

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **PROSTATE CANCER FOUNDATION**
Doing Business As _____
Number and street (or P.O. box if mail is not delivered to street address) **Room/suite**
1250 FOURTH STREET **360**
City or town, state or country, and ZIP + 4
SANTA MONICA CA 90401-1353

D Employer identification number
95-4418411

E Telephone number
(310) 570-4700

G Gross receipts \$ 37,483,053

F Name and address of principal officer:
JONATHAN W. SIMONS, M.D., SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? N/A Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.prostatecancerfoundation.org **H(c) Group exemption number** ▶ N/A

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1993 **M State of legal domicile:** CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE PROSTATE CANCER FOUNDATION (PCF) IS A MEDICAL RESEARCH FOUNDATION COMMITTED TO ENDING PROSTATE CANCER. IT ACCELERATES SCIENTIFIC DISCOVERY FOR PREVENTING, DELIVERING BETTER TREATMENTS AND ULTIMATELY A CURE FOR PROSTATE CANCER. MORE INFORMATION CAN BE FOUND AT WWW.PCF.ORG.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of employees (Part V, line 2a)	5	37
6 Total number of volunteers (estimate if necessary)	6	3
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	34,165,969	36,425,084
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	622,469	516,449
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,788,438	36,941,533
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,274,150	28,069,538
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,594,515	3,674,223
16a Professional fundraising fees (Part IX, column (A), line 11e)	383,211	438,570
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,107,886		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,545,308	7,497,394
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,797,184	39,679,725
19 Revenue less expenses. Subtract line 18 from line 12	9,991,254	-2,738,192

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	29,294,132	35,909,290
21 Total liabilities (Part X, line 26)	10,563,395	19,916,745
22 Net assets or fund balances. Subtract line 21 from line 20	18,730,737	15,992,545

Part II Signature Block

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

Sign Here
 Signature of officer: *Jonathan W. Simons* Date: 10-22-09
 JONATHAN W. SIMONS M.D., CEO/PRESIDENT

Paid Preparer's Use Only
 Preparer's signature: *Ka G* Date: 10-21-09
 Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP, 18111 VON KARMAN AVE., STE 1000, IRVINE, CA 92612
 EIN: 34-8565596
 Phone no.: 949-794-2300

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Part III Statement of Program Service Accomplishments (see instructions)

Briefly describe the organization's mission:

THE PROSTATE CANCER FOUNDATION (PCF) IS A MEDICAL RESEARCH FOUNDATION COMMITTED TO ENDING PROSTATE CANCER. IT ACCELERATES SCIENTIFIC DISCOVERY FOR PREVENTING, DELIVERING BETTER TREATMENTS AND ULTIMATELY A CURE FOR PROSTATE CANCER. MORE INFORMATION CAN BE FOUND AT WWW.PCF.ORG.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

a (Code:) (Expenses \$ 22,022,538 including grants of \$ 22,022,538) (Revenue \$ 0)

IN KEEPING WITH ITS VENTURE PHILANTHROPY MODEL, THE FOUNDATION CONTINUALLY SEEKS AND STRIVES TO FUND INNOVATIVE, HIGH RISK/HIGH REWARD RESEARCH PROGRAMS THAT OTHERWISE WOULD BE LEFT UNFUNDED. IN 2008, THE PCF SUPPORTED NINE RESEARCH TEAMS WORKING ON ADVANCED PROJECTS FOR PROSTATE CANCER. THESE MULTI-YEAR PROGRAMS AND GRANTS HAVE HIGH POTENTIAL FOR ADVANCING HOW MEDICAL PROFESSIONALS DIAGNOSE, TREAT AND POSSIBLY CURE PROSTATE CANCER PATIENTS. THESE PCF 'CHALLENGE AWARDS' ARE AWARDED IN THREE ANNUAL PAYMENTS RANGING BETWEEN \$500K TO \$1M EACH. MORE INFORMATION CAN BE FOUND AT WWW.PCF.ORG.

