

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
PROSTATE CANCER FOUNDATION
 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 ZIP + 4
SANTA MONICA CA 90401-1353

D Employer identification number
95-4418411

E Telephone number
(310) 570-4700

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **www.prostatecancerfoundation.org**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **35,623,440**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

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

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

		STMT 1		
Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a	0	
	b Direct public support (not included on line 1a)	1b	34,165,969	
	c Indirect public support (not included on line 1a)	1c	0	
	d Government contributions (grants) (not included on line 1a)	1d	0	
	e Total (add lines 1a through 1d) (cash \$ <u>33,938,811</u> noncash \$ <u>227,158</u>)	1e		34,165,969
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
	3 Membership dues and assessments	3		0
	4 Interest on savings and temporary cash investments	4		622,575
	5 Dividends and interest from securities	5		1,472
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		0	
7 Other investment income (describe _____)	7		0	
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	0	
	(B) Other	8a	0	
	Less: cost or other basis and sales expenses	8b	0	
	Gain or (loss) (attach schedule)	8c	0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		-1,578	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ <u>7,895,317</u> of contributions reported on line 1b)	STMT 5			
b Less: direct expenses other than fundraising expenses	STMT 6	9a	607,844	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9b	9c	0	
10 a Gross sales of inventory, less returns and allowances	10a	0		
	b Less: cost of goods sold	10b	0	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		0	
11 Other revenue (from Part VII, line 103)	11		0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		34,788,438	
Expenses	13 Program services (from line 44, column (B))	13	18,254,981	
	14 Management and general (from line 44, column (C))	14	2,420,921	
	15 Fundraising (from line 44, column (D))	15	4,121,282	
	16 Payments to affiliates (attach schedule)	16	0	
	17 Total expenses. Add lines 16 and 44, column (A)	17		24,797,184
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	9,991,254	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	8,739,483	
	20 Other changes in net assets or fund balances (attach explanation)	20	0	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		18,730,737

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0	0	
22 b Other grants and allocations (attach schedule) (cash \$ <u>14,274,150</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	14,274,150	14,274,150	STMT 7
23 Specific assistance to individuals (attach schedule)	23	0	0	
24 Benefits paid to or for members (attach schedule)	24	0	0	
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,548,716	657,448	891,268
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,626,213	637,325	175,087
27 Pension plan contributions not included on lines 25a, b, and c	27	0		
28 Employee benefits not included on lines 25a - 27	28	242,969	60,372	125,398
29 Payroll taxes	29	176,617	60,906	69,439
30 Professional fundraising fees	30	383,211	8,230	0
31 Accounting fees	31	69,593	0	69,593
32 Legal fees	32	17,474	1,680	15,794
33 Supplies	33	71,399	19,335	48,510
34 Telephone	34	105,157	26,633	49,065
35 Postage and shipping	35	152,844	23,481	48,443
36 Occupancy	36	267,536	71,112	134,204
37 Equipment rental and maintenance	37	12,732	0	12,732
38 Printing and publications	38	110,567	110,540	27
39 Travel	39	187,965	8,354	36,294
40 Conferences, conventions, and meetings	40	3,485,756	1,637,170	16,922
41 Interest	41	0	0	0
42 Depreciation, depletion, etc. (attach schedule)	42	63,082	17,810	32,366
43 Other expenses not covered above (itemize):				
a STMT 8	43a	2,001,203	640,435	695,779
b -----	43b	0	0	0
c -----	43c	0	0	0
d -----	43d	0	0	0
e -----	43e	0	0	0
f -----	43f	0	0	0
g -----	43g	0	0	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	24,797,184	18,254,981	2,420,921

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 634,608; (ii) the amount allocated to Program services \$ 617,685; (iii) the amount allocated to Management and general \$ 16,923; and (iv) the amount allocated to Fundraising \$ 0

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

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 9</u>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small>
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a <u>SEE STATEMENT 10</u></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ <u>14,274,150</u>) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/></p>	18,254,981
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	0
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	0
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	0
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	0
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	18,254,981

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year		
Assets	45	Cash—non-interest-bearing	1,000	45	1,000	
	46	Savings and temporary cash investments	12,801,192	46	21,274,262	
	47 a	Accounts receivable	47a	0		
	b	Less: allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	7,678,754		
	b	Less: allowance for doubtful accounts	48b	0	48c	7,678,754
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51 a	Other notes and loans receivable (attach schedule)	51a	0		
	b	Less: allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		62,401	53	59,216
	54 a	Investments—publicly-traded securities. STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		29,384	54a	52,868
	b	Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b	0
	55 a	Investments—land, buildings, and equipment: basis	55a	0		
	b	Less: accumulated depreciation (attach schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis	57a	719,925		
b	Less: accumulated depreciation (attach schedule) STMT 13	57b	542,457	57c	177,468	
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 14)		114,881	58	50,564	
59	Total assets (must equal line 74). Add lines 45 through 58		23,829,848	59	29,294,132	
Liabilities	60	Accounts payable and accrued expenses		1,558,495	60	1,913,395
	61	Grants payable		13,531,870	61	8,650,000
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/>)		0	65	0
66	Total liabilities. Add lines 60 through 65		15,090,365	66	10,563,395	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		8,739,483	67	18,730,737
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		8,739,483	73	18,730,737	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		23,829,848	74	29,294,132	

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

a	Total revenue, gains, and other support per audited financial statements		a	35,396,282
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	607,844	
	SEE STATEMENT 15			
	Add lines b1 through b4		b	607,844
c	Subtract line b from line a		c	34,788,438
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	34,788,438

