

**Return of Organization Exempt From Income Tax**

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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**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 \$** 40,767,617

**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?**  Yes  No  
 If "No," attach a list. (see instructions)

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

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

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

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	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 CURES FOR PROSTATE CANCER. MORE INFORMATION CAN BE FOUND AT WWW.PCF.ORG.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	33,048,928	39,973,637
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	314,170	214,678
	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)	33,363,098	40,188,315
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,294,848
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)		3,719,842	4,940,859
16a Professional fundraising fees (Part IX, column (A), line 11e)		701,412	599,745
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,423,880			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		6,691,880	6,970,272
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		26,407,982	32,435,142
19 Revenue less expenses. Subtract line 18 from line 12	6,955,116	7,753,173	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year 39,914,679	End of Year 46,214,280
	21 Total liabilities (Part X, line 26)	17,367,018	15,913,446
	22 Net assets or fund balances. Subtract line 21 from line 20	22,547,661	30,300,834

**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 M.D.* Date: 8/25/2011  
 Type or print name and title: JONATHAN W. SIMONS M.D. CEO/PRESIDENT

**Paid Preparer's Use Only**  
 Print/Type preparer's name: PATRIZIA C. COPPING, CPA Preparer's signature: *Patrizia Copping* Date: 8/25/2011 Check  if self-employed PTIN: P00200096  
 Firm's name ▶ GREEN HASSON JANKS Firm's EIN ▶ 95-1777440  
 Firm's address ▶ 10990 WILSHIRE BLVD, 16TH FLOOR, LOS ANGELES, CA 90027 Phone no. (310) 873-1600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Prostate Cancer Foundation (PCF) is biomedical research funding foundation committed to ending death and suffering from prostate cancer. PCF accelerates the world's most promising prostate cancer research with the goal of developing better treatments and cures for metastatic disease. Visit: www.pcf.org

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 14,850,266 including grants of \$ 14,850,266 ) (Revenue \$ 0 ) The Competitive Awards Program is an innovative venture-style research funding program that provides financial support to high-impact research projects with the greatest potential to improve survival and reduce side effects and death for men with advanced prostate cancer. In 2010, awards were granted in a variety of areas including biomarkers, genetics and genomics, imaging, cancer immunotherapy, new drug discovery and survivorship. Of these awards, 12 new awards were granted through our Creativity Award mechanism, which specifically funds investigations of high-risk, high-reward, creative research investigations of new ideas in man (or high-impact laboratory-based clinical investigations) that have a high probability of near-term patient benefit. In addition to this round of new research awards, the fulfillment of PCF multi-year Challenge Award commitments, and multi-year awards through our Nanotherapeutics, and our Temperature-Enhanced Metastatic Therapy (TEMT) research programs was also accomplished. All PCF researchers are required to openly share their findings on an annual basis with the community of fellow PCF grant recipients. In 2010, the high impact on PCF's ongoing investment in human capital and its role in fostering collaboration was seen in a number of game-changing discoveries such the stem "cell of origin" for human prostate cancer; the 25 unique molecular subtypes of prostate cancer; and the ground-breaking sequencing of 7 whole prostate cancer genomes. Visit: www.pcf.org/genome

4b (Code: ) (Expenses \$ 3,200,000 including grants of \$ 3,200,000 ) (Revenue \$ 0 ) In the past 18 months, PCF has seen a return on its ongoing investment in "first in man clinical trials" in the form of 3 new drugs approved by the FDA for men with late-stage prostate cancer: namely, Zytiga (abiraterone), Xgeva (denosumab), and Provenge (Sipulceucel-T). PCF helped to bring these drugs to market in large part through its annual \$3.2 million support for the Prostate Cancer Clinical Trials Consortium (PCCTC), which is funded through a public-private partnership between PCF and the U.S. Department of Defense. Funding for the PCCTC supports a robust infrastructure of 13 prostate cancer centers of excellence that collaborate on early clinical trials. By collaborating, the institutions have drastically reduced the time it takes to move a drug candidate from discovery to clinical investigation to bedside. Since October 2005, the PCCTC has enrolled more than 2,700 patients in clinical trials and completed 48 trials. In 2011, there are 28 new drugs in early Phase I/II (early development) and 8 drugs in Phase III trials (advanced development). Members of the PCCTC are also testing Circulating Tumor Cell Biomarkers to develop a new FDA-approved endpoint (study target outcomes), other than survival, that shortens the time it takes to deliver new treatments to patients. Visit: www.pcf.org/PCCTC