1b (Code:) (Expenses \$ 6,047,000 including grants of \$ 6,047,000) (Revenue \$ 0)

CENTRAL TO THE PCF'S COMMITMENT TO ENDING DEATH AND SUFFERING FROM PROSTATE CANCER, IS ITS ONGOING INVESTMENT IN BUILDING HUMAN CAPITAL. HUMAN CAPITAL FOR CANCER RESEARCH ARE THE YOUNG AND SENIOR SCIENTISTS WE ATTRACT AND FUND FOCUSED ON SOLVING THE PROSTATE CANCER PROBLEM. THIS HELPS ENSURE AN ONGOING PIPELINE OF QUALIFIED PROFESSIONALS FOR PROSTATE CANCER RESEARCH. THE FOUNDATION'S YOUNG INVESTIGATOR AWARDS SUPPORT INNOVATIVE RESEARCH IDEAS, WHILE ENCOURAGING PROMISING YOUNG RESEARCHERS TO REMAIN COMMITTED TO THIS FIELD OF SCIENTIFIC RESEARCH. IN 2008, THE PCF COMMITTED TO SUPPORT 20 NEW RESEARCH PROJECTS LED BY THESE YOUNG INVESTIGATORS OVER A THREE YEAR PERIOD. EACH PCF YOUNG INVESTIGATOR RECEIVED A \$225K GRANT WITH AN ANNUAL PAYMENT OF \$75K THAT IS MATCHED BY THEIR INSTITUTION. MORE INFORMATION CAN BE AT WWW.PCF.ORG.

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

THE PCF SUPPORTS AND FUNDS THE PROSTATE CANCER CLINICAL TRIALS CONSORTIUM AT 10 LEADING RESEARCH CENTERS IN PARTNERSHIP WITH THE U.S. DEPARTMENT OF DEFENSE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP). SINCE 2005, THE PROSTATE CANCER CLINICAL TRIAL CONSORTIUM HAS INITIATED 44 CLINICAL TRIALS, ALLOWING MORE THAN 1,600 PATIENTS TO PARTICIPATE IN THE STUDY OF NEW MEDICINES FOR EARLY AND ADVANCED PROSTATE CANCER. THE PCF FUNDS \$3.2M ANNUALLY TO THIS PROGRAM. THE 2008 GRANTS WERE FUNDED IN DECEMBER 2007

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,615,071 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ \$ 32,684,609 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		N/A
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		N/A

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ See attached worksheet
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ PROSTATE CANCER FOUNDATION (310) 570-4700
 1250 4TH ST., SUITE 360, SANTA MONICA, CA 90401

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MILKEN CHAIRMAN	15.	X						0	0	0
CHARLES BAIRD DIRECTOR	2.	X						0	0	0
STEVEN A. BURD DIRECTOR	2.	X						0	0	0
DAVID D. EDERER DIRECTOR	2.	X						0	0	0
DAVID J. EPSTEIN DIRECTOR	2.	X						0	0	0
CHRISTIAN B. EVENSEN DIRECTOR	2.	X						0	0	0
PETER T. GRAUER DIRECTOR	2.	X						0	0	0
REVEREND ROSEY GRIER DIRECTOR/CONSULTANT	20.	X						42,000	0	232
STUART HOLDEN, M.D. DIRECTOR/MEDICAL DIRECTOR	30.	X						200,000	0	0
ARTHUR KERN DIRECTOR	2.	X						0	0	0
DAVID HAMILTON KOCH DIRECTOR	2.	X						0	0	0
EARLE I. MACK DIRECTOR	2.	X						0	0	0
JEFFREY A. MARCUS DIRECTOR	2.	X						0	0	0
SHMUEL MEITAR DIRECTOR	2.	X						0	0	0
LESLIE D. MICHELSON DIRECTOR	2.	X						0	0	0
LORI MILKEN DIRECTOR/VICE PRESIDENT	2.	X						0	0	0
JERRY MONKARSH DIRECTOR	2.	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY L. NORDHOFF DIRECTOR	2.	X						0	0	0
LYNDA RESNICK DIRECTOR	2.	X						0	0	0
BERT C. ROBERTS, JR. DIRECTOR	2.	X						0	0	0
RICHARD SANDLER, ESQ DIRECTOR	2.	X						0	0	0
J. GARY SHANSBY DIRECTOR	2.	X						0	0	0
STANLEY R. ZAX DIRECTOR	2.	X						0	0	0
RALPH FINERMAN TREASURER/CFO	15.			X				0	0	0
JONATHAN W. SIMONS, M.D. CEO & PRESIDENT	60.			X			880,801	0	22,641	
JANET HABER VICE PRESIDENT	50.				X		145,638	0	7,046	
HELEN HSIEH VICE PRESIDENT	40.				X		131,365	0	22,129	
HOWARD SOULE EXECUTIVE V.P.	50.			X			289,777	0	22,532	
KAREN STONE SENIOR V.P.	50.				X		254,014	0	8,410	
STEPHEN WILSON EXECUTIVE VP	50.				X		279,959	0	7,244	
1b Total							2,343,461	0	101,491	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRIZZARD P.O. BOX 534215 ATLANTA GA 90064	FUNDRAISING CONSULT.	261,193
AGILIS COMPANY 2380 CROSSROADS BLVD. ALBERT LEA MN	FULFILLMENT & DIRECT M	245,935
DAVE PERRON 10 GEARY AVE. KENTFIELD CA 94904	FUNDRAISING EVENT MGM	184,750
CS SPORT MKT., LLC 2149 W. CASCADE HOOD RIVER OR 97031	FUNDRAISING CONSULT.	149,196
KATE MOULENE 1512 SUNSET PLAZA DR. LOS ANGELES CA	FUNDRAISING CONSULT.	132,000

