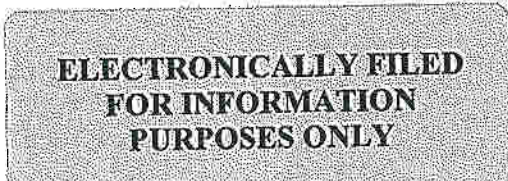
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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.	3a \$
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.	3b \$
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.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 12-2006)



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box, **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	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
	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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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 ► **PROSTATE CANCER FOUNDATION**
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, 20 07.

5 For calendar year 2006, or other tax year beginning _____, 20____, and ending _____, 20____.

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.	8a \$
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.	8b \$
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.	8c \$

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 ► *[Signature]* Title ► **CPA/AGENT** Date ► 8-4-07

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 _____ By: _____ 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.

Type or print	Name ERNST & YOUNG U.S. LLP - KARA ADAMS
	Number and street (include suite, room, or apt. no.) or a P.O. box number 18111 VON KARMAN AVENUE, SUITE 1000
	City or town, province or state, and country (including postal or ZIP code) IRVINE, CA 92612-1007

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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 20				

Total number of other employees paid over \$50,000 ▶ 9

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 21		

Total number of others receiving over \$50,000 for professional services ▶ 5

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
PREMIER FULFILLMENT & PROC., 4841 DILLON DRIVE PUEBLO, CO 81008	DIRECT MAILING & SHIPPING	97,874

Total number of other contractors receiving over \$50,000 for other services ▶ 0

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>37,142</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
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?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year.	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.	N/A	
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.	0	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.	0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 City ST Country
- 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	25,937,371	20,619,210	18,011,083	16,796,959	81,364,623
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	862,405	414,712	679,355	240,111	2,196,583
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	198,303	47,412	63,231	138,466	447,412
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				845	845
23 Total of lines 15 through 22	26,998,079	21,081,334	18,753,669	17,176,381	84,009,463
24 Line 23 minus line 17	26,135,674	20,666,622	18,074,314	16,936,270	81,812,880
25 Enter 1% of line 23	269,981	210,813	187,537	171,764	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	1,636,258
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	19,707,620
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	81,812,880
d Add: Amounts from column (e) for lines:	18 447,412 19		
	22 845 26b 19,707,620	26d	20,155,877
e Public support (line 26c minus line 26d total)		26e	61,657,003
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	75.36%

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:

(2005) NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____

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 11b, 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:

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____		
	17 _____ 20 _____ 21 _____	27c	0
d Add: Line 27a total	_____ and line 27b total _____	27d	0
e Public support (line 27c total minus line 27d total)		27e	0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	37,142
38	Total lobbying expenditures (add lines 36 and 37)	38	0 37,142
39	Other exempt purpose expenditures	39	20,204,013
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 20,241,155
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		The lobbying nontaxable amount is—
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 250,000
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0 0

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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45	Lobbying nontaxable amount	1,000,000	1,000,000	897,612	1,000,000	3,897,612
46	Lobbying ceiling amount (150% of line 45(e))					5,846,418
47	Total lobbying expenditures	37,142	64,882	63,960	55,950	221,934
48	Grassroots nontaxable amount	250,000	250,000	224,403	250,000	974,403
49	Grassroots ceiling amount (150% of line 48(e))					1,461,605
50	Grassroots lobbying expenditures					0

Part VI-B

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
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.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Main table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: 51a(i), 100,000, NATIONAL PROSTATE CANCER COALITION COMPANY, FINANCIAL SUPPORT TO PROMOTE INCREASED PUBLIC AWARENESS OF PROSTATE CANCER AND THE NEED FOR INCREASED PROSTATE CANCER RESEARCH FUNDING.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: NOT APPLICABLE

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2006

Name of organization

Employer identification number

PROSTATE CANCER FOUNDATION

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 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 \$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
<u>1</u>	<u>DIRECT CASH CONTRIBUTIONS</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>25,923,701</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>DIRECT NON-CASH CONTRIBUTIONS</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>1,368,639</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	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
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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
<u>2</u>	SECURITIES _____ _____ _____	\$ <u>1,368,639</u>	<u>VARIES</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
For. Prov. _____ Country _____	

