

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

NATIONAL PROSTATE CANCER COALITION FUND

Number and street (or P.O. box if mail is not delivered to street address)

1154 15TH STREET NW

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20005

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

D Employer identification number

59-3400922

E Telephone number

202-463-9455

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ▶

G Web site ▶ **WWW.PCACOALITION.ORG**

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

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

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 ▶

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

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

I Enter 4-digit GEN ▶

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1465979.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received		1a	1248408.	1d	1248408.
	a	Direct public support		1b			
	b	Indirect public support		1c			
	c	Government contributions (grants)					
	d	Total (add lines 1a through 1c) (cash \$ 1174668. noncash \$ 73740.)					
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2			
	3	Membership dues and assessments		3			
	4	Interest on savings and temporary cash investments		4	3349.		
	5	Dividends and interest from securities		5			
	6a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c			
7	Other investment income (describe ▶)		7				
Revenue	8a	Gross amount from sale of assets other than inventory		(A) Securities 88982. 8a		8d	5305.
	b	Less: cost or other basis and sales expenses		83677. 8b			
	c	Gain or (loss) (attach schedule)		5305. 8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 1					
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ 40650. of contributions reported on line 1a)		9a	125040.	9c	0.
	b	Less: direct expenses other than fundraising expenses		9b	125040.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		See Statement 2			
	10a	Gross sales of inventory, less returns and allowances		10a		10c	200.
	b	Less: cost of goods sold		10b			
	c	Net profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Other revenue (from Part VII, line 103)					
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	1257262.		
13	Program services (from line 44, column (B))		13	820629.			
14	Management and general (from line 44, column (C))		14	62258.			
15	Fundraising (from line 44, column (D))		15	181005.			
16	Payments to affiliates (attach schedule)		16				
17	Total expenses (add lines 16 and 44, column (A))		17	1063892.			
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	193370.			
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	503108.			
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	696478.			

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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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ noncash \$	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	0.	0.	0.
26 Other salaries and wages	26	312654.	240744.	9379.
27 Pension plan contributions	27			62531.
28 Other employee benefits	28	24238.	18663.	727.
29 Payroll taxes	29	28093.	21631.	4848.
30 Professional fundraising fees	30			843.
31 Accounting fees	31	30371.	30371.	5619.
32 Legal fees	32			
33 Supplies	33	33802.	30166.	474.
34 Telephone	34	14368.	11063.	431.
35 Postage and shipping	35	23862.	18320.	752.
36 Occupancy	36			4790.
37 Equipment rental and maintenance	37	5580.	4297.	167.
38 Printing and publications	38	106235.	84514.	3511.
39 Travel	39	91621.	84010.	1038.
40 Conferences, conventions, and meetings	40			6573.
41 Interest	41	10627.	7900.	507.
42 Depreciation, depletion, etc. (attach schedule)	42	9901.	7624.	297.
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e See Statement 3	43e	372540.	291697.	13761.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1063892.	820629.	62258.
				181005.

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 \$ 256119., (ii) the amount allocated to Program services \$ 189258.,

(iii) the amount allocated to Management and general \$ 13139., and (iv) the amount allocated to Fundraising \$ 53722.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

SEE ATTACHED SCHEDULE

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

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

a See Statement 4				
	(Grants and allocations \$)			820629.
b				
	(Grants and allocations \$)			
c				
	(Grants and allocations \$)			
d				
	(Grants and allocations \$)			
e Other program services (attach schedule)				
	(Grants and allocations \$)			
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				820629.

Part IV Balance Sheets

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			45		
	46	Savings and temporary cash investments		635018.	46	1004750.	
	47 a	Accounts receivable	47a	11407.			
	b	Less: allowance for doubtful accounts	47b		7925.	47c	11407.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			8788.	53	13486.
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			9938.	54	
	55 a	Investments - land, buildings, and equipment, basis	55a				
	b	Less: accumulated depreciation	55b			55c	
56	Investments - other				56		
57 a	Land, buildings, and equipment, basis	57a	45608.				
b	Less: accumulated depreciation	57b	29580.	20148.	57c	16028.	
58	Other assets (describe <input type="checkbox"/>)				58		
59	Total assets (add lines 45 through 58) (must equal line 74)			681817.	59	1045671.	
Liabilities	60	Accounts payable and accrued expenses		113500.	60	85904.	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees			63		
	64 a	Tax-exempt bond liabilities			64a		
	b	Mortgages and other notes payable			64b		
	65	Other liabilities (describe <input type="checkbox"/> See Statement 5)			65209.	65	263289.
66	Total liabilities (add lines 60 through 65)			178709.	66	349193.	
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		503108.	67	696103.	
	68	Temporarily restricted			68	375.	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		503108.	73	696478.	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		681817.	74	1045671.	