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants, and other similar amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 2,076,979					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 1,000,000					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 33,348,105					
	g	Noncash contributions included in lines 1a-1f: \$	1,205,370					
	h	Total. Add lines 1a-1f ▶	36,425,084					
	Program Service Revenue	2a	Business Code	0				
b			0					
c			0					
d			0					
e			0					
f		All other program service revenue	0					
g		Total. Add lines 2a-2f ▶	0					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) ▶	520,254			520,254	
	4	Income from investment of tax-exempt bond proceeds ▶	0					
	5	Royalties ▶	0					
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	0	0		
	d	Net rental income or (loss) ▶	0					
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	242,091	0		
			c	Gain or (loss)	245,896	0		
	d	Net gain or (loss) ▶	-3,805	0		-3,805		
	8a	Gross income from fundraising events (not including \$ 2,076,979 of contributions reported on line 1c). See Part IV, line 18	a	295,624				
			b	Less: direct expenses	295,624			
c			Net income or (loss) from fundraising events ▶	0				
9a	Gross income from gaming activities. See Part IV, line 19	a	0					
		b	Less: direct expenses	0				
		c	Net income or (loss) from gaming activities ▶	0				
10a	Gross sales of inventory, less returns and allowances	a	0					
		b	Less: cost of goods sold	0				
		c	Net income or (loss) from sales of inventory ▶	0				
11a	Miscellaneous Revenue	Business Code						
		b		0				
		c		0				
		d	All other revenue	0				
		e	Total. Add lines 11a-11d ▶	0				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	36,941,533	0	0	516,449			

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	27,711,538	27,711,538		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	358,000	358,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,444,952	1,139,988	764,456	540,508
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	851,913	286,851	219,271	345,791
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,287	6,178	4,691	2,418
9	Other employee benefits	184,318	56,590	77,779	49,949
10	Payroll taxes	179,753	57,883	67,227	54,643
11	Fees for services (non-employees):				
a	Management	1,015,355	321,007	66,801	627,547
b	Legal	1,809	0	1,809	0
c	Accounting	84,267	0	84,267	0
d	Lobbying	63,000	63,000	0	0
e	Professional fundraising services. See Part IV, line 17	438,570			438,570
f	Investment management fees	0	0	0	0
g	Other	345,756	76,412	241,541	27,803
12	Advertising and promotion	268,785	182,124	6,461	80,200
13	Office expenses	389,244	56,255	290,033	42,956
14	Information technology	231,250	44,279	142,945	44,026
15	Royalties	0	0	0	0
16	Occupancy	359,114	123,524	166,668	68,922
17	Travel	645,695	78,951	38,775	527,969
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	2,358,778	834,603	0	1,524,175
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	63,788	9,768	42,848	11,172
23	Insurance	29,766	0	29,766	0
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	FREIGHT & POSTAGE	1,005,287	58,163	82,892	864,232
b	SPONSORSHIPS & CONTRIBUTIONS	91,500	39,500	15,000	37,000
c	BAD DEBT EXPENSES	544,000	0	544,000	0
d	JOINT COST ALLOCATION	0	1,179,995	0	-1,179,995
e		0		0	
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	39,679,725	32,684,609	2,887,230	4,107,886
26	Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,650,800	281,246	0	3,369,554