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

a	Total expenses and losses per audited financial statements		a	25,405,028
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	607,844	
	SEE STATEMENT 16			
	Add lines b1 through b4		b	607,844
c	Subtract line b from line a		c	24,797,184
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	24,797,184

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE STMT 17 Str City ST ZIP	Title Hr/WK SEE STMT 17	1,522,988	25,728	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

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

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
	24		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT 18	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

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

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

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a	List the states with which a copy of this return is filed	STATEMENT 19	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	26
91 a	The books are in care of	Name PROSTATE CANCER FOUNDATION Telephone no. (310) 570-4700	
	Located at	1250 4TH ST., SUITE 360 City SANTA MONICA ST CA ZIP + 4 90401	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

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

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	622,575	
96 Dividends and interest from securities			14	1,472	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,578	
101 Net income or (loss) from special events			01	0	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		622,469	0
105 Total (add line 104, columns (B), (D), and (E)) ▶					622,469

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

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

Part XI

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

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
Totals				0

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

Yes	No

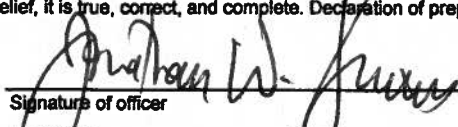
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
Totals				0

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

Yes	No


Please Sign Here

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


9/24/08

Signature of officer _____ Date _____
 JONATHAN SIMONS, CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 9/24/2008 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP EIN 34-6565596
18111 VON KARMAN AVE., STE 1000, IRVINE, CA 92612 Phone no. 949-794-2300

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

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

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

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

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 or
- ▶ tax year beginning _____, _____, and ending _____, _____.

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

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

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

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

**ELECTRONICALLY FILED
FOR INFORMATION
PURPOSES ONLY**

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

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

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

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **PROSTATE CANCER FOUNDATION**
Telephone No. **310 570-4700** FAX No. **310 570-4701**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.


- I request an additional 3-month extension of time until **11/15/2008**.
- For calendar year **2007**, or other tax year beginning _____ and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

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

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

Signature and Verification

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

Signature  Title **CPA OF ERNST & YOUNG** Date **7-24-08**
ERNST & YOUNG U.S. LLP - ATTN: KARA ADAMS
18111 VON KARMAN AVENUE, SUITE 1000
IRVINE, CA 92612

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
---	---

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 20				

Total number of other employees paid over \$50,000 ▶ 0

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 21		

Total number of others receiving over \$50,000 for professional services ▶ 0

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AGILIS CO., 2380 CROSSROADS BLVD ALBERT LEA, MN 56007	FULFILLMENT & DIRECT MAILING	51,688
PREMIER FULFILLMENT & PROC., 4841 DILLON DRIVE PUEBLO, CO 81008	FULFILLMENT & DIRECT MAILING	170,919

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

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities? STATEMENT 22</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . FORM 990 PART V-</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966? N/A</p>	4b	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person? N/A</p>	4c	
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶</p>	N/A	
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶</p>	N/A	
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶</p>		0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶</p>		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state N/A City ST Country
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	27,255,590	25,937,371	20,619,210	18,011,083	91,823,254
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	566,153	862,405	414,712	679,355	2,522,625
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	339,537	198,303	47,412	63,231	648,483
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	28,161,280	26,998,079	21,081,334	18,753,669	94,994,362
24 Line 23 minus line 17	27,595,127	26,135,674	20,666,622	18,074,314	92,471,737
25 Enter 1% of line 23	281,613	269,981	210,813	187,537	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 1,849,435
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b 22,153,249
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 92,471,737
d Add: Amounts from column (e) for lines: 18 <u>648,483</u> 19 _____					
22 _____ 26b <u>22,153,249</u> ▶					26d 22,801,732
e Public support (line 26c minus line 26d total) ▶					26e 69,670,005
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 75.34%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) <u>NOT APPLICABLE</u> (2005) <u>NOT APPLICABLE</u> (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) <u>NOT APPLICABLE</u> (2005) <u>NOT APPLICABLE</u> (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ ▶					27c 0
d Add: Line 27a total _____ and line 27b total _____ ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		18,254,981
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	18,254,981
41 Lobbying nontaxable amount. Enter the amount from the following table—			
if the amount on line 40 is—			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is—			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000	41		1,000,000
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	250,000
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	897,612	3,897,612
46 Lobbying ceiling amount (150% of line 45(e))					5,846,418
47 Total lobbying expenditures		37,142	64,882	63,960	165,984
48 Grassroots nontaxable amount	250,000	250,000	250,000	224,403	974,403
49 Grassroots ceiling amount (150% of line 48(e))					1,461,605
50 Grassroots lobbying expenditures			0		0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: NOT APPLICABLE

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

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

- (i) Cash
(ii) Other assets

b Other transactions:

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

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

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

Summary table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c.

Main table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 51a(i) contains data for NATIONAL PROSTATE CANCER COALITION COMPANY.