4c (Code: ) (Expenses \$ 1,725,000 including grants of \$ 1,725,000 ) (Revenue \$ 0 ) PCF created the Young Investigator Awards program with one goal: to build a gifted cohort of investigators undertaking the next generation of prostate cancer research. Awards are made to early-career scientists working in a research environment capable of supporting high impact prostate cancer research. The awardees are drawn from a variety of medical research disciplines including basic scientists, medical oncologists, pathologists, urologists, radiologists, radiation oncologists, bioinformatic specialists, and public health experts. The award funds may be used flexibly to advance the career and research efforts of the awardee. This, for example, includes funding "protected time" or direct costs for experiments. Mentorship is required for every Young Investigator. By the end of 2010, PCF was supporting the early careers of 50 PCF Young Investigators, ensuring a continued stream of human capital into our research community. PCF aims to fund 100 Young Investigators (The PCF 100) during the period 2008 -2012. In a period when federal funding for young scientists is declining, the PCF Young Investigator Program plays an integral role in championing early-career human capital investments to fast-forward innovative solutions to prostate cancer. PCF estimates that it will be funding more than 70 Young Investigators in 2011. Visit: www.pcf.org/younginvestigators

4d Other program services. (Describe in Schedule O.) (Expenses \$ 4,974,508 including grants of \$ 149,000 ) (Revenue \$ 0 )

4e Total program service expenses 24,749,774

**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)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</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? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI. . . . .</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII. . . . .</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII. . . . .</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX. . . . .</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X. . . . .</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X. . . . .</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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)? . . . . .		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . [ ]

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Does the organization have members or stockholders? . . . . .		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> . . . . .		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	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? . . . . .		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	X	
<b>12b</b>	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i> . . . . .	X	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15a</b>	<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>15b</b>	<b>b</b> Other officers or key employees of the organization . . . . .	X	
	<i>If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)</i> . . . . .		
<b>16a</b>	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
<b>16b</b>	<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement
- 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: ▶ HELEN HSIEH (310) 570-4729  
 1250 4TH ST., SUITE 360, SANTA MONICA, CA 90401

**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input checked="" type="checkbox"/>	Massachusetts	<input checked="" type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input checked="" type="checkbox"/>	Maryland	<input checked="" type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	Alabama	<input checked="" type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input checked="" type="checkbox"/>	Tennessee
<input checked="" type="checkbox"/>	Arkansas	<input checked="" type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input checked="" type="checkbox"/>	Minnesota	<input checked="" type="checkbox"/>	Utah
<input checked="" type="checkbox"/>	Arizona	<input checked="" type="checkbox"/>	Missouri	<input checked="" type="checkbox"/>	Virginia
<input checked="" type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input checked="" type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input checked="" type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input checked="" type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input checked="" type="checkbox"/>	North Dakota	<input checked="" type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input checked="" type="checkbox"/>	New Hampshire		
<input checked="" type="checkbox"/>	Georgia	<input checked="" type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input checked="" type="checkbox"/>	New Mexico		
<input checked="" type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input checked="" type="checkbox"/>	Ohio		
<input checked="" type="checkbox"/>	Illinois	<input checked="" type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input checked="" type="checkbox"/>	Oregon		
<input checked="" type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input checked="" type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL MILKEN CHAIRMAN	15	X		X			0	0	0	
(2) CHARLES BAIRD DIRECTOR	2	X					0	0	0	
(3) JAMES C. BLAIR DIRECTOR	2	X					0	0	0	
(4) STEVEN A. BURD DIRECTOR	2	X					0	0	0	
(5) DAVID A. EDERER DIRECTOR	2	X					0	0	0	
(6) DAVID J. EPSTEIN DIRECTOR	2	X					0	0	0	
(7) R. CHRISTIAN B. EVENSEN DIRECTOR	2	X					0	0	0	
(8) PETER T. GRAUER DIRECTOR	2	X					0	0	0	
(9) REVEREND ROSEY GRIER DIRECTOR/CONSULTANT	20	X					42,000	0	196	
(10) STUART HOLDEN, M.D. DIRECTOR/MEDICAL DIRECTOR	30	X					225,000	0	0	
(11) ARTHUR H. KERN DIRECTOR	2	X					0	0	0	
(12) DAVID H. KOCH DIRECTOR	2	X					0	0	0	
(13) THE HONORABLE EARLE I. MACK DIRECTOR	2	X					0	0	0	
(14) JEFFREY A. MARCUS DIRECTOR	2	X					0	0	0	
(15) SHMUEL MEITAR DIRECTOR	2	X					0	0	0	
(16) LESLIE D. MICHELSON 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) LORI MILKEN DIRECTOR/VICE PRESIDENT	2	X		X				0	0	0
(18) JERRY MONKARSH DIRECTOR	2	X						0	0	0
(19) HENRY L. NORDHOFF DIRECTOR	2	X						0	0	0
(20) LYNDA RESNICK DIRECTOR	2	X						0	0	0
(21) BERT C. ROBERTS, JR. DIRECTOR	2	X						0	0	0
(22) RICHARD V. SANDLER, ESQ DIRECTOR	2	X		X				0	0	0
(23) J. GARY SHANSBY DIRECTOR	2	X						0	0	0
(24) STANLEY R. ZAX DIRECTOR	2	X						0	0	0
(25) J. DARIUS BIKOFF DIRECTOR	2	X						0	0	0
(26) E.J. MILKEN DIRECTOR	2	X						0	0	0
(27) RICHARD S. LeFRAK DIRECTOR	2	X						0	0	0
(28) LAWRENCE J. STUPSKI DIRECTOR	2	X						0	0	0
<b>1b Sub-total</b>								267,000	0	196
<b>c Total from continuation sheets to Part VII, Section A</b>								2,320,208	0	144,306
<b>d Total (add lines 1b and 1c)</b>								2,587,208	0	144,502