FORM 990, PART I, LINE 4 - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	339,125
TOTAL	<u>339,125</u>

FORM 990, PART I, LINE 5 - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	412
TOTAL	<u>412</u>

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>
500	Wal-Mart	12/28/05	01/03/06	23,939	23,400	539
22	Bristol-Myers	12/28/05	01/04/06	458	506	(48)
550	Siebel	12/21/05	01/17/06	5,805	5,792	14
181	Microsoft	01/13/06	01/25/06	4,777	4,912	(135)
85	Starbuck	01/11/06	01/18/06	2,593	2,644	(51)
655	Kellwood	02/28/06	03/03/06	16,765	16,860	(95)
1,850	Thor Industries	03/27/06	03/29/06	95,578	95,127	451
2,333	American Financial Group	06/13/06	06/16/06	96,327	100,249	(3,922)
117	Illinois Tool Works	08/01/06	08/07/06	5,294	5,091	204
2,400	Millennium Pharmaceutical	08/18/06	08/24/06	24,668	25,032	(364)
1,101	Excelsior Small Cap Fund	09/13/06	09/19/06	19,972	20,005	(33)
150	Bear Stearns	10/17/06	10/23/06	22,644	22,695	(51)
612	Federated Department	10/17/06	10/23/06	27,257	27,307	(51)
9,520	Compuware	10/04/06	10/04/06	75,015	75,494	(478)
225	American International Group	11/27/06	11/29/06	15,695	15,782	(86)
75	Wal-Mart	11/22/06	11/29/06	3,485	3,599	(114)
4	Exxon Mobil	11/29/06	11/29/06	250	301	(52)
9	Entertainment Properties Trust	12/05/06	12/06/06	498	556	(58)
40	Alleghany Corporation	12/08/06	12/05/06	13,910	13,592	318
70	Nvidia	12/08/06	12/11/06	2,489	2,500	(12)
1,200	Corning	12/08/06	12/11/06	24,251	25,104	(853)
19	Eli Lilly	12/19/06	12/27/06	934	1,036	(102)
190	Akamai	12/21/06	12/28/06	10,101	10,423	(322)
20,000	Thor Industries	12/22/06	12/29/06	870,404	884,800	(14,396)
65	Capital One	12/21/06	12/28/06	4,976	5,200	(224)
42	Bristol-Myers	12/11/06	12/15/06	1,016	1,066	(50)
5	Vertex	12/15/06	12/21/06	143	193	(50)
200	Kellwood	12/28/06	12/28/06	6,540	6,612	(72)
60	Biomet	12/26/06	12/27/06	2,427	2,460	(33)
85,000	Youthstream	12/31/06	12/31/06	20,400	9,350	11,050
				1,398,610	1,407,686	(9,076)

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MAR-A-LAGO TENNIS TOURNAMENT	602,750
HAMPTONS TENNIS TOURNAMENT	901,300
WYNN LAS VEGAS INVITATIONAL	924,118
DANIEL NEW YORK DINNER	1,286,709
TOTAL	<u>3,714,877</u>

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>
MAR-A-LAGO TENNIS TOURNAMENT	46,750	46,750
HAMPTONS TENNIS TOURNAMENT	11,200	11,200
WYNN LAS VEGAS INVITATIONAL	411,912	411,912
DANIEL NEW YORK DINNER	96,291	96,291
TOTAL	<u>566,153</u>	<u>566,153</u>