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

Yes No (X)

b If "Yes," complete the following schedule: N/A

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains N/A.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

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

Special Rules—

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>DIRECT CASH CONTRIBUTIONS</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>33,938,811</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>DIRECT NON-CASH CONTRIBUTIONS</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>227,158</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SECURITIES _____ _____ _____	\$ 227,158	VARIOUS
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
For. Prov. Country			
2	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
For. Prov. Country			
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
For. Prov. Country			
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
For. Prov. Country			

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	622,575
TOTAL	<u>622,575</u>

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	1,472
TOTAL	<u>1,472</u>

FORM 990, PART I, LINE 8 - SALE OF ASSETS OTHER THAN INVENTORY

<u>Shares</u>	<u>Company</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Proceeds</u>	<u>Cost or Basis</u>	<u>Gain or (Loss)</u>
379	Citicorp	04/28/07	04/28/07	20,170.38	20,170.38	0.00
585	Covanta	06/19/07	06/19/07	15,168.81	15,110.55	58.26
15	Ciena	05/16/07	07/16/07	581.40	432.15	149.25
367	Cisco	05/16/07	07/16/07	10,969.63	9,655.77	1,313.86
500	Juniper	05/16/07	07/16/07	13,630.00	11,895.00	1,735.00
29	Nortel	05/16/07	07/16/07	676.28	691.65	(15.37)
22	Occam Networks	05/16/07	07/16/07	218.24	207.90	10.34
34	Synopsys	05/16/07	07/16/07	914.60	944.18	(29.58)
11	Powershares QQQ Trust	08/23/07	08/23/07	522.94	522.94	0.00
8	ING Mutual Funds	08/27/07	08/27/07	507.76	507.76	0.00
50	Cisco	09/21/07	10/16/07	1,675.97	1,618.50	57.47
9,214	Compuware	10/17/07	10/17/07	75,002.64	75,002.64	0.00
190	Covanta	10/30/07	10/30/07	5,112.82	5,084.40	28.42
21	Fannie Mae	11/14/07	11/28/07	674.66	1,029.21	(354.55)
296	Lord Abbett	11/28/07	12/03/07	5,136.50	5,186.49	(49.99)
192	Thomas & Betts	11/28/07	12/03/07	10,177.76	10,352.64	(174.88)
255	Research in Motion	12/04/07	12/10/07	26,782.24	26,484.30	297.94
18	Chevron	12/06/07	12/12/07	1,585.27	1,635.30	(50.03)
50	PNC Financial	12/07/07	12/10/07	3,650.44	3,633.50	16.94
125	Amgen	12/14/07	12/21/07	5,833.65	6,177.50	(343.85)
1,000	Intel	12/19/07	12/24/07	26,179.59	26,030.00	149.59
89	Microsoft	12/21/07	12/31/07	3,191.33	3,195.10	(3.77)
20	Citicorp	12/24/07	12/31/07	560.99	614.40	(53.41)
18	Eli Lilly	12/24/07	12/31/07	924.86	975.60	(50.74)
	Youthstream (Revalue)		12/31/07	(4,250.00)	0.00	(4,250.00)
	Sargent Technology (Write-off)		12/31/07	(19.00)	0.00	(19.00)
				<u>225,579.76</u>	<u>227,157.86</u>	<u>(1,578.10)</u>

PROSTATE CANCER FOUNDATION

95-4418411

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MAR-A-LAGO TENNIS TOURNAMENT	609,260
HAMPTONS TENNIS TOURNAMENT	300,265
WYNN LAS VEGAS INVITATIONAL	1,490,132
NEW YORK DINNER	5,495,660
TOTAL	<u>7,895,317</u>

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>
MAR-A-LAGO TENNIS TOURNAMENT	48,411	48,411
HAMPTONS TENNIS TOURNAMENT	16,135	16,135
WYNN LAS VEGAS INVITATIONAL	304,871	304,871
NEW YORK DINNER	238,427	238,427
TOTAL	<u>607,844</u>	<u>607,844</u>

PART II, LINE 9 - GRANTS AND ALLOCATIONS

Date	Description	Address	Amount	Relationship	Exempt Status	Purpose of Grant
01/18/07	Hadassah University Hospital	Kiryat Hadassah p.o.b 12000 91120 Jerusalem Israel	25,000	Donor	Yes	Prostate Cancer Research
01/18/07	Hebrew University	The Hebrew University Hadassah Medical Center, Ein Karem Jerusalem 91120 Israel	50,000	Donor	Yes	Prostate Cancer Research
01/18/07	Technion Israel Institute	Technion City Haifa 32000 Israel	50,000	Donor	Yes	Prostate Cancer Research
01/18/07	Tel-Aviv University Medical Center	P.O. Box 39040 Tel-Aviv 69978 Israel	32,500	Donor	Yes	Prostate Cancer Research
01/18/07	Weizmann Institute of Science	PO Box 26 Rehovot 76100 Israel	50,000	Donor	Yes	Prostate Cancer Research
01/18/07	Weizmann Institute of Science	PO Box 26 Rehovot 76100 Israel	50,000	Donor	Yes	Prostate Cancer Research
01/24/07	Brigham & Women's Hospital	75 Francis Street Boston, MA 02115 USA	25,000	Donor	Yes	Prostate Cancer Research
01/24/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	25,000	Donor	Yes	Prostate Cancer Research
02/07/07	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	25,000	Donor	Yes	Prostate Cancer Research
03/07/07	University of California, Los Angeles	405 Hilgard Ave Los Angeles, CA 90024	50,000	Donor	Yes	Prostate Cancer Research
03/26/07	Cedars-Sinai Medical Center	8700 Beverly Blvd. Los Angeles, CA 90048	100,000	Donor	Yes	Prostate Cancer Research
03/26/07	Cedars-Sinai Medical Center	8700 Beverly Blvd. Los Angeles, CA 90048	50,000	Donor	Yes	Prostate Cancer Research
03/26/07	Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	100,000	Donor	Yes	Prostate Cancer Research
03/26/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
03/26/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
03/26/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
03/26/07	M. D. Anderson Cancer Center	1515 Holcombe Blvd Houston, TX 77030	100,000	Donor	Yes	Prostate Cancer Research
03/26/07	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	100,000	Donor	Yes	Prostate Cancer Research
03/26/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	100,000	Donor	Yes	Prostate Cancer Research
03/26/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	10,000	Donor	Yes	Prostate Cancer Research
03/26/07	University of Michigan	530 S State St Ann Arbor, MI	100,000	Donor	Yes	Prostate Cancer Research
03/26/07	University of Wisconsin	21 N. Park Street, Suite 7223 Madison, Wisconsin 53715-1218	100,000	Donor	Yes	Prostate Cancer Research
04/11/07	Dana-Farber Cancer Institute (Refund)	44 Binney Street Boston, MA 02115	(25,000)	Donor	Yes	Prostate Cancer Research
05/02/07	Duke University	Duke University Durham, NC 27708	50,000	Donor	Yes	Prostate Cancer Research
05/03/07	Columbia University	630 West 168th Street New York, NY 10032	100,000	Donor	Yes	Prostate Cancer Research
05/08/07	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	25,000	Donor	Yes	Prostate Cancer Research
05/08/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	50,000	Donor	Yes	Prostate Cancer Research
05/09/07	American Urological Association	1000 Corporate Boulevard Linthicum, MD 21090	3,000	Donor	Yes	Prostate Cancer Research
06/28/07	Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	100,000	Donor	Yes	Prostate Cancer Research
06/28/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
06/28/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
06/28/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
06/28/07	M. D. Anderson Cancer Center	1515 Holcombe Blvd Houston, TX 77030	100,000	Donor	Yes	Prostate Cancer Research
06/28/07	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	100,000	Donor	Yes	Prostate Cancer Research
06/28/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	100,000	Donor	Yes	Prostate Cancer Research
06/28/07	University of Michigan	530 S State St Ann Arbor, MI	100,000	Donor	Yes	Prostate Cancer Research