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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a	Total expenses and losses per audited financial statements	a	1619026.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 430094.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) Stmt 7 \$ 125040.		
	Add amounts on lines (1) through (4)	b	555134.
c	Line a minus line b	c	1063892.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1063892.

[illegible]

Form 990 (2001)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
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 <u>See Statement 8</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	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	430094.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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		
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 in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 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) organizations 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) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations 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.
90 a	List the states with which a copy of this return is filed <u>SEE ATTACHED SCHEDULE</u>		
b	Number of employees employed in the pay period that includes March 12, 2001	90b	5
91	The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>202-463-9455</u> Located at <u>1154 15TH STREET NW, WASHINGTON, DC</u> ZIP + 4 <u>20005</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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 Specific Instructions on page 32.)

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion 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	3349.	
96 Dividends and interest from securities					
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					5305.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					200.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		3349.	5505.
105 Total (add line 104, columns (B), (D), and (E))					8854.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

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)
103	MISC REVENUE GENERATED IN FURTHERANCE OF NPCC'S TAX EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (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

Accompanying schedules and statements, and to the best of my knowledge and belief it is true,
information of which preparer has any knowledge

8/02

RICHARD N. ADAMS, MD PRESIDENT/CEO.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2001

Name of the organization

NATIONAL PROSTATE CANCER COALITION FUND

Employer identification number

59 3400922

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
HARLAN LANG LA PLATA, MD	DIR DEVELOP- MENT 40	80000.		
CECILY A DOROUGH CHEVY CHASE, MD	PROGRAM MGR 40	55601.		
Total number of other employees paid over \$50,000 ▶	0			

Part II 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
SOLON CREATIVE, INC 1141 SHERIDAN RD NE, ATLANTA GA 30324	DIRECT MAIL CONSULTING	199389.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 121389. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1

X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a

X

b Lending of money or other extension of credit?

2b

X

c Furnishing of goods, services, or facilities?

2c

X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

X

e Transfer of any part of its income or assets?

2e

X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3

X

- 4 Do you have a section 403(b) annuity plan for your employees?

4

X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

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

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

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number from above

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1458606.	962115.	654449.	260813.	3335983.
16 Membership fees received	6680.	4830.	195.		11705.
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	3784.	3392.	4868.	500.	12544.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3108.	1124.	1577.	3064.	8873.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1472178.	971461.	661089.	264377.	3369105.
24 Line 23 minus line 17	1468394.	968069.	656221.	263877.	3356561.
25 Enter 1% of line 23	14722.	9715.	6611.	2644.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					67131.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					1123740.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					3356561.
d Add: Amounts from column (e) for lines 18 8873. 19 22 1123740.					1132613.
e Public support (line 26c minus line 26d total)					2223948.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					66.2567%
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: N/A					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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.

None

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

N/A

(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?	29	
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?	30	
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)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** 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												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	121389.												
38	Total lobbying expenditures (add lines 36 and 37)	38	121389.												
39	Other exempt purpose expenditures	39	1408597.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1529986.												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500 000	20% of the amount on line 40	Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	Over \$17 000 000	\$1 000 000	41	226499.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500 000	20% of the amount on line 40														
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000														
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000														
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000														
Over \$17 000 000	\$1 000 000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	56625.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount	226499.				226499.
46 Lobbying ceiling amount (150% of line 45(e))					339749.
47 Total lobbying expenditures	121389.				121389.
48 Grassroots nontaxable amount	56625.				56625.
49 Grassroots ceiling amount (150% of line 48(e))					84938.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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

- 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)

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

Yes	No	Amount
		0.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

2001

Name of organization

NATIONAL PROSTATE CANCER COALITION FUND

Employer identification number

59-3400922

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 box(es) 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 1 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

NATIONAL PROSTATE CANCER COALITION FUND

59-3400922

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>25000.</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>30000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>36000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>260000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>50375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>41800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

NATIONAL PROSTATE CANCER COALITION FUND

59-3400922

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>25000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>75000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>9</u>		\$ <u>32050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>10</u>		\$ <u>57000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>11</u>		\$ <u>75000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>12</u>		\$ <u>35000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

NATIONAL PROSTATE CANCER COALITION FUND

59-3400922

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 25000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14		\$ 25000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15		\$ 47910.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
16		\$ 25830.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
NATIONAL PROSTATE CANCER COALITION FUND	59-3400922

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>15</u>	STOCK _____ _____ _____	\$ <u>47910.</u>	<u>Various</u>
<u>16</u>	STOCK _____ _____ _____	\$ <u>25830.</u>	<u>11/29/01</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Form 990	Gain (Loss) From Publicly Traded Securities	Statement	1
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Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
	88982.	83677.	0.	5305.
To Form 990, Part I, line 8	88982.	83677.	0.	5305.