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

Date	Description	Amount
01/25/06	National Alliance of State PCC	5,000
02/02/06	University of California, San Francisco	50,000
02/21/06	Hadassah University Hospital	12,500
02/21/06	Hebrew University	25,000
02/21/06	Technion Israel Institute	25,000
02/21/06	Weizmann Institute of Science	25,000
03/14/06	John Hopkins University School	100,000
04/04/06	University of Washington	4,912
04/13/06	The National Coalition for Cancer Research	3,000
04/13/06	The NCCR	7,000
05/08/06	Cedars-Sinai Medical Center	95,000
05/10/06	The City College Fund, CCNY	500
05/17/06	American Urology Association	3,000
05/23/06	Hadassah University Hospital	12,500
05/23/06	Hebrew University	25,000
05/23/06	Technion Israel Institute	25,000
05/23/06	Weizmann Institute of Science	25,000
06/15/06	Cycle For Life	5,000
06/20/06	Memorial Sloan Kettering	100,000
07/11/06	University of California, San Francisco	50,000
09/05/06	McMaster University	6,039
09/13/06	National Alliance of State PCC	7,500
09/26/06	Northern California Institute of Research & Education	5,000
09/26/06	University of California, San Francisco	5,000
09/26/06	University of California, San Francisco	5,000
09/27/06	University of California, San Francisco	500,000
10/05/06	National Prostate Cancer Coalition	100,000
10/25/06	Joe Torre Safe At Home Foundation	10,000
12/06/06	University of California, Los Angeles	50,000
12/07/06	University of Washington	50,000
12/07/06	University of California, San Francisco	50,000
12/07/06	Fred Hutchison Cancer Research Center	50,000
12/12/06	John Hopkins University School	50,000
12/22/06	Changhai Shanghai Hospital	10,000
12/22/06	Fudan University Cancer Hospital	10,000
12/22/06	University of California, Los Angeles	250,000
12/27/06	McMaster University	8,572
01/03/07	Memorial Sloan Kettering	15,000
01/04/07	John Hopkins University School	1,500,000
01/04/07	M.D. Anderson Cancer Center	2,000,000
01/04/07	Memorial Sloan Kettering	2,000,000
01/16/07	M.D. Anderson Cancer Center	25,000
01/16/07	Memorial Sloan Kettering	65,000
01/16/07	John Hopkins University School	10,000
01/16/07	John Hopkins University School	50,000
02/28/07	Memorial Sloan Kettering	95,772
02/28/07	Memorial Sloan-Kettering Cancer Center	100,000
02/28/07	Memorial Sloan Kettering	100,000
02/28/07	Cleveland Clinic	100,000
02/28/07	University of Michigan	50,000
03/07/07	Ohio State University	100,000
03/07/07	Dana-Farber Cancer Institute	100,000
03/07/07	Dana-Farber Cancer Institute	100,000
03/07/07	Dana-Farber Cancer Institute	100,000
03/07/07	Hebrew University	100,000
03/07/07	University of Michigan	100,000
03/07/07	University of California, San Diego	100,000
03/07/07	University of Michigan	99,935
03/07/07	BC Cancer Agency	100,000
03/07/07	University of California, Los Angeles	100,000
03/28/07	University of California, San Francisco	100,000
03/28/07	University of Wisconsin - Madison	99,580

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

Date	Description	Amount
03/28/07	John Hopkins University School	100,000
03/28/07	University of Illinois	100,000
03/28/07	University of Michigan	100,000
03/28/07	University of California, San Francisco	99,843
03/28/07	University of California, San Francisco	100,000
03/28/07	Center for Prostate Disease Research/Henry M. Jackson Foundation	99,978
03/28/07	University of California, Davis	94,572
03/28/07	Beth Israel Deaconess Medical Center	60,000
03/28/07	Providence Portland Medical Center/Earle A. Chiles	100,000
03/28/07	Yale University	100,000
03/28/07	Columbia University Medical Center	100,000
03/28/07	Johns Hopkins University	100,000
03/28/07	University of British Columbia	100,000
03/28/07	Beth Israel Deaconess Medical Center	100,000
03/28/07	University of Southern California	100,000
03/28/07	University of California, Los Angeles	74,946
03/28/07	Johns Hopkins University	100,000
03/28/07	Baylor College of Medicine	100,000
03/28/07	University of California, Los Angeles	98,250
03/28/07	University of Louisville	100,000
03/28/07	University of Regensburg	99,760
03/28/07	Beth Israel Deaconess Medical Center	100,000
03/28/07	University of Southern California	100,000
03/28/07	M.D. Anderson Cancer Center	100,000
03/28/07	University of Washington	100,000
03/28/07	Johns Hopkins University	100,000
03/28/07	Mount Sinai School of Medicine	100,000
03/28/07	Vanderbilt University Medical Center	100,000
03/28/07	Sidney Kimmel Cancer Center	100,000
03/28/07	University of Pittsburgh	98,900
03/28/07	M.D. Anderson Cancer Center	100,000
03/28/07	Jewish General Hospital of McGill University	88,000
03/28/07	University of California, San Francisco	55,913
03/28/07	University of Connecticut Health Center	47,603
03/28/07	M.D. Anderson Cancer Center	100,000
03/28/07	University of California, San Francisco	99,100
03/28/07	Massachusetts General Hospital	100,000
03/28/07	University of Southern California	89,282
03/28/07	Cornell University	99,325
03/28/07	University of Michigan	100,000
03/28/07	M.D. Anderson Cancer Center	66,213
03/28/07	University of California, San Francisco	99,898
03/28/07	University of Virginia	100,000
03/28/07	Memorial Sloan-Kettering	100,000
03/28/07	University of California, Los Angeles	100,000
03/28/07	Johns Hopkins University	100,000
03/28/07	Indiana University	100,000
04/17/07	University of Washington	50,000
06/28/07	University of Michigan	50,000
07/10/07	University of Washington	50,000
	Accrued University of Washington	300,000
	Accrued University of Michigan	300,000
	Accrued Memorial Sloan Kettering	1,000,000
		<u>15,297,393</u>