PART II, LINE 9 - GRANTS AND ALLOCATIONS

Date	Description	Address	Amount	Relationship	Exempt Status	Purpose of Grant
06/28/07	University of Wisconsin	21 N. Park Street, Suite 7223 Madison, Wisconsin 53715-1218	100,000	Donor	Yes	Prostate Cancer Research
06/29/07	Cedars-Sinai Medical Center	8700 Beverly Blvd. Los Angeles, CA 90048	100,000	Donor	Yes	Prostate Cancer Research
06/29/07	Translational Genomics Research Institute	445 N. Fifth Street Phoenix, AZ 85004	100,000	Donor	Yes	Prostate Cancer Research
07/18/07	Cedars-Sinai Medical Center	8700 Beverly Blvd. Los Angeles, CA 90048	100,000	Donor	Yes	Prostate Cancer Research
07/18/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	100,000	Donor	Yes	Prostate Cancer Research
09/10/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	365,000	Donor	Yes	Prostate Cancer Research
09/10/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	292,000	Donor	Yes	Prostate Cancer Research
09/10/07	University of Michigan	530 S State St Ann Arbor, MI	135,000	Donor	Yes	Prostate Cancer Research
09/10/07	Vancouver General Hospital	899 12th Avenue West Vancouver, BC V5Z 1M9 Canada	108,000	Donor	Yes	Prostate Cancer Research
09/24/07	Brigham & Women's Hospital	75 Francis Street Boston, MA 02115 USA	750,000	Donor	Yes	Prostate Cancer Research
10/01/07	Cedars-Sinai Medical Center	8700 Beverly Blvd. Los Angeles, CA 90048	100,000	Donor	Yes	Prostate Cancer Research
10/01/07	Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	100,000	Donor	Yes	Prostate Cancer Research
10/01/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
10/01/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
10/01/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
10/01/07	M. D. Anderson Cancer Center	1515 Holcombe Blvd Houston, TX 77030	100,000	Donor	Yes	Prostate Cancer Research
10/01/07	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	100,000	Donor	Yes	Prostate Cancer Research
10/01/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	100,000	Donor	Yes	Prostate Cancer Research
10/01/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	50,000	Donor	Yes	Prostate Cancer Research
10/01/07	University of Michigan	530 S State St Ann Arbor, MI	100,000	Donor	Yes	Prostate Cancer Research
10/01/07	University of Wisconsin	21 N. Park Street, Suite 7223 Madison, Wisconsin 53715-1218	100,000	Donor	Yes	Prostate Cancer Research
10/04/07	University of Michigan	530 S State St Ann Arbor, MI	50,000	Donor	Yes	Prostate Cancer Research
10/24/07	Hadassah University Hospital	Kiryat Hadassah p.o.b 12000 91120 Jerusalem Israel	25,000	Donor	Yes	Prostate Cancer Research
10/24/07	Hebrew University	The Hebrew University Hadassah Medical Center, Ein Karem Jerusalem 91120 Israel	50,000	Donor	Yes	Prostate Cancer Research
10/24/07	Technion Israel Institute	Technion City Haifa 32000 Israel	50,000	Donor	Yes	Prostate Cancer Research
10/24/07	Tel-Aviv University Medical Center	P.O. Box 39040 Tel-Aviv 69978 Israel	32,500	Donor	Yes	Prostate Cancer Research
10/24/07	Weizmann Institute of Science	PO Box 26 Rehovot 76100 Israel	50,000	Donor	Yes	Prostate Cancer Research
10/24/07	Weizmann Institute of Science	PO Box 26 Rehovot 76100 Israel	50,000	Donor	Yes	Prostate Cancer Research
11/07/07	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	500,000	Donor	Yes	Prostate Cancer Research
11/13/07	University of Michigan	530 S State St Ann Arbor, MI	110,050	Donor	Yes	Prostate Cancer Research
12/21/07	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	10,000	Donor	Yes	Prostate Cancer Research
12/21/07	M. D. Anderson Cancer Center	1515 Holcombe Blvd Houston, TX 77030	25,000	Donor	Yes	Prostate Cancer Research
12/21/07	M. D. Anderson Cancer Center	1515 Holcombe Blvd Houston, TX 77030	50,000	Donor	Yes	Prostate Cancer Research
12/21/07	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	65,000	Donor	Yes	Prostate Cancer Research
12/21/07	University of California, Los Angeles	405 Hilgard Ave Los Angeles, CA 90024	550,000	Donor	Yes	Prostate Cancer Research
12/21/07	University of California, Los Angeles	405 Hilgard Ave Los Angeles, CA 90024	450,000	Donor	Yes	Prostate Cancer Research