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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	FULFILLMENT & DIRECT M	272,745
CONE LLC P.O. BOX 73597, CHARLOTTE, NC 28262	FUNDRAISING CONSULT.	111,168
DAVE PERRON 10 GEARY AVE., KENTFIELD, CA 94904	EVENT MANAGEMENT	215,832
BOULLE EVENT MANAGE 1835 STALLION DR., LOXAHATCHEE, FL 3	EVENT MANAGEMENT	160,000
GRAFIK MARKETING COM 1199 NORTH FAIRFAX ST., SUITE 700, ALE	WEB CONSULTING	532,009

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **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	4,621,548				
	d	Related organizations . . . . .	1d	0				
	e	Government grants (contributions) . . . . .	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	35,352,089				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		333,713				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		39,973,637				
	Program Service Revenue	2a	----- Business Code		0			
		b	-----		0			
c		-----		0				
d		-----		0				
e		-----		0				
f		All other program service revenue . . . . .		0				
g		<b>Total.</b> Add lines 2a-2f . . . . .		0				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) . . . . .		215,991		215,991	
	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		332,400		0	
			(ii) Other				0	
			b	Less: cost or other basis and sales expenses . . . . .	333,713		0	
			c	Gain or (loss) . . . . .	-1,313		0	
	d	Net gain or (loss) . . . . .		-1,313		-1,313		
	8a	Gross income from fundraising events (not including \$ 4,375,959 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a		245,589			
			b	Less: direct expenses . . . . .		245,589		
			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			
Miscellaneous Revenue		Business Code						
11a	-----		0					
b	-----		0					
c	-----		0					
d	All other revenue . . . . .		0					
e	<b>Total.</b> Add lines 11a-11d . . . . .		0					
12	<b>Total revenue.</b> See instructions. . . . .		40,188,315	0	0	214,678		

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	19,401,266	19,401,266		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	523,000	523,000		
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,500,436	597,036	656,000	247,400
<b>6</b>	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
<b>7</b>	Other salaries and wages . . . . .	2,937,058	899,801	954,308	1,082,949
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	21,111	7,445	8,833	4,833
<b>9</b>	Other employee benefits . . . . .	258,315	75,553	89,828	92,934
<b>10</b>	Payroll taxes . . . . .	223,939	62,791	85,242	75,906
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .	297,331	147,491	71,436	78,404
<b>b</b>	Legal . . . . .	20,870	14,936	5,934	0
<b>c</b>	Accounting . . . . .	80,046	0	80,046	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	599,745			599,745
<b>f</b>	Investment management fees . . . . .	0	0	0	0
<b>g</b>	Other . . . . .	231,866	14,509	104,963	112,394
<b>12</b>	Advertising and promotion . . . . .	711,335	569,025	17,960	124,350
<b>13</b>	Office expenses . . . . .	356,130	48,213	275,532	32,385
<b>14</b>	Information technology . . . . .	255,980	48,121	145,425	62,434
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	409,969	164,046	167,825	78,098
<b>17</b>	Travel . . . . .	906,400	55,597	22,698	828,105
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	2,679,200	2,043,707	0	635,493
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	134,750	54,770	71,040	8,940
<b>23</b>	Insurance . . . . .	35,507	0	35,507	0
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b>	POSTAGE & SHIPPING	459,888	22,467	77,911	359,510
<b>b</b>	BAD DEBT EXPENSES	391,000	0	391,000	0
<b>c</b>	-----	0		0	
<b>d</b>	-----	0		0	
<b>e</b>	-----	0			
<b>f</b>	All other expenses	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f .	32,435,142	24,749,774	3,261,488	4,423,880
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	2,804,691	1,365,322	9,245	1,430,124