FORM 990, PART II, LINE 43 - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM</u>	<u>MANAGEMENT &</u>	<u>FUNDRAISING</u>
		<u>SERVICES</u>	<u>GENERAL</u>	
ADVERTISING	608,094	499,932	750	107,412
INSURANCE	23,821	NONE	23,821	NONE
PROFESSIONAL FEES & OUTSIDE SERVICES	1,099,069	909,112	164,018	25,939
PUBLIC RELATIONS	16,506	16,154	289	63
TAXES AND LICENSES	8,396	NONE	8,396	NONE
PROMOTIONAL MATERIALS	3,785	3,785	NONE	NONE
DUES AND SUBSCRIPTIONS	43,802	13,962	25,225	4,615
MEALS AND ENTERTAINMENT	280,235	21,629	5,804	252,802
PARKING	26,925	7,344	13,851	5,730
LODGING AND HOTELS	131,912	5,084	4,742	122,086
DONATIONS	65,000	NONE	NONE	65,000
COMPUTER EXPENSE	127,119	45,408	45,665	36,046
RELOCATION, MOVING & STORAGE	24,779	NONE	24,779	NONE
RESEARCH MATERIALS & SERVICES	11,048	345	78	10,625
BANK FEES	886	NONE	886	NONE
BAD DEBTS	968,336	NONE	968,336	NONE
DIRECT FUNDRAISING EXPENSES/GOODS & SERVICES RECLASS	(566,153)	0	0	(566,153)
AMORTIZATION	52,892	33,057	9,521	10,314
SUB-TOTALS	<u>2,926,452</u>	<u>1,555,812</u>	<u>1,296,161</u>	<u>74,479</u>

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

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 10.