PART II, LINE 9 - GRANTS AND ALLOCATIONS

Date	Description	Address	Amount	Relationship	Exempt Status	Purpose of Grant
12/21/07	University of Michigan	530 S State St Ann Arbor, MI	11,100	Donor	Yes	Prostate Cancer Research
01/03/08	Cedars-Sinai Medical Center	8700 Beverly Blvd. Los Angeles, CA 90048	100,000	Donor	Yes	Prostate Cancer Research
01/03/08	Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	100,000	Donor	Yes	Prostate Cancer Research
01/03/08	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
01/03/08	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
01/03/08	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	33,333	Donor	Yes	Prostate Cancer Research
01/03/08	M. D. Anderson Cancer Center	1515 Holcombe Blvd Houston, TX 77030	100,000	Donor	Yes	Prostate Cancer Research
01/03/08	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	100,000	Donor	Yes	Prostate Cancer Research
01/03/08	University of California, San Francisco	1600 Divisadero St. San Francisco, CA. 94143	100,000	Donor	Yes	Prostate Cancer Research
01/03/08	University of Michigan	530 S State St Ann Arbor, MI	100,000	Donor	Yes	Prostate Cancer Research
01/03/08	University of Wisconsin	21 N. Park Street, Suite 7223 Madison, Wisconsin 53715-1218	100,000	Donor	Yes	Prostate Cancer Research
01/11/08	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	250,000	Donor	Yes	Prostate Cancer Research
01/18/08	Memorial Sloan-Kettering	1275 York Avenue New York, NY 10065	3,200,000	Donor	Yes	Prostate Cancer Research
04/11/08	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	365,000	Donor	Yes	Prostate Cancer Research
04/11/08	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	292,000	Donor	Yes	Prostate Cancer Research
04/11/08	University of Michigan	530 S State St Ann Arbor, MI	135,000	Donor	Yes	Prostate Cancer Research
04/11/08	Vancouver General Hospital	899 12th Avenue West Vancouver, BC V5Z 1M9 Canada	108,000	Donor	Yes	Prostate Cancer Research
07/10/08	Translational Genomics Research Institute	445 N. Fifth Street Phoenix, AZ 85004	200,000	Donor	Yes	Prostate Cancer Research
Accrued	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	365,000	Donor	Yes	Prostate Cancer Research
Accrued	Johns Hopkins University	600 N. Wolfe Street Baltimore, MD 21287	292,000	Donor	Yes	Prostate Cancer Research
Accrued	Johns Hopkins University/University of Michigan/Vancouver General Hospital	600 N. Wolfe Street Baltimore, MD 21287	300,000	Donor	Yes	Prostate Cancer Research
Accrued	Translational Genomics Research Institute	445 N. Fifth Street Phoenix, AZ 85004	600,000	Donor	Yes	Prostate Cancer Research
Accrued	University of Michigan	530 S State St Ann Arbor, MI	135,000	Donor	Yes	Prostate Cancer Research
Accrued	Vancouver General Hospital	899 12th Avenue West Vancouver, BC V5Z 1M9 Canada	108,000	Donor	Yes	Prostate Cancer Research
			<u>14,274,150</u>			

FORM 990, PART II, LINE 43 - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
ADVERTISING	214,522	29,633	NONE	184,889
INSURANCE	27,875	NONE	27,875	NONE
PROFESSIONAL FEES & OUTSIDE SERVICES	1,011,081	248,379	306,125	456,577
PUBLIC RELATIONS	131,823	131,823	NONE	NONE
TAXES AND LICENSES	5,222	NONE	5,222	NONE
PROMOTIONAL MATERIALS	2,848	2,723	NONE	125
DUES AND SUBSCRIPTIONS	29,865	17,874	9,611	2,380
MEALS AND ENTERTAINMENT	54,516	7,538	13,202	33,776
PARKING	27,583	7,920	12,727	6,936
LODGING AND HOTELS	501,478	7,244	5,359	488,875
DONATIONS	180,440	144,000	NONE	36,440
COMPUTER EXPENSE	139,901	34,316	57,845	47,740
RELOCATION, MOVING & STORAGE	36,333	NONE	36,333	NONE
RESEARCH MATERIALS & SERVICES	24,130	8,985	50	15,095
BANK FEES	1,430	NONE	1,430	NONE
BAD DEBTS	220,000	NONE	220,000	NONE
DIRECT FUNDRAISING EXPENSES/GOODS & SERVICES RECLASS	(607,844)	NONE	0	(607,844)
SUB-TOTALS	2,001,203	640,435	695,779	664,989