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,000	<b>1</b>	1,000
	<b>2</b> Savings and temporary cash investments . . . . .	30,509,823	<b>2</b>	29,477,835
	<b>3</b> Pledges and grants receivable, net . . . . .	8,421,026	<b>3</b>	15,442,076
	<b>4</b> Accounts receivable, net . . . . .	120,547	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	58,523	<b>9</b>	121,976
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,416,991		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 823,164	191,792	<b>10c</b> 593,827
	<b>11</b> Investments—publicly traded securities . . . . .	51,968	<b>11</b>	17,566
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	560,000	<b>12</b>	560,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	39,914,679	<b>16</b>	46,214,280	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,013,640	<b>17</b>	850,402
	<b>18</b> Grants payable . . . . .	16,353,378	<b>18</b>	15,063,044
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	17,367,018	<b>26</b>	15,913,446	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	20,760,744	<b>27</b>	23,860,990
	<b>28</b> Temporarily restricted net assets . . . . .	1,786,917	<b>28</b>	6,439,844
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	22,547,661	<b>33</b>	30,300,834	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	39,914,679	<b>34</b>	46,214,280	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	40,188,315
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	32,435,142
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	7,753,173
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	22,547,661
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	245,590
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	30,300,834

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: . . . . . <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? . . . . .		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**HELEN HSIENH**

- The books are in the care of ▶ **1250 FOURTH STREET - SANTA MONICA, CA 90401**

Telephone No. ▶ **310-570-4729** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

LHA For Paperwork Reduction Act Notice, see instructions

Form 8868 (Rev. 1-2011)

5619

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

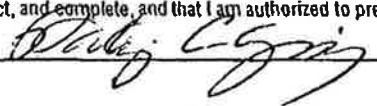
**HELEN HSICH**

- The books are in the care of **1250 FOURTH STREET - SANTA MONICA, CA 90401**  
Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.
- 5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**TAXPAYER NEEDS ADDITIONAL TIME TO ACCUMULATE ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

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

Signature  Title **CPA** Date **8/11/2011**

5619



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
---	---

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? . . . . .	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<b>11g(iii)</b>	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) NA									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	27,292,340	34,165,969	36,425,084	33,048,928	39,973,637	170,905,958
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	27,292,340	34,165,969	36,425,084	33,048,928	39,973,637	170,905,958
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						29,434,500
<b>6 Public support.</b> Subtract line 5 from line 4.						141,471,458

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	27,292,340	34,165,969	36,425,084	33,048,928	39,973,637	170,905,958
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	339,537	624,047	520,254	329,244	215,991	2,029,073
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						172,935,031
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,931,356
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	81.81%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	82.24%
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0		0
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests–2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶
- b 33 1/3% support tests–2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

**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, or 990-PF.**

OMB No. 1545-0047

**2010**

**Name of the organization**

**Employer identification number**

PROSTATE CANCER FOUNDATION

95-4418411

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

<b>Name of organization</b> PROSTATE CANCER FOUNDATION	<b>Employer identification number</b> 95-4418411
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ <u>3,250,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ <u>2,010,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ <u>1,410,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ <u>1,375,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ <u>970,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ <u>0</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> PROSTATE CANCER FOUNDATION	<b>Employer identification number</b> 95-4418411
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**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
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_ 0
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.
(1) N/A	-----		0	0
(2)	-----		0	0
(3)	-----		0	0
(4)	-----		0	0
(5)	-----		0	0
(6)	-----		0	0



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	95,900	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	95,900	0												
<b>d</b>	Other exempt purpose expenditures . . . . .	24,653,874	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	24,749,774	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	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? . . . . .	<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 on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	0	63,000	94,993	95,900	253,893
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements? . . . . .			
<b>d</b> Mailings to members, legislators, or the public? . . . . .			
<b>e</b> Publications, or published or broadcast statements? . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
<b>i</b> Other activities? If "Yes," describe in Part IV . . . . .			
<b>j</b> Total. Add lines 1c through 1i . . . . .			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? . . . . .	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year . . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	0

**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 \$95,900.  
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 -----  
 -----  
 -----  
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: PROSTATE CANCER FOUNDATION; Employer identification number: 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Multiple choice and table questions regarding conservation easements, including purpose(s), acreage, and monitoring expenses.

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.