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.		
01/25/06	National Alliance of State PCC	5,000	5,000
02/02/06	University of California, San Francisco	50,000	50,000
02/21/06	Hadassah University Hospital	12,500	12,500
02/21/06	Hebrew University	25,000	25,000
02/21/06	Technion Israel Institute	25,000	25,000
02/21/06	Weizmann Institute of Science	25,000	25,000
03/14/06	John Hopkins University School	100,000	100,000
04/04/06	University of Washington	4,912	4,912
04/13/06	The National Coalition for Cancer Research	3,000	3,000
04/13/06	The NCCR	7,000	7,000
05/08/06	Cedars-Sinai Medical Center	95,000	95,000
05/10/06	The City College Fund, CCNY	500	500
05/17/06	American Urology Association	3,000	3,000
05/23/06	Hadassah University Hospital	12,500	12,500
05/23/06	Hebrew University	25,000	25,000
05/23/06	Technion Israel Institute	25,000	25,000
05/23/06	Weizmann Institute of Science	25,000	25,000
06/15/06	Cycle For Life	5,000	5,000
06/20/06	Memorial Sloan Kettering	100,000	100,000
07/11/06	University of California, San Francisco	50,000	50,000
09/05/06	McMaster University	6,039	6,039
09/13/06	National Alliance of State PCC	7,500	7,500
09/26/06	Northern California Institute of Research & Education	5,000	5,000
09/26/06	University of California, San Francisco	5,000	5,000
09/26/06	University of California, San Francisco	5,000	5,000
09/27/06	University of California, San Francisco	500,000	500,000
10/05/06	National Prostate Cancer Coalition	100,000	100,000
10/25/06	Joe Torre Safe At Home Foundation	10,000	10,000
12/06/06	University of California, Los Angeles	50,000	50,000
12/07/06	University of Washington	50,000	50,000
12/07/06	University of California, San Francisco	50,000	50,000
12/07/06	Fred Hutchison Cancer Research Center	50,000	50,000
12/12/06	John Hopkins University School	50,000	50,000
12/22/06	Changhai Shanghai Hospital	10,000	10,000
12/22/06	Fudan University Cancer Hospital	10,000	10,000
12/22/06	University of California, Los Angeles	250,000	250,000
12/27/06	McMaster University	8,572	8,572
01/03/07	Memorial Sloan Kettering	15,000	15,000
01/04/07	John Hopkins University School	1,500,000	1,500,000
01/04/07	M.D. Anderson Cancer Center	2,000,000	2,000,000
01/04/07	Memorial Sloan Kettering	2,000,000	2,000,000
01/16/07	M.D. Anderson Cancer Center	25,000	25,000
01/16/07	Memorial Sloan Kettering	65,000	65,000
01/16/07	John Hopkins University School	10,000	10,000
01/16/07	John Hopkins University School	50,000	50,000
02/28/07	Memorial Sloan Kettering	95,772	95,772
02/28/07	Memorial Sloan-Kettering Cancer Center	100,000	100,000
02/28/07	Memorial Sloan Kettering	100,000	100,000
02/28/07	Cleveland Clinic	100,000	100,000
02/28/07	University of Michigan	50,000	50,000
03/07/07	Ohio State University	100,000	100,000
03/07/07	Dana-Farber Cancer Institute	100,000	100,000
03/07/07	Dana-Farber Cancer Institute	100,000	100,000
03/07/07	Dana-Farber Cancer Institute	100,000	100,000
03/07/07	Hebrew University	100,000	100,000
03/07/07	University of Michigan	100,000	100,000
03/07/07	University of California, San Diego	100,000	100,000
03/07/07	University of Michigan	99,935	99,935
03/07/07	BC Cancer Agency	100,000	100,000
03/07/07	University of California, Los Angeles	100,000	100,000
03/28/07	University of California, San Francisco	100,000	100,000
03/28/07	University of Wisconsin - Madison	99,580	99,580
03/28/07	John Hopkins University School	100,000	100,000