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

PROSTATE CANCER FOUNDATION IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED TO MAKE GRANTS, SUPPORT RESEARCH AND CONDUCT ACTIVITIES RELATING TO THE TREATMENT, PREVENTION AND CURE OF PROSTATE CANCER. SEE STATEMENT 10.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
A	Making of grants to the following organizations to fund scientific research programs related to the cure, prevention and treatment of cancer of the prostate.		
01/18/07	Hadassah University Hospital	25,000	25,000
01/18/07	Hebrew University	50,000	50,000
01/18/07	Technion Israel Institute	50,000	50,000
01/18/07	Tel-Aviv University Medical Center	32,500	32,500
01/18/07	Weizmann Institute of Science	50,000	50,000
01/18/07	Weizmann Institute of Science	50,000	50,000
01/24/07	Brigham & Women's Hospital	25,000	25,000
01/24/07	Johns Hopkins University	25,000	25,000
02/07/07	Memorial Sloan-Kettering	25,000	25,000
03/07/07	University of California, Los Angeles	50,000	50,000
03/26/07	Cedars-Sinai Medical Center	100,000	100,000
03/26/07	Dana-Farber Cancer Institute	100,000	100,000
03/26/07	Johns Hopkins University	33,333	33,333
03/26/07	Johns Hopkins University	33,333	33,333
03/26/07	Johns Hopkins University	33,333	33,333
03/26/07	M. D. Anderson Cancer Center	100,000	100,000
03/26/07	Memorial Sloan-Kettering	100,000	100,000
03/26/07	University of California, San Francisco	100,000	100,000
03/26/07	University of Michigan	100,000	100,000
03/26/07	University of Wisconsin	100,000	100,000
03/26/07	Cedars-Sinai Medical Center	50,000	50,000
03/26/07	University of California, San Francisco	10,000	10,000
05/02/07	Duke University	50,000	50,000
05/03/07	Columbia University	100,000	100,000
04/11/07	Dana-Farber Cancer Institute (Refund)	(25,000)	(25,000)
05/08/07	Memorial Sloan-Kettering	25,000	25,000
05/08/07	University of California, San Francisco	50,000	50,000
05/09/07	American Urological Association	3,000	3,000
06/29/07	Cedars-Sinai Medical Center	100,000	100,000
06/28/07	Dana-Farber Cancer Institute	100,000	100,000
06/28/07	Johns Hopkins University	33,333	33,333
06/28/07	Johns Hopkins University	33,333	33,333
06/28/07	Johns Hopkins University	33,333	33,333
06/28/07	M. D. Anderson Cancer Center	100,000	100,000
06/28/07	Memorial Sloan-Kettering	100,000	100,000
06/28/07	University of California, San Francisco	100,000	100,000
06/28/07	University of Michigan	100,000	100,000
06/28/07	University of Wisconsin	100,000	100,000
06/29/07	Translational Genomics Research Institute	100,000	100,000
07/18/07	Cedars-Sinai Medical Center	100,000	100,000
07/18/07	Johns Hopkins University	100,000	100,000
09/10/07	Johns Hopkins University	365,000	365,000
09/10/07	Johns Hopkins University	292,000	292,000
09/10/07	University of Michigan	135,000	135,000
09/10/07	Vancouver General Hospital	108,000	108,000
09/24/07	Brigham & Women's Hospital	750,000	750,000
10/01/07	Cedars-Sinai Medical Center	100,000	100,000
10/01/07	Dana-Farber Cancer Institute	100,000	100,000
10/01/07	Johns Hopkins University	33,333	33,333
10/01/07	Johns Hopkins University	33,333	33,333
10/01/07	Johns Hopkins University	33,333	33,333
10/01/07	M. D. Anderson Cancer Center	100,000	100,000
10/01/07	Memorial Sloan-Kettering	100,000	100,000

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Date	Description	Grants and Allocations	Program Service Expenses
10/01/07	University of California, San Francisco	100,000	100,000
10/01/07	University of Michigan	100,000	100,000
10/01/07	University of Wisconsin	100,000	100,000
10/01/07	University of California, San Francisco	50,000	50,000
10/24/07	Hadassah University Hospital	25,000	25,000
10/24/07	Hebrew University	50,000	50,000
10/24/07	Technion Israel Institute	50,000	50,000
10/24/07	Tel-Aviv University Medical Center	32,500	32,500
10/24/07	Weizmann Institute of Science	50,000	50,000
10/24/07	Weizmann Institute of Science	50,000	50,000
10/04/07	University of Michigan	50,000	50,000
11/07/07	University of California, San Francisco	500,000	500,000
11/13/07	University of Michigan	110,050	110,050
12/21/07	Johns Hopkins University	10,000	10,000
12/21/07	Memorial Sloan-Kettering	65,000	65,000
12/21/07	M. D. Anderson Cancer Center	25,000	25,000
12/21/07	University of Michigan	11,100	11,100
12/21/07	University of California, Los Angeles	550,000	550,000
12/21/07	University of California, Los Angeles	450,000	450,000
12/21/07	M. D. Anderson Cancer Center	50,000	50,000
01/03/08	Cedars-Sinai Medical Center	100,000	100,000
01/03/08	Dana-Farber Cancer Institute	100,000	100,000
01/03/08	Johns Hopkins University	33,333	33,333
01/03/08	Johns Hopkins University	33,333	33,333
01/03/08	Johns Hopkins University	33,333	33,333
01/03/08	M. D. Anderson Cancer Center	100,000	100,000
01/03/08	Memorial Sloan-Kettering	100,000	100,000
01/03/08	University of California, San Francisco	100,000	100,000
01/03/08	University of Michigan	100,000	100,000
01/03/08	University of Wisconsin	100,000	100,000
01/11/08	Johns Hopkins University	250,000	250,000
01/18/08	Memorial Sloan-Kettering	3,200,000	3,200,000
04/11/08	Johns Hopkins University	365,000	365,000
04/11/08	Johns Hopkins University	292,000	292,000
04/11/08	University of Michigan	135,000	135,000
04/11/08	Vancouver General Hospital	108,000	108,000
07/10/08	Translational Genomics Research Institute	200,000	200,000
	Accrued Translational Genomics Research Institute	600,000	600,000
	Accrued Johns Hopkins University	365,000	365,000
	Accrued Johns Hopkins University	292,000	292,000
	Accrued University of Michigan	135,000	135,000
	Accrued Vancouver General Hospital	108,000	108,000
	Accrued Johns Hopkins University/University of Michigan/Vancouver General Ho	300,000	300,000
		14,274,150	14,274,150
	Scientific Conferences	-	2,420,640
	Public Awareness and Advocacy	-	1,560,191
	TOTAL	14,274,150	18,254,981