Questions regarding reporting requirements for art, historical treasures, or other similar assets, including revenues and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             | 1c N/A |
| <b>d</b> Additions during the year . . . . .     | 1d     |
| <b>e</b> Distributions during the year . . . . . | 1e     |
| <b>f</b> 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	N/A	N/A			
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	0	0	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 |
|--|--------|----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  |    |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) |    |
| <b>b</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 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) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	246,891	234,202	12,689
<b>d</b> Equipment . . . . .	0	219,798	155,827	63,971
<b>e</b> Other . . . . .	0	950,302	433,135	517,167
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				593,827

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other -----	0	
(A) -----	0	
(B) -----	0	
(C) -----	0	
(D) -----	0	
(E) -----	0	
(F) -----	0	
(G) -----	0	
(H) -----	0	
(I) -----	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b> 40,188,315
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b> 32,435,142
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b> 7,753,173
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b>
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b>
<b>6</b>	Investment expenses . . . . .	<b>6</b>
<b>7</b>	Prior period adjustments . . . . .	<b>7</b>
<b>8</b>	Other (Describe in Part XIV.) . . . . .	<b>8</b> 245,589
<b>9</b>	Total adjustments (net). Add lines 4 through 8 . . . . .	<b>9</b> 245,589
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	<b>10</b> 7,998,762

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 40,433,904
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b> 245,589
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 245,589
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 40,188,315
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b> 40,188,315

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 32,680,731
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b> 245,589
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 245,589
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 32,435,142
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b> 32,435,142

**Part XIV Supplemental Information**

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

Part XI Line 8: GOODS AND SERVICES RELATED TO FUNDRAISING EVENTS.....

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

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# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

PROSTATE 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 V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) Europe	0	0	RESEARCH GRANT	UNITED KINGDOM	75,000
(2) North America	0	0	RESEARCH GRANT	CANADA	298,000
(3) East Asia and the Pacific	0	0	RESEARCH GRANT	AUSTRALIA	150,000
(4)	0	0			0
(5)	0	0			0
(6)	0	0			0
(7)	0	0			0
(8)	0	0			0
(9)	0	0			0
(10)	0	0			0
(11)	0	0			0
(12)	0	0			0
(13)	0	0			0
(14)	0	0			0
(15)	0	0			0
(16)	0	0			0
(17)	0	0			0
<b>3a</b> Sub-total . . . . .	0	0			523,000
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			523,000

**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 . . . . .   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(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 (book, FMV, appraisal, other)
(1)	INSTITUTE OF CANCER RESEARCH		Europe	CANCER RESEARCH	75,000	CASH	0	N/A	Book
(2)	JEWISH GENERAL HOSPITAL		North America	CANCER RESEARCH	100,000	CASH	0	N/A	Book
(3)	UNIVERSITY OF CALGARY		North America	CANCER RESEARCH	75,000	CASH	0	N/A	Book
(4)	VANCOUVER GENERAL HOSPITAL		North America	CANCER RESEARCH	48,000	CASH	0	N/A	Book
(5)	VANCOUVER PROSTATE CENTRE		North America	CANCER RESEARCH	75,000	CASH	0	N/A	Book
(6)	PETER MACCALLUM CANCER CENTRE		East Asia and the Pacific	CANCER RESEARCH	150,000	CASH	0	N/A	Book
(7)					0		0		
(8)					0		0		
(9)					0		0		
(10)					0		0		
(11)					0		0		
(12)					0		0		
(13)					0		0		
(14)					0		0		
(15)					0		0		
(16)					0		0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  6

3 Enter total number of other organizations or entities . . . . .  0



**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.  
Part III can be duplicated 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)
(1)		0	0		0		
(2)		0	0		0		
(3)		0	0		0		
(4)		0	0		0		
(5)		0	0		0		
(6)		0	0		0		
(7)		0	0		0		
(8)		0	0		0		
(9)		0	0		0		
(10)		0	0		0		
(11)		0	0		0		
(12)		0	0		0		
(13)		0	0		0		
(14)		0	0		0		
(15)		0	0		0		
(16)		0	0		0		
(17)		0	0		0		
(18)		0	0		0		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I LINE 2: THE FOUNDATION SUPPORTS LEADING PROSTATE CANCER RESEARCH GLOBALLY. PCF  
MAKES AWARDS TO FOREIGN 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, THE FOUNDATION CONDUCTS SITE VISITS TO EACH  
FOREIGN INSTITUTION TO REVIEW RESEARCH FUNDING. OTHER THAN VERIFYING THE LEGITIMACY  
AND CALIBER OF THE INSTITUTIONS' RESEARCH, THESE SITE VISITS ALSO HELP TO IDENTIFY  
POTENTIAL FUTURE AREAS OF RESEARCH COLLABORATION BETWEEN UNITED STATES AND RESEARCH TEAMS  
AROUND THE WORLD.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 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.