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
03/28/07	University of Illinois	100,000	100,000
03/28/07	University of Michigan	100,000	100,000
03/28/07	University of California, San Francisco	99,843	99,843
03/28/07	University of California, San Francisco	100,000	100,000
03/28/07	Center for Prostate Disease Research/Henry M. Jackson Foundation	99,978	99,978
03/28/07	University of California, Davis	94,572	94,572
03/28/07	Beth Israel Deaconess Medical Center	60,000	60,000
03/28/07	Providence Portland Medical Center/Earle A. Chiles	100,000	100,000
03/28/07	Yale University	100,000	100,000
03/28/07	Columbia University Medical Center	100,000	100,000
03/28/07	Johns Hopkins University	100,000	100,000
03/28/07	University of British Columbia	100,000	100,000
03/28/07	Beth Israel Deaconess Medical Center	100,000	100,000
03/28/07	University of Southern California	100,000	100,000
03/28/07	University of California, Los Angeles	74,946	74,946
03/28/07	Johns Hopkins University	100,000	100,000
03/28/07	Baylor College of Medicine	100,000	100,000
03/28/07	University of California, Los Angeles	98,250	98,250
03/28/07	University of Louisville	100,000	100,000
03/28/07	University of Regensburg	99,760	99,760
03/28/07	Beth Israel Deaconess Medical Center	100,000	100,000
03/28/07	University of Southern California	100,000	100,000
03/28/07	M.D. Anderson Cancer Center	100,000	100,000
03/28/07	University of Washington	100,000	100,000
03/28/07	Johns Hopkins University	100,000	100,000
03/28/07	Mount Sinai School of Medicine	100,000	100,000
03/28/07	Vanderbilt University Medical Center	100,000	100,000
03/28/07	Sidney Kimmel Cancer Center	100,000	100,000
03/28/07	University of Pittsburgh	98,900	98,900
03/28/07	M.D. Anderson Cancer Center	100,000	100,000
03/28/07	Jewish General Hospital of McGill University	88,000	88,000
03/28/07	University of California, San Francisco	55,913	55,913
03/28/07	University of Connecticut Health Center	47,603	47,603
03/28/07	M.D. Anderson Cancer Center	100,000	100,000
03/28/07	University of California, San Francisco	99,100	99,100
03/28/07	Massachusetts General Hospital	100,000	100,000
03/28/07	University of Southern California	89,282	89,282
03/28/07	Cornell University	99,325	99,325
03/28/07	University of Michigan	100,000	100,000
03/28/07	M.D. Anderson Cancer Center	66,213	66,213
03/28/07	University of California, San Francisco	99,898	99,898
03/28/07	University of Virginia	100,000	100,000
03/28/07	Memorial Sloan-Kettering	100,000	100,000
03/28/07	University of California, Los Angeles	100,000	100,000
03/28/07	Johns Hopkins University	100,000	100,000
03/28/07	Indiana University	100,000	100,000
04/17/07	University of Washington	50,000	50,000
06/28/07	University of Michigan	50,000	50,000
07/10/07	University of Washington	50,000	50,000
	Accrued University of Washington	300,000	300,000
	Accrued University of Michigan	300,000	300,000
	Accrued Memorial Sloan-Kettering	1,000,000	1,000,000
		15,297,393	15,297,393
	Scientific Conferences	-	3,045,916
	Public Awareness and Advocacy	-	1,897,846
	TOTAL	15,297,393	20,241,155

FORM 990, PART IV, LINE 53 - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK</u> <u>VALUE</u>	<u>ENDING BOOK</u> <u>VALUE</u>
PREPAID EXPENSES	63,064	62,401
TOTAL	63,064	62,401

FORM 990, PART IV, LINE 54 - INVESTMENTS - SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK</u> <u>VALUE</u>	<u>ENDING BOOK</u> <u>VALUE</u>	<u>COST OR FMV</u>
SAGENT TECHNOLOGY	20	19	FMV
YOUTHSTREAM MEDIA NETWORKS	9,350	20,400	FMV
BRISTOL-MYERS	506	NONE	FMV
WAL-MART	23,400	NONE	FMV
SIEBEL	5,792	NONE	FMV
CASH IN SECURITIES ACCOUNT	395,348	(15)	FMV
KELLWOOD	NONE	6,504	FMV
BIOMET	NONE	2,476	FMV
TOTAL	434,416	29,384	

FORM 990, PART IV, LINE 57 - LAND, BUILDINGS AND EQUIPMENT & DEPRECIATION

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>ADDITIONS</u>	<u>DISPOSALS/ WRITE-OFFS</u>	<u>ENDING BALANCE</u>
<u>FIXED ASSETS</u>				
FURNITURE & FIXTURES	37,180	0	0	37,180
OFFICE EQUIPMENT	245,617	10,618	(90,173)	166,062
LEASEHOLD IMPROVEMENTS	366,743	0	(119,852)	246,891
TOTAL FIXED ASSETS	649,540	10,618	(210,025)	450,133

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>ADDITIONS</u>	<u>WRITE-OFFS</u>	<u>ENDING BALANCE</u>
<u>ACCUMULATED DEPRECIATION</u>				
FURNITURE & FIXTURES	26,937	3,597	0	30,534
OFFICE EQUIPMENT	178,186	49,599	(90,173)	137,612
LEASEHOLD IMPROVEMENTS	287,151	24,703	(119,852)	192,002
TOTAL ACCUMULATED DEPRECIATION	492,274	77,899	(210,025)	360,148