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK</u> <u>VALUE</u>	<u>ENDING BOOK</u> <u>VALUE</u>
PREPAID EXPENSES	62,401	59,216
TOTAL	62,401	59,216

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

<u>DESCRIPTION</u>	<u>BEGINNING BOOK</u>	<u>ENDING BOOK</u>	<u>COST OR FMV</u>
	<u>VALUE</u>	<u>VALUE</u>	
SAGENT TECHNOLOGY	19	0	FMV
YOUTHSTREAM MEDIA NETWORKS	20,400	16,150	FMV
CASH IN SECURITIES ACCOUNT	(15)	36,718	FMV
KELLWOOD	6,504	0	FMV
BIOMET	2,476	0	FMV
TOTAL	29,384	52,868	

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>ADDITIONS</u>	<u>RECLASS</u>	<u>DISPOSALS/ WRITE-OFFS</u>	<u>ENDING BALANCE</u>
<u>FIXED ASSETS</u>					
FURNITURE & FIXTURES	37,180	0	0	0	37,180
OFFICE EQUIPMENT	166,062	70,673	0	(126,161)	110,574
LEASEHOLD IMPROVEMENTS	246,891	0	0	0	246,891
COMPUTER SOFTWARE	0	75,609	249,671	0	325,280
TOTAL FIXED ASSETS	450,133	146,282	249,671	(126,161)	719,925

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>ADDITIONS</u>	<u>RECLASS</u>	<u>WRITE-OFFS</u>	<u>ENDING BALANCE</u>
<u>ACCUMULATED DEPRECIATION</u>					
FURNITURE & FIXTURES	30,534	2,901	0	0	33,435
OFFICE EQUIPMENT	137,612	31,287	0	(126,161)	42,738
LEASEHOLD IMPROVEMENTS	192,002	18,327	0	0	210,329
COMPUTER SOFTWARE	0	10,567	245,388	0	255,955
TOTAL ACCUMULATED DEPRECIATION	360,148	63,082	245,388	(126,161)	542,457

*COMPUTER SOFTWARE WAS REPORTED AS NET 'OTHER ASSET' IN PRIOR YEARS. REFER TO STATEMENT 14.

FORM 990, PART IV, LINE 58 - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
COMPUTER SOFTWARE	4,283	0
OTHER RECEIVABLES	110,598	50,564
TOTALS	<u>114,881</u>	<u>50,564</u>

***COMPUTER SOFTWARE REPORTED IN LAND, BUILDINGS AND EQUIPMENT IN CURRENT YEAR.
REFER TO STATEMENT 13.**

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
RECLASS OF SPECIAL EVENT EXPENSES	607,844
TOTAL	<u>607,844</u>

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
RECLASS OF SPECIAL EVENT EXPENSES	607,844
TOTAL	<u>607,844</u>

PART V-A, COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
JONATHAN SIMONS 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CEO & PRESIDENT 50 HRS/WK	477,500	8,435	NONE
LESLIE MICHELSON 9220 SUNSET BLVD. #100 LOS ANGELES, CA 90069	FORMER CEO/DIRECTOR 2 HRS/WK	180,306	0	NONE
HOWARD SOULE 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	EXECUTIVE VP 40 HRS/WK	290,000	10,464	NONE
DEBBIE BOHNETT 6300 CANOGA PARK WOODLAND HILLS, CA 91367	FORMER COO 50 HRS/WK	207,786	3,849	NONE
GREGG BRITT 9220 SUNSET BLVD. #100 LOS ANGELES, CA 90069	FORMER SENIOR VP 40 HRS/WK	112,004	2,706	NONE
STUART HOLDEN, M.D. WARSCHAW PROSTATE CANCER CENTER 8631 W. THIRD ST., SUITE 915 EAST LOS ANGELES, CA 90048	DIRECTOR/MEDICAL DIR. 30 HRS/WK	200,000	NONE	NONE
REVEREND ROSEY GRIER 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR/CONSULTANT 20 HRS/WK	42,000	274	NONE
RALPH FINERMAN ** 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	TREASURER/CFO 15 HRS/WK	13,393	NONE	NONE
MICHAEL MILKEN 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CHAIRMAN 15 HRS/WK	NONE	NONE	NONE
CHARLES F. BAIRD, JR. NORTH CASTLE PARTNERS 183 E. PUTNAM AVENUE GREENWICH, CT 06830	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
JAMES C. BLAIR DOMAIN ASSOCIATES ONE PALMER SQUARE, SUITE 515 PRINCETON, NJ 08542	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
DAVID D. EDERER EDERER INVESTMENT COMPANY 601 UNION STREET, SUITE 5525 SEATTLE, WA 98101	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
DAVID J. EPSTEIN 260 FRANKLIN STREET, 11TH FLOOR BOSTON, MA 02110	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