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	1,000	1	1,000	
	2	Savings and temporary cash investments	21,274,262	2	27,893,591	
	3	Pledges and grants receivable, net	7,678,754	3	6,816,105	
	4	Accounts receivable, net	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	59,216	9	80,497	
	10a	Land, buildings, and equipment: cost basis	10a	739,029		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b	606,244	10c	132,785
	11	Investments—publicly traded securities	52,868	11	25,312	
	12	Investments—other securities. See Part IV, line 11	0	12	960,000	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	50,564	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)	29,294,132	16	35,909,290		
Liabilities	17	Accounts payable and accrued expenses	1,913,395	17	1,453,990	
	18	Grants payable	8,650,000	18	18,462,755	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable	0	24	0	
	25	Other liabilities. Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	10,563,395	26	19,916,745	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	18,730,737	27	15,992,545	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	18,730,737	33	15,992,545		
34	Total liabilities and net assets/fund balances	29,294,132	34	35,909,290		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? N/A	3a	
b	If "Yes," did the organization undergo the required audit or audits? N/A	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
Total									28,069,538

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,408,219	29,639,381	27,292,340	34,165,969	36,425,084	148,930,993
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total Add lines 1-3	21,408,219	29,639,381	27,292,340	34,165,969	36,425,084	148,930,993
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,442,500
6 Public support. Subtract line 5 from line 4.						122,488,493

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	21,408,219	29,639,381	27,292,340	34,165,969	36,425,084	148,930,993
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,412	198,303	339,537	624,047	520,254	1,729,553
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						150,660,546
12 Gross receipts from related activities, etc. (see instructions)					12	2,746,738
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	81.30%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	75.34%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(HTA)

Name of organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,550,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 960,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	SECURITIES	\$ 960,000 12/31/2008
-----	\$ 0
-----	\$ 0
-----	\$ 0
-----	\$ 0
-----	\$ 0
-----	\$ 0
-----	\$ 0
-----	\$ 0

Political Campaign and Lobbying Activities

2008

Open to Public
Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ To be completed by organizations described below.
- ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____ **0**

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ **0**
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ **0**
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities N/A ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities N/A ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____ **0**
- 4 Did the filing organization file Form 1120-POL for this year? N/A Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
N/A	-----		0	0
	-----		0	0
	-----		0	0
	-----		0	0
	-----		0	0
	-----		0	0
	-----		0	0

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	63,000	0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures	32,621,609	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	32,684,609	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0	0												
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	64,882	37,142	0	63,000	165,024
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-A Line 2c: THE FOUNDATION MAINTAINS AN OFFICE IN WASHINGTON D.C. FOR LOBBYING AND OTHER PURPOSES IT INCURRED RENT EXPENSE OF \$63,000.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. N/A

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. N/A

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. N/A

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
(ii) Assets included in Form 990, Part X	▶ \$	_____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): N/A

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	246,891	218,354	28,537
d Equipment	0	110,574	71,391	39,183
e Other	0	381,564	316,499	65,065

Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 132,785

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,941,533
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	39,679,725
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,738,192
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,738,192

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

1	Total revenue, gains, and other support per audited financial statements	1	37,237,157
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	295,624
e	Add lines 2a through 2d	2e	295,624
3	Subtract line 2e from line 1	3	36,941,533
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	36,941,533

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

1	Total expenses and losses per audited financial statements	1	39,975,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	295,624
e	Add lines 2a through 2d	2e	295,624
3	Subtract line 2e from line 1	3	39,679,725
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	39,679,725

Part XIV Supplemental Information

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

Part XII Line 2D: GOODS AND SERVICES RELATED TO FUNDRAISING EVENTS.-----

Part XIII Line 2D: GOODS AND SERVICES RELATED TO FUNDRAISING EVENTS.-----

Statement of Activities Outside the United States

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization

ROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I General Information on Activities Outside the United States. Complete if the organization answered
"Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe	0	0	RESEARCH GRANTS	UNITED KINGDOM/RESEARCH	75,000
North America	0	0	RESEARCH GRANTS	CANADA/RESEARCH	283,000
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
Totals	0	0			358,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

Table with 11 columns: (a) Name of organization, (b) IRS code section and EIN, (c) Region, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of non-cash assistance, (h) Description of non-cash assistance, (i) Method of valuation. Rows include INSTITUTE OF CANCER RESEARCH, JEWISH GENERAL HOSPITAL, UNIVERSITY OF CALGARY, VANCOUVER GENERAL HOSPITAL.