FORM 990, PART IV, LINE 58 - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
COMPUTER SOFTWARE	57,175	4,283
OTHER RECEIVABLES	518,919	110,598
TOTALS	576,094	114,881

FORM 990, PART IV-A, LINE 4 - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

<u>DESCRIPTION</u>	<u>AMOUNT</u>
RECLASS OF SPECIAL EVENT EXPENSES	566,153
TOTAL	<u>566,153</u>

FORM 990, PART IV-B, LINE 4 - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

<u>DESCRIPTION</u>	<u>AMOUNT</u>
RECLASS OF SPECIAL EVENT EXPENSES	566,153
TOTAL	<u>566,153</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
LESLIE MICHELSON 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CEO/VICE CHAIRMAN 50 HRS/WK	448,838	23,688	4,593
DEBBIE BOHNETT 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	COO 50 HRS/WK	272,140	33,163	NONE
CRAIG DIONNE 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	EXECUTIVE VP 40 HRS/WK	313,829	29,437	NONE
GREGG BRITT 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	244,622	23,022	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
REVEREND ROSEY GRIER 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR/CONSULTANT 20 HRS/WK	42,000	NONE	NONE
RALPH FINERMAN ** 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CFO 15 HRS/WK	12,298	NONE	NONE
MICHAEL MILKEN 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CHAIRMAN 15 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
JAMES C. BLAIR DOMAIN ASSOCIATES ONE PALMER SQUARE, SUITE 515 PRINCETON, NJ 08542	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
SAMUEL WARD CASSCELLS III, M.D. UNIVERSITY OF TEXAS AT HOUSTON 7000 FANNIN STREET, UCT 795 HOUSTON, TX 77030	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
DAVID J. EPSTEIN 260 FRANKLIN STREET BOSTON, MA 02110	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
LESLIE MICHELSON 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CEO/VICE CHAIRMAN 50 HRS/WK	448,838	23,688	4,593
DEBBIE BOHNETT 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	COO 50 HRS/WK	272,140	33,163	NONE
CRAIG DIONNE 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	EXECUTIVE VP 40 HRS/WK	313,829	29,437	NONE
GREGG BRITT 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	244,622	23,022	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
REVEREND ROSEY GRIER 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR/CONSULTANT 20 HRS/WK	42,000	NONE	NONE
RALPH FINERMAN ** 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CFO 15 HRS/WK	12,298	NONE	NONE
MICHAEL MILKEN 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CHAIRMAN 15 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
JAMES C. BLAIR DOMAIN ASSOCIATES ONE PALMER SQUARE, SUITE 515 PRINCETON, NJ 08542	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
SAMUEL WARD CASSCELLS III, M.D. UNIVERSITY OF TEXAS AT HOUSTON 7000 FANNIN STREET, UCT 795 HOUSTON, TX 77030	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
DAVID J. EPSTEIN 260 FRANKLIN STREET BOSTON, MA 02110	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
CHRISTIAN B. EVENSEN 860 FLINTRIDGE AVENUE LA CANADA FLINTRIDGE, CA 91011	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
ARTHUR KERN 98 MAIN ST. #517 TIBURON, CA 94920	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
DAVID HAMILTON KOCH KOCH INDUSTRIES 667 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10021	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
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 STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR, VICE PRESIDENT 2 HRS/WK	NONE	NONE	NONE
JERRY MONKARSH 9061 SANTA MONICA BLVD. LOS ANGELES, CA 90069	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
HENRY L. NORDHOFF GEN-PROBE INCORPORATED 10210 GENETIC CENTER DRIVE SAN DIEGO, CA 92121	DIRECTOR 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 THE NTI GROUP, INC. 14144 VENTURA BLVD., SUITE 200 SHERMAN OAKS, CA 91604	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
BERT C. ROBERTS, JR. 1808 MILVALE ROAD ANNAPOLIS, MD 21401	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
RICHARD SANDLER, ESQ 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR 2 HRS/WK	NONE	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
ELAINE WYNN WYNN RESORTS 3131 LAS VEGAS BLVD. SOUTH LAS VEGAS, NV 89109	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
STANLEY R. ZAX ZENITH NATIONAL INSURANCE CORP. 21255 CALIFA STREET WOODLAND HILLS, CA 91367	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
	GRAND TOTAL		1,533,727	109,310
				4,593