PART V-A. COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
CHRISTIAN B. EVENSEN 860 FLINTRIDGE AVENUE LA CANADA FLINTRIDGE, CA 91011	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
ARTHUR KERN 98 MAIN ST. #517 TIBURON, CA 94920	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
DAVID HAMILTON KOCH KOCH INDUSTRIES 667 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10065	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
EARLE I. MACK THE MACK COMPANY 2115 LINWOOD AVENUE, SUITE 110 FORT LEE, NJ 07024	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
JEFFREY A. MARCUS CRESTVIEW ADVISORS 300 CRESCENT COURT, SUITE 1350 DALLAS, TX 75201	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
SHMUEL MEITAR AUREC GROUP 16 ABBA HILLEL ST., 14TH FLOOR RAMAT GAN, IS 52506	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
LORI MILKEN 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR, VICE PRESIDENT 2 HRS/WK	NONE	NONE	NONE
JERRY MONKARSH 9061 SANTA MONICA BLVD. LOS ANGELES, CA 90069	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
HENRY L. NORDHOFF GEN-PROBE INCORPORATED 10210 GENETIC CENTER DRIVE SAN DIEGO, CA 92121	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
NELSON PELTZ TRIARC COMPANIES, INC. 280 PARK AVENUE, 41st FLOOR NEW YORK, NY 10017	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
LYNDA RESNICK ROLL INTERNATIONAL 11444 W. OLYMPIC BLVD., 10TH FLOOR LOS ANGELES, CA 90064	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
BERT C. ROBERTS, JR. 1808 MILVALE ROAD ANNAPOLIS, MD 21409	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
RICHARD SANDLER, ESQ 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	DIRECTOR 2 HRS/WK	NONE	NONE	NONE

PART V-A, COMPENSATION OF CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION PLANS</u>	<u>EXPENSE ACCOUNT AND OTHER ALLOWANCES</u>
J. GARY SHANSBY PARTIDA TEQUILA, LLC 150 CALIFORNIA ST., SUITE 500 SAN FRANCISCO, CA 94111	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
ELAINE WYNN WYNN RESORTS 3131 LAS VEGAS BLVD. SOUTH LAS VEGAS, NV 89109	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
STANLEY R. ZAX ZENITH NATIONAL INSURANCE CORP. 21255 CALIFA STREET WOODLAND HILLS, CA 91367	DIRECTOR 2 HRS/WK	NONE	NONE	NONE
	GRAND TOTAL		<u>1,522,988</u>	<u>25,728</u>
				<u>0</u>

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

FORM 990, PART V-A - RELATIONSHIP SCHEDULE

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

LORI MILKEN
MICHAEL MILKEN
CHAIRMAN OF PROSTATE CANCER FOUNDATION
SPOUSE

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

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

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

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

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

RICHARD SANDLER, ESQ. (MARON & SANDLER)
RALPH FINERMAN, MICHAEL AND LORI MILKEN
CFO, CHAIRMAN, DIRECTOR AND VP OF PROSTATE CANCER FOUNDATION
SEE NOTE 1 BELOW

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

FORM 990, PART VI, LINE 90A - STATES

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

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCOUNT</u>
KAREN STONE 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	183,712	28,778	NONE
JANET HABER 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 40 HRS/WK	147,925	5,861	NONE
HELEH HSIEH 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	VP 30 HRS/WK	116,806	21,216	NONE
GEORGE CHONG 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	CONTROLLER 40 HRS/WK	91,652	26,044	NONE
SHIRA BERMAN 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401	FORMER VP 40 HRS/WK	77,696	18,545	NONE
	TOTAL COMPENSATION	617,791	100,444	0

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

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CONDE NAST PUBLICATIONS P.O. BOX 5350 NEW YORK, NY 10087	PUBLICITY & ADVERTISING	450,000
DAVE PERRON 10 GEARY AVENUE KENTFIELD, CA 94904	FUNDRAISING EVENT MGMT.	172,000
GRIZZARD P.O. BOX 534215 ATLANTA, GA 90064	FUNDRAISING CONSULTING	165,812
KATE MOULENE 1512 SUNSET PLAZA DRIVE LOS ANGELES, CA 90069	FUNDRAISING CONSULTING	134,400
CS SPORTS MARKETING, LLC 2149 W. CASCADE HOOD RIVER, OR 97031	FUNDRAISING CONSULTING	109,600
TOTAL COMPENSATION	1,031,812	

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

RALPH FINERMAN, CFO OF THE PROSTATE CANCER FOUNDATION, IS ALSO AFFILIATED WITH RFG FINANCIAL. RFG FINANCIAL WAS PAID \$13,393.00 FOR CONSULTING SERVICES PROVIDED TO THE PROSTATE CANCER FOUNDATION DURING 2007.

RALPH FINERMAN CONTRIBUTED AMOUNTS THAT MORE THAN OFFSET THE PAYMENTS FOR SERVICES DURING 2007.