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
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		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		

Part IV Supplemental Information

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

Part I Line 2: THE FOUNDATION SUPPORTS LEADING PROSTATE CANCER RESEARCH GLOBALLY. PCF MAKES AWARDS TO FOREIGN RESEARCH INSTITUTIONS WHICH ARE COMPARABLE TO THOSE THAT ARE TRADITIONALLY DEEMED NOT-FOR-PROFIT IN THE UNITED STATES (I.E. UNIVERSITIES). TO DATE, THE FOREIGN INSTITUTIONS TO WHICH THE FOUNDATION HAS MADE AWARDS, HAVE BEEN SUFFICIENTLY RENOWNED IN CANCER RESEARCH PRODUCTIVITY THAT THE FOUNDATION HAS RELIED ON THE GENERAL PUBLIC INFORMATION TO VERIFY THAT THE INSTITUTIONS ARE COMPARABLE TO UNITED STATES NOT-FOR-PROFIT ENTITIES.

THE FOUNDATION APPLIES THE SAME PEER REVIEW STANDARDS TO FOREIGN RESEARCH WHICH IT APPLIES TO DOMESTIC RESEARCH. PROGRESS REPORTS FOR EVALUATING RESEARCH PROPOSALS AND SUMMARIES OF FINAL RESULTS ARE REQUIRED AND REVIEWED. IN ADDITION, DURING 2008, THE FOUNDATION CONDUCTED A SITE VISIT TO EACH FOREIGN INSTITUTION TO REVIEW RESEARCH FINDING THAT RECEIVED RESEARCH FUNDING. OTHER THAN VERIFYING THE LEGITIMACY AND CALIBER OF THE INSTITUTION'S RESEARCH, IT ALSO HELPS TO IDENTIFY POTENTIAL FUTURE AREAS OF RESEARCH COLLABORATION BETWEEN UNITED STATES AND RESEARCH TEAMS AROUND THE WORLD.

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DAVE PERRON	FUNDRAISING MANAGEMENT		X	2,578,662	184,750	2,393,912
KATE MOULENE	FUNDRAISING CONSULTING		X	299,980	132,000	167,980
CS SPORT MARKETING, LLC	FUNDRAISING CONSULTING		X	929,224	149,196	780,028
GRIZZARD	FUNDRAISING CONSULTING		X	2,079,356	261,193	1,818,163
CHRIS MYSLOW	FUNDRAISING CONSULTING		X	97,163	15,750	81,413
OTM ADVISORY	FUNDRAISING CONSULTING		X	57,920	10,136	47,784
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				6,042,305	753,025	5,289,280

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		MAR-A-LAGO TENNIS (event type)	HAMPTONS TENNIS (event type)	2 (total number)	(Add col. (a) through col. (c))		
Revenue	1	Gross receipts	413,500	556,431	1,402,672	2,372,603	
	2	Less: Charitable contributions	363,439	539,380	1,174,160	2,076,979	
	3	Gross revenue (line 1 minus line 2)	50,061	17,051	228,512	295,624	
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Non-cash prizes	0	0	0	0	
	6	Rent/facility costs	0	0	0	0	
	7	Other direct expenses	50,061	17,051	228,512	295,624	
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶					(295,624)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶					0

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))		
		1	Gross revenue				0
Direct Expenses	2	Cash prizes				0	
	3	Non-cash prizes				0	
	4	Rent/facility costs				0	
	5	Other direct expenses				0	
	6	Volunteer labor . . . N/A	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					(0)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					0

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states? N/A	9a	
b	If "No," Explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? N/A	10a	
b	If "Yes," Explain: _____ _____		
11	Does the organization operate gaming activities with nonmembers? N/A	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? N/A	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	N/A	13a	%
b An outside facility	N/A	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ N/A

Address ▶ N/A

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? N/A

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ N/A and the amount of gaming revenue retained by the third party ▶ \$ N/A

c If "Yes," enter name and address:

Name ▶ N/A

Address ▶ N/A

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ N/A

Description of services provided ▶ N/A

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? N/A

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ N/A

	Yes	No
13		
14		
15a		
15b		
15c		
16		
17a		
17b		

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN ASSC. OF CANCER RESEARCH PHILADELPHIA, PA	23-6251648	501 (C)(3)	10,000	0			EDUCATION	
AQUA EDUCATION & RESEARCH INC. JINTHICUM, MD	43-0691437	501 (C)(3)	10,000	0			EDUCATION	
BETH ISRAEL DEACONESS MEDICAL CENTER BOSTON, MA	04-2103881	501 (C)(3)	198,000	0			CANCER RESEARCH	
BRIGHAM AND WOMEN'S HOSPITAL BOSTON, MA	04-2312909	501 (C)(3)	1,400,000	0			CANCER RESEARCH	
BROAD INSTITUTE OF MIT & HARVARD BOSTON, MA	04-2103594	501 (C)(3)	998,044	0			CANCER RESEARCH	
CEDARS-SINAI MEDICAL CENTER LOS ANGELES, CA	95-1644600	501 (C)(3)	50,000	0			CANCER RESEARCH	
DANA-FARBER CANCER INSTITUTE BOSTON, MA	04-2263040	501 (C)(3)	655,000	0			CANCER RESEARCH	
DUKE UNIVERSITY DURHAM, NC	58-0532129	501 (C)(3)	225,000	0			CANCER RESEARCH	
FRED HUTCHINSON CANCER RESEARCH CTR SEATTLE, WA	23-7156071	501 (C)(3)	180,000	0			CANCER RESEARCH	
HARVARD MEDICAL SCHOOL BOSTON, MA	04-2103580	501 (C)(3)	100,000	0			CANCER RESEARCH	
JOHNS HOPKINS UNIVERSITY SCHOOL BALTIMORE, MD	52-0595110	501 (C)(3)	732,000	0			CANCER RESEARCH	
M.D. ANDERSON CANCER CENTER HOUSTON, TX	74-6000203	501 (C)(3)	600,000	0			CANCER RESEARCH	
2 Enter total number of section 501(c)(3) and government organizations							28	
3 Enter total number of other organizations							0	

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

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

THE FOUNDATION MONITORS THE PROGRESS OF ALL THE RESEARCH IT FUNDED AND ALSO VISITS THE SITE ANNUALLY.

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Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

Open to Public Inspection

Employer identification number

95-4418411

PROSTATE CANCER FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASONIC CANCER CENTER MINNEAPOLIS, MN	41-6007513	501 (C)(3)	75,000	0			CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA	04-2697983	501 (C)(3)	1,075,000	0			CANCER RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY BOSTON, MA	04-2103594	501 (C)(3)	325,000	0			CANCER RESEARCH
MEMORIAL SLOAN-KETTERING NEW YORK, NY	13-1924236	501 (C)(3)	2,350,000	0			CANCER RESEARCH
NEW YORK UNIVERSITY NEW YORK, NY	13-5562308	501 (C)(3)	175,000	0			CANCER RESEARCH
PROVIDENCE PORTLAND MEDICAL CENTER PORTLAND, OR	93-0386906	501 (C)(3)	75,000	0			CANCER RESEARCH
SALK INSTITUTE OF BIOLOGICAL STUDIES SAN DIEGO, CA	95-2160097	501 (C)(3)	100,000	0			CANCER RESEARCH
STANFORD UNIVERSITY OF MEDICINE PALO ALTO, CA	94-1156365	501 (C)(3)	55,000	0			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES LOS ANGELES, CA	95-6006143	501 (C)(3)	1,005,000	0			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO SAN DIEGO, CA	95-6006144	501 (C)(3)	1,000,000	0			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO SAN FRANCISCO, CA	94-6036493	501 (C)(3)	258,406	0			CANCER RESEARCH
UNIVERSITY OF MICHIGAN ANN ARBOR, MI	38-6006309	501 (C)(3)	397,000	0			CANCER RESEARCH
UNIVERSITY OF PENNSYLVANIA PHILADELPHIA, PA	23-1352685	501 (C)(3)	129,000	0			CANCER RESEARCH
UNIV. OF TEXAS SOUTHWESTERN MEDICAL CTR. DALLAS, TX	75-6002868	501 (C)(3)	150,000	0			CANCER RESEARCH
UNIVERSITY OF WASHINGTON SEATTLE, WA	94-3079432	501 (C)(3)	763,000	0			CANCER RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations 28

3 Enter total number of other organizations 0

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8	X	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JONATHAN W. SIMONS, M.D.	(i)	405,801	475,000	0	22,641	903,442	0
	(ii)	0	0	0	0	0	0
STUART HOLDEN, M.D.	(i)	0	0	200,000	0	200,000	0
	(ii)	0	0	0	0	0	0
JANET HABER	(i)	125,638	20,000	0	7,046	152,684	0
	(ii)	0	0	0	0	0	0
HELEN HSIEH	(i)	131,365	0	0	22,129	153,494	0
	(ii)	0	0	0	0	0	0
HOWARD SOULE	(i)	289,777	0	0	22,532	312,309	0
	(ii)	0	0	0	0	0	0
KAREN STONE	(i)	159,294	0	94,720	8,410	262,424	0
	(ii)	0	0	0	0	0	0
STEPHEN WILSON	(i)	111,908	0	168,051	7,244	287,203	0
	(ii)	0	0	0	0	0	0
DANIEL ZENKA	(i)	119,907	0	0	11,257	131,164	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

THE CEO'S CONTRACT WAS DETERMINED USING COMPARABLE MARKET DATA AND WITH AN INDEPENDENT COMPENSATION CONSULTANT.