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

FORM 990, PART V-A - RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC.:
NAME OF RELATED PERSON/BUSINESS:
TITLE OF ROLE OF RELATED PARTY:
RELATIONSHIP:

LORI MILKEN
MICHAEL MILKEN
CHAIRMAN OF PROSTATE CANCER FOUNDATION
SPOUSE

NAME OF OFFICER, DIRECTOR, ETC.:
NAME OF RELATED PERSON/BUSINESS:
TITLE OF ROLE OF RELATED PARTY:
RELATIONSHIP:

MICHAEL MILKEN
LORI MILKEN
DIRECTOR, VP OF PROSTATE CANCER FOUNDATION
SPOUSE

NAME OF OFFICER, DIRECTOR, ETC.:
NAME OF RELATED PERSON/BUSINESS:
TITLE OF ROLE OF RELATED PARTY:
RELATIONSHIP:

RALPH FINERMAN (RFG FINANCIAL)
RICHARD SANDLER, MICHAEL AND LORI MILKEN
DIRECTOR, CHAIRMAN, DIRECTOR AND VP OF PROSTATE CANCER FOUNDATION
SEE NOTE 1 BELOW

NAME OF OFFICER, DIRECTOR, ETC.:
NAME OF RELATED PERSON/BUSINESS:
TITLE OF ROLE OF RELATED PARTY:
RELATIONSHIP:

RICHARD SANDLER, ESQ. (MARON & SANDLER)
RALPH FINERMAN, MICHAEL AND LORI MILKEN
CFO, CHAIRMAN, DIRECTOR AND VP OF PROSTATE CANCER FOUNDATION
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

**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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCOUNT</u>
HELEH HSIEH 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 30 HRS/WK	115,183	29,724	NONE
SHIRA BERMAN 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	118,356	20,119	NONE
SARAH EVANS 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	120,710	21,813	NONE
JANET HABER 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	123,850	9,471	NONE
KAREN STONE 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	191,212	27,905	NONE
	TOTAL COMPENSATION	669,311	109,032	0

SCHEDULE A, PART II-A COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT PROFESSIONAL SERVICES

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CONDE NAST PUBLICATIONS P.O. BOX 5350 NEW YORK, NY 10087	PUBLICITY & ADVERTISING	438,895
FENTON COMMUNICATIONS 1320 18TH STREET, NW, 5TH FLOOR WASHINGTON, DC 20036	PUBLICITY	127,649
DAVE PERRON 10 GEARY AVENUE KENTFIELD, CA 94904	FUNDRAISING EVENT MGMT.	172,000
KATE MOULENE 1512 SUNSET PLAZA DRIVE LOS ANGELES, CA 90069	FUNDRAISING CONSULTING	132,000
GRIZZARD P.O. BOX 534215 ATLANTA, GA 90064	PUBLICITY	124,000
	TOTAL COMPENSATION	<u>994,544</u>

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

RALPH FINERMAN, CFO OF THE PROSTATE CANCER FOUNDATION, IS ALSO AFFILIATED WITH RFG FINANCIAL. RFG FINANCIAL WAS PAID \$12,298 FOR CONSULTING SERVICES PROVIDED TO THE PROSTATE CANCER FOUNDATION DURING 2006.

RICHARD SANDLER, A MEMBER OF THE BOARD OF DIRECTORS, IS ALSO AFFILIATED WITH MARON & SANDLER. MARON & SANDLER WAS PAID \$284 FOR LEGAL SERVICES PROVIDED TO THE PROSTATE CANCER FOUNDATION DURING 2006.

RALPH FINERMAN AND RICHARD SANDLER BOTH CONTRIBUTED AMOUNTS THAT MORE THAN OFFSET THESE PAYMENTS FOR SERVICES DURING 2006.