(i) Name and address 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			
1 DAVE PERRON	EVENT MANAGEMENT		X	2,248,246	215,832	2,032,414
2 GRIZZARD	FUNDRAISING CONSULTING		X	2,125,162	272,745	1,852,417
3 CONE, LLC	FUNDRAISING CONSULTING		X	0	111,168	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				4,373,408	599,745	3,884,831

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

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DINNERS (event type)	SPORT EVENTS (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	3,331,958	1,289,590	0	4,621,548
	2	Less: Charitable contributions . . . . .	3,183,692	1,192,267	0	4,375,959
	3	Gross income (line 1 minus line 2) . . . . .	148,266	97,323	0	245,589
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	0	0	0	0
	6	Rent/facility costs . . . . .	61,019	15,000	0	76,019
	7	Food and beverages . . . . .	72,532	75,158	0	147,690
	8	Entertainment . . . . .	10,900	0	0	10,900
	9	Other direct expenses . . . . .	3,815	7,165	0	10,980
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 245,589)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				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))
		Revenue	1	Gross revenue . . . . .	
Direct Expenses	2	Cash prizes . . . . .			0
	3	Noncash prizes . . . . .			0
	4	Rent/facility costs . . . . .			0
	5	Other direct expenses . . . . .			0
6	Volunteer labor . . . . .	<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 line 1, column d, and line 7 . . . . . ▶				0

- 9 Enter the state(s) in which the organization operates gaming activities: N/A
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0

c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ .....

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?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part I Line 2B: THIS IS THE FIRST YEAR CONE, LLC PROVIDED FUNDRAISING CONSULTING. NO REVENUE IS GENERATED. IT IS EXPECTED TO BEGIN GENERATING REVENUE NEXT YEAR.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, HOUSTON, TX 77030	74-1613878	501 (C)(3)	265,000	0	Book	N/A	CANCER RESEARCH
(2) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE., BOSTON, MA 02115	04-2103881	501 (C)(3)	398,000	0	Book	N/A	CANCER RESEARCH
(3) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST., BOSTON, MA 02115	04-2312909	501 (C)(3)	1,249,840	0	Book	N/A	CANCER RESEARCH
(4) DANA-FARBER CANCER INSTITUTE 44 BINNEY ST., BOSTON, MA 02115	04-2263040	501 (C)(3)	1,105,000	0	Book	N/A	CANCER RESEARCH
(5) DUKE UNIVERSITY DURHAM, NC 27708	56-0532129	501 (C)(3)	175,000	0	Book	N/A	CANCER RESEARCH
(6) FRED HUTCHINSON CANCER RESEARCH CTR. 1100 FAIRVIEW AVE., SEATTLE, WA 98109	23-7156071	501 (C)(3)	185,000	0	Book	N/A	CANCER RESEARCH
(7) HARVARD MEDICAL SCHOOL 25 SHATTUCK ST., BOSTON, MA 02115	04-2103580	501 (C)(3)	100,000	0	Book	N/A	CANCER RESEARCH
(8) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 660 N. WOLFE ST., BALTIMORE, MD 21287	52-0595110	501 (C)(3)	1,818,349	0	Book	N/A	CANCER RESEARCH
(9) M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD., HOUSTON, TX 77030	74-6000203	501 (C)(3)	1,798,392	0	Book	N/A	CANCER RESEARCH
(10) MASONIC CANCER CENTER 420 DELAWARE ST., MINNEAPOLIS, MN 55455	41-6007513	501 (C)(3)	75,000	0	Book	N/A	CANCER RESEARCH
(11) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST., BOSTON, MA 02114	04-2697983	501 (C)(3)	1,250,000	0	Book	N/A	CANCER RESEARCH
(12) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE., CAMBRIDGE, MA 02139	04-2103594	501 (C)(3)	917,160	0	Book	N/A	CANCER RESEARCH
<b>2</b> Enter total number of section 501(c)(3) and government organizations							42
<b>3</b> Enter total number of other organizations							1

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	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 1: AWARDS ARE AWARDED ON A COMPETITIVE BASIS. THE FOUNDATION MAINTAINS RECORDS OF ALL AWARDS IN A DATABASE. THE FOUNDATION MONITORS THE PROGRESS OF ALL THE RESEARCH FUNDED AND CONDUCTS SITE VISITS.



## Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) MEMORIAL SLOAN-KETTERING 1275 YORK AVE., NEW YORK, NY 10065	13-1924236	501 (C)(3)	1,133,334	0	Book	N/A	CANCER RESEARCH
(14) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C)(3)	150,000	0	Book	N/A	CANCER RESEARCH
(15) NORTSHORE UNIVERSITY HEALTHSYSTEM 1301 CENTRAL ST., EVANSTON, IL 60201	36-4191793	501 (C)(3)	150,000	0	Book	N/A	CANCER RESEARCH
(16) NORTHWESTERN UNIVERSITY 633 CLARK ST., EVANSTON, IL 60208	36-2167817	501 (C)(3)	200,000	0	Book	N/A	CANCER RESEARCH
(17) OREGON HEALTH & SCIENCE UNIVERSITY 1121 SW. SALMON ST., PORTLAND, OR 97205	23-7083114	501 (C)(3)	200,000	0	Book	N/A	CANCER RESEARCH
(18) PROVIDENCE PORTLAND MEDICAL CENTER 4805 NE GLISAN ST., PORTLAND, OR 97213	93-0386906	501 (C)(3)	225,000	0	Book	N/A	CANCER RESEARCH
(19) ROSWELL PARK CANCER INSTITUTE ELM & CARLTON ST., BUFFALO, NY 14263	16-1391608	501 (C)(3)	225,000	0	Book	N/A	CANCER RESEARCH
(20) SALK INSTITUTE OF BIOLOGICAL STUDIES 10010 NORTH TORREY PINES RD., LA JOLLA, CA 92037	92-2160097	501 (C)(3)	100,000	0	Book	N/A	CANCER RESEARCH
(21) SAMUEL OSCHIN COMPREHENSIVE CANCER INSTI. 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501 (C)(3)	917,495	0	Book	N/A	CANCER RESEARCH
(22) SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501 (C)(3)	75,000	0	Book	N/A	CANCER RESEARCH
(23) STANFORD UNIVERSITY OF MEDICINE 300 PASTEUR DR. STANFORD, CA 94305	94-1156365	501 (C)(3)	55,000	0	Book	N/A	CANCER RESEARCH
(24) THOMAS JEFFERSON UNIVERSITY 233 SOUTH 10TH ST., PHILADELPHIA, PA 19107	23-1352651	501 (C)(3)	75,000	0	Book	N/A	CANCER RESEARCH
(25) UNIVERSITY OF CALIFORNIA, LOS ANGELES 405 HILGARD AVE., LOS ANGELES, CA 90024	95-6006143	GOVERNMENT	1,205,000	0	Book	N/A	CANCER RESEARCH
(26) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN AVE., LA JOLLA, CA 92093	95-6006144	GOVERNMENT	1,000,000	0	Book	N/A	CANCER RESEARCH
(27) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1600 DIVISADERO ST., SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	1,475,000	0	Book	N/A	CANCER RESEARCH
(28) UNIVERSITY OF CHICAGO 675 N. ST. CLAIR CHICAGO, IL 60611	36-2177139	501 (C)(3)	75,000	0	Book	N/A	CANCER RESEARCH
(29) UNIVERSITY OF MICHIGAN 530 S. STATE ST., ANN ARBOR, MI 48109	38-6006309	GOVERNMENT	2,143,342	0	Book	N/A	CANCER RESEARCH

## Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) UNIVERSITY OF PENNSYLVANIA 3600 MARKET ST., PHILADELPHIA, PA 19104	23-1352685	501 (C)(3)	204,000	0	Book	N/A	CANCER RESEARCH
(31) UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CA 90033	95-4540991	501 (C)(3)	25,000	0	Book	N/A	CANCER RESEARCH
(32) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL C 5323 HARRY HINES BLVD., DALLAS, TX 75390	75-6002868	501 (C)(3)	150,000	0	Book	N/A	CANCER RESEARCH
(33) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC, SEATTLE, WA 98195	94-3079432	GOVERNMENT	988,000	0	Book	N/A	CANCER RESEARCH
(34) UNIVERSITY OF WISCONSIN 1111 HIGHLAND AVE., MADISON, WI 53705	39-6006492	GOVERNMENT	550,000	0	Book	N/A	CANCER RESEARCH
(35) UROLOGICAL SCIENCES RESEARCH FOUNDATION 3831 HUGHES AVENUE CULVER CITY, CA 90232	43-1147640	501 (C)(3)	100,000	0	Book	N/A	CANCER RESEARCH
(36) WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON DR. NEW YORK, NY 10065	13-1623978	501 (C)(3)	468,565	0	Book	N/A	CANCER RESEARCH
(37) STAND UP 2 CANCER 2121 AVENUE OF THE STARS LOS ANGELES, CA 90067	95-1644609	501 (C)(3)	400,000	0	Book	N/A	PUBLIC AWARENESS
(38) ZERO 10 G STREET, SUITE 601 WASHINGTON, DC 20002	59-3400922	501 (C)(3)	100,000	0	Book	N/A	PUBLIC AWARENESS
(39) CONGRESSIONAL DISTRICT PROGRAM 911 BROXTON AVE, LOS ANGELES, CA 90024	65-0970090	501 (C)(3)	10,000	0	Book	N/A	PUBLIC AWARENESS
(40) SAFEWAY FOUNDATION 5918 STONERIDGE MALL RD. PLEASANTON, CA 94588	91-2144510	501 (C)(3)	15,000	0	Book	N/A	PUBLIC AWARENESS
(41) THE NCCR 333 COTTMAN AVENUE PHILADELPHIA, PA 19137	23-2358677	501 (C)(4)	10,000	0	Book	N/A	PUBLIC AWARENESS
(42) MLB EMA & MLB Managers Assoc. 521 PLYMOUTH ROAD, STE 120 PLYMOUTH MEETING, PA	34-1763294	501 (C)(3)	14,000	0	Book	N/A	PUBLIC AWARENESS
(43) PBATS 755 HANK AARON DRIVE ATLANTA, GA 30315	58-1524230	501 (C)(3)	5,000	0	Book	N/A	PUBLIC AWARENESS
(44) .....			0	0			
(45) .....			0	0			
(46) .....			0	0			

# Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**Part III Continuation of Grants and Other Assistance to Individuals in the United States**

(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
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PROSTATE CANCER FOUNDATION

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

95-4418411

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input checked="" 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)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are 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 . . . . .</p>	X	
<p><b>2</b> 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? . . . . .</p>	X	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input 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                 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>		X
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>		X
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>		X
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p><b>7</b> 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 . . . . .</p>	X	
<p><b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	X	
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	X	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) Retirement and other 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				
1	JONATHAN W. SIMONS, M.D.	(i) 416,680	400,000	388,288	2,450	25,822	1,233,240	0
	(ii)	0	0	0	0	0	0	0
2	STUART HOLDEN, M.D.	(i) 0	0	225,000	0	0	225,000	0
	(ii)	0	0	0	0	0	0	0
3	HELEN HSIEH	(i) 143,373	5,000	0	1,569	31,630	181,572	0
	(ii)	0	0	0	0	0	0	0
4	HOWARD SOULE	(i) 315,213	24,500	0	2,450	20,743	362,906	0
	(ii)	0	0	0	0	0	0	0
5	DAN ZENKA	(i) 167,966	12,000	0	1,824	22,796	204,586	0
	(ii)	0	0	0	0	0	0	0
6	JAN HABER	(i) 141,432	12,000	0	0	9,857	163,289	0
	(ii)	0	0	0	0	0	0	0
7	REVEREND ROSEY GRIER	(i) 42,000	0	0	0	196	42,196	0
	(ii)	0	0	0	0	0	0	0
8	GARY DICOVITSKY	(i) 283,756	10,000	0	2,450	22,715	318,921	0
	(ii)	0	0	0	0	0	0	0
9		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
10		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
11		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
12		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
14		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
15		(i) 0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
16		(i) 0	0	0	0	0	0	0
	(ii)	0	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.

Part I Line 1A: THE FOUNDATION ALLOWS FIRST CLASS TRAVEL FOR THE CEO DR. JONATHAN SIMONS DUE TO MEDICAL REASON, WHICH IS APPROVED BY THE BOARD COMPENSATION COMMITTEE.

Part I Line 7: THE COMPENSATION COMMITTEE AWARDED DISCRETIONARY BONUSES TO THE OFFICERS AND EMPLOYEES BASED ON COMPANY'S PERFORMANCE.

Part I Line 8: THE CEO CONTRACT WAS DETERMINED USING COMPARABLE MARKET DATA AND REVIEWING THE FORM 990 OF OTHER ORGANIZATIONS. THE CEO'S BASE COMPENSATION IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION. HIS CONTRACT ALSO PROVIDED FOR A BONUS AND ALLOWANCE AT THE DISCRETION OF THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE DOCUMENTED ITS DECISION ON A CONTEMPORANEOUS BASIS.

Part II : AS ABOVE.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
<b>Total</b>				0						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	14	333,713	MARKET PRICE
10 Securities—Closely held stock . . . . .				
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**

	Yes	No
30a 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? . . . . .		X
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? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

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 2010 WWW.PCF.ORG HAD 1.2 MILLION TOTAL VISITS. IT ALSO DISTRIBUTES ELECTRONIC NEWSLETTERS MONTHLY TO AN ONLINE SUBSCRIBER BASE OF MORE THAN 40,000 INCLUDING COMMUNICATING WITH AUDIENCES DAILY VIA SOCIAL MEDIA. THE PCF ALSO HOSTS AND FUNDS A SCIENTIFIC CONFERENCE/FORUM ANNUALLY WHEREBY ALL THE LEADING SCIENTISTS AND RESEARCHERS ON PROSTATE CANCER CONVENE 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; RICHARD SANDLER (DIRECTOR) - BUSINESS RELATIONSHIP; E.J. MILKEN - FAMILY AND BUSINESS RELATIONSHIP.

Form 990 Part VI Section B Line 11A: FORM 990 IS REVIEWED BY 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. THE BOARD ALSO GETS A COPY OF FORM 990 PRIOR TO BEING FILED.

Form 990 Part VI Section B Line 12C: THE FOUNDATION'S BOARD OF DIRECTORS HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH APPLIES 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. 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 OFFICER OR DIRECTOR HAS A FINANCIAL INTEREST (I.E. 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

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

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 VI Section B Line 15A & 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 2010.

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.