THE CEO'S BASE COMPENSATION IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION. HIS CONTRACT ALSO PROVIDED FOR A BONUS AT THE DISCRETION OF THE COMPENSATION COMMITTEE.

Series of horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization
PROSTATE CANCER FOUNDATION

Employer Identification number
95 4418411

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES C. BLAIR DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
DANIEL ZENKA VICE PRESIDENT	50					<input checked="" type="checkbox"/>		119,907		11,257

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PROSTATE CANCER FOUNDATION

NonCash Contributions

▶ To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public
Inspection

Employer identification number

95-4418411

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	245,370	MARKET PRICE
10 Securities—Closely held stock	X	1	960,000	PROFESSIONAL APPRAISAL
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)		0	0	
26 Other ▶ (.....)		0	0	
27 Other ▶ (.....)		0	0	
28 Other ▶ (.....)		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32	X	

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I Line 9 SECURITIES SOLD BY BROKERS AS THEY ARE PUBLICLY TRADED

Part I Line 10 SECURITIES WILL BE SOLD THROUGH BROKERS

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

Form 990 Part III Section 4D: WHILE MEDICAL RESEARCH FOR PROSTATE CANCER IS THE PRIMARY MISSION OF THE PCF, THOUSANDS OF PATIENTS AND THEIR FAMILIES TURN TO THE FOUNDATION AS A SOURCE OF HEALTH INFORMATION ON THE DISEASE, PREVENTION AND TREATMENT OPTIONS, AND THE LATEST DEVELOPMENTS ENABLED BY THE PCF'S SUPPORT OF BASIC, TRANSLATIONAL, AND CLINICAL RESEARCH. THE FOUNDATION REGULARLY PUBLISHES AND DISTRIBUTES INFORMATIONAL PUBLICATIONS AND MAINTAINS AN ACTIVE WEBSITE (WWW.PCF.ORG) FOR PATIENTS, CAREGIVERS AND OTHER AUDIENCES ENGAGED WITH PROSTATE CANCER. IN 2008, WWW.PCF.ORG HAD MORE THAN 1.4 MILLION TOTAL VISITS. IT ALSO DISTRIBUTES ELECTRONIC NEWSLETTERS MONTHLY TO AN ONLINE SUBSCRIBER BASE OF MORE THAN 37,000. IN 2008, PCF ALSO BEGAN COMMUNICATING TO AUDIENCES MONTHLY VIA SOCIAL MEDIA. THE PCF ALSO HOSTS AND FUNDS A SCIENTIFIC CONFERENCE/ SYMPOSIUM ANNUALLY WHEREBY ALL THE LEADING SCIENTISTS AND RESEARCHERS ON PROSTATE CANCER CONVEENE AND SHARE THE LATEST DEVELOPMENTS IN THE FIELD.

Form 990 Part VI Section A Line 2: MICHAEL MILKEN (CHAIRMAN) - FAMILY AND BUSINESS RELATIONSHIP; LORI MILKEN (DIRECTOR/VP) - FAMILY AND BUSINESS RELATIONSHIP; RALPH FINERMAN (TREASURER/CFO) - BUSINESS RELATIONSHIP; CHARLIE SANDLER (DIRECTOR) - BUSINESS RELATIONSHIP.

Form 990 Part VI Section A Line 10: AUDITED FINANCIAL REPORTS AND FORM 990 ARE REVIEWED BY ERNST & YOUNG, THE FOUNDATION'S CEO, CFO AND VP FINANCE BEFORE DISTRIBUTING TO THE AUDIT COMMITTEE FOR REVIEW AND FINAL APPROVAL ON BEHALF OF PCF'S BOARD OF DIRECTORS.

Form 990 Part VI Section B Line 12C: THE FOUNDATION'S BOARD OF DIRECTORS HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH IS APPLIED TO ALL DIRECTORS AND OFFICERS CONSISTENT WITH THE MODEL SUGGESTED BY THE INTERNAL REVENUE SERVICE. THE POLICY REQUIRES THAT DIRECTORS AND OFFICERS DISCLOSE ANY TRANSACTION IN WHICH THEY HAVE A FINANCIAL INTEREST TO THE FOUNDATION'S LEGAL COUNSEL. THE COUNSEL IS RESPONSIBLE FOR GATHERING INFORMATION AND PREPARING A REPORT REGARDING THE PROPOSED TRANSACTION AND DETERMINING WHETHER OR NOT THE TRANSACTION REASONABLY COULD BE DETERMINED TO MEET THE FOUNDATION'S STANDARDS FOR APPROVING A TRANSACTION IN WHICH AN

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

OFFICER OR DIRECTOR HAS A FINANCIAL INTEREST (I.E. IN THE BEST INTERESTS OF THE FOUNDATION, FOR THE FOUNDATION'S BENEFIT AND FAIR AND REASONABLE AS TO THE FOUNDATION). IF LEGAL COUNSEL DETERMINES THE TRANSACTION MAY MEET THE APPROVAL STANDARD, THE TRANSACTION IS REVIEWED BY AND EITHER APPROVED OR DISAPPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS OR THE ENTIRE BOARD OF DIRECTORS CONSISTENT WITH APPLICABLE STATE CORPORATE LAW REQUIREMENTS. AS PART OF THE REVIEW PROCESS, THE COMMITTEE OR BOARD OF DIRECTORS IS REQUIRED TO IDENTIFY AND EVALUATE POTENTIAL ALTERNATIVE TRANSACTIONS WHICH DO NOT INVOLVE A FOUNDATION OFFICER OR DIRECTOR. THE INTERESTED OFFICER OR DIRECTOR IS ALLOWED TO PRESENT INFORMATION TO THE COMMITTEE OR BOARD OF DIRECTORS BUT MUST LEAVE THE MEETING AT WHICH THE TRANSACTION IS CONSIDERED PRIOR TO THE FINAL VOTE.

THE FOUNDATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES OFFICERS AND DIRECTORS TO COMPLETE ANNUAL QUESTIONNAIRES WHEREIN THEY ARE ASKED TO IDENTIFY ALL TRANSACTIONS WHERE THEY MAY HAVE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST. AS PART OF THE QUESTIONNAIRE, EACH OFFICER AND DIRECTOR IS REQUIRED TO CONFIRM THEIR UNDERSTANDING THAT THE FOUNDATION IS A TAX EXEMPT ENTITY AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH FURTHER ITS MISSION.

THE FOUNDATION'S SCIENTIFIC REVIEW PANELS, WHICH DETERMINE WHICH RESEARCH PROJECTS OR TYPES OF PROJECTS WILL BE FUNDED BY THE FOUNDATION, ALSO HAVE A CONFLICT OF INTEREST POLICY. PANELISTS ARE REQUIRED TO ABSTAIN FROM DISCUSSIONS AND VOTES REGARDING FUNDING FOR RESEARCH PROJECTS IN WHICH THEY HAVE A FINANCIAL OR PROFESSIONAL INTEREST OR INSTITUTIONAL AFFILIATION.

Form 990 Part VI Section B Line 15B: STAFF COMPENSATION, INCLUDING OFFICERS AND KEY EMPLOYEES LISTED ON SCHEDULE J, ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE BASED ON QUALIFICATIONS AND MARKET COMPARABILITY IN SIMILAR INDUSTRY. THE LAST COMPENSATION REVIEW OCCURRED IN DECEMBER 2008.

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

Form 990 Part VI Section C Line 19: THE FOUNDATION POSTS ITS ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND FORM 990 ON ITS WEBSITE WWW.PCF.ORG (GO TO "ABOUT PCF/WHERE YOUR MONEY GOES). THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ALSO POSTED ON THE WEBSITE WWW.PCF.ORG.

Form Schedule G Part I Line 2B: DAVE PERRON - MANAGES THE PCF'S BASEBALL PROGRAM.

KATE MOULENE - RESPONSIBLE FOR CERTAIN CORPORATE PROGRAMS THAT DONATE PROCEEDS TO THE PCF.

CS SPORT MARKETING, LLC - OVERSEES THE PCF'S ATHLETES FOR A CURE PROGRAM.

GRIZZARD - ASSISTS THE PCF IN ITS DIRECT MAILING PROGRAM.

CHRIS MYSLOW - MANAGES THE PCF'S GOLF PROGRAM.

OTM ADVISORY - RESPONSIBLE FOR CERTAIN CORPORATE PROGRAMS THAT DONATE THE PROCEEDS TO THE PCF.