Form 990	Special Events and Activities	Statement	2
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Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
	165690.	40650.	125040.	125040.	0.
To Fm 990, Part I, line 9	165690.	40650.	125040.	125040.	0.

Form 990	Other Expenses	Statement	3
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CONSULTANTS	318806.	245651.	12749.	60406.
TEMPORARIES AND INTERNS	6743.	5046.	230.	1467.
ADVERTISING AND PUBLIC RELATIONS	15538.	15538.		
INSURANCE	7774.	5986.	233.	1555.
DUES AND STATE REGISTRATIONS	16269.	12527.	488.	3254.
BANK FEES	1995.	1534.	61.	400.
MISCELLANEOUS	5415.	5415.		
Total to Fm 990, ln 43	372540.	291697.	13761.	67082.

Form 990	Statement of Program Service Accomplishments	Statement	4
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Description of Program Service One

NATIONAL PROSTATE CANCER COALITION FUND PRODUCED PRINTED MATERIALS TO ENHANCE PUBLIC AWARENESS OF THE PREVALENCE AND DANGERS OF PROSTATE CANCER, CONDUCTED SKILLS TRAINING FOR PROSTATE CANCER ACTIVISTS, AND IMPLEMENTED A WIDE-RANGING OUTREACH STRATEGY TO INVOLVE PROSTATE CANCER SURVIVORS, FAMILIES AND FRIENDS NATIONWIDE.

	Grants	Expenses
To Form 990, Part III, line a		820629.

Form 990	Other Liabilities	Statement	5
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Description	Amount
DUE TO AFFILIATE	56711.
CAPITAL LEASE PAYABLE	7238.
LINE OF CREDIT	199340.
Total to Form 990, Part IV, line 65, Column B	263289.

Form 990	Other Revenue Not Included on Form 990	Statement	6
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Description	Amount
SPECIAL EVENTS	125040.
Total to Form 990, Part IV-A	125040.

Form 990	Other Expenses Not Included on Form 990	Statement	7
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Description	Amount
SPECIAL EVENTS	125040.
Total to Form 990, Part IV-B	125040.

Form 990	Identification of Related Organizations Part VI, Line 80b	Statement	8
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Name of Organization	Exempt	NonExempt
NATIONAL PROSTATE CANCER COALITION COMPANY	X	

2001 SUPPLEMENTARY STATEMENTS

NATIONAL PROSTATE CANCER COALITION FUND

59-3400922

Statement 1

Form 990 Part 1, Line 1d

Donor information for Form 990 Part 1, Line 1d is not subject to public inspection

2001 SUPPLEMENTARY STATEMENTS

NATIONAL PROSTATE CANCER COALITION FUND

59-3400922

STATEMENT: 990 PART III

EXPLANATION

NATIONAL PROSTATE CANCER COALITION FUND EDUCATES AND INCREASES
THE PUBLIC AWARENESS ABOUT PROSTATE CANCER, PROMOTES RESEARCH
AND SUPPORT FOR FINDING A CURE

2001 SUPPLEMENTARY STATEMENTS**NATIONAL PROSTATE CANCER COALITION FUND****59-3400922****STATEMENT. 990 PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT BASIS**

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS	END YEAR
FURNITURE & EQUIPMENT	39,827	5,781		45,608
	39,827	5,781	-	45,608

STATEMENT. 990 PART IV, LINE 57 LAND, BUILDINGS AND EQUIPMENT ACCUMULATED DEPRECIATION

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS	END YEAR
FURNITURE & EQUIPMENT	19,679	9,901		29,580
	19,679	9,901	-	29,580

2001 SUPPLEMENTARY STATEMENTS

NATIONAL PROSTATE CANCER COALITION FUND

59-3400922

STATEMENT: 990 PART VI - 1

Line 90a - LIST OF STATES WHICH A COPY OF THIS RETURN IS FILED

Alabama
Alaska
Arizona
Arkansas
California
Connecticut
District of Columbia
Florida
Georgia
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

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2001-2002

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Chairman, Board of Directors

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Founder and Chair

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Oakland, MD 21550

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Work Phone 301-334-8020 (general)

Fax 301-334-8021

Email Ralph.Burnett@courts.state.md.us

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Work Phone 732-235-6198

Fax 732-235-9598

Email gallobi@umdnj.edu

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2001-2002

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(Designate – Fund)

Memorial Sloan Kettering Cancer Center
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New York, NY 10021
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Fax 212-988-0701

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Work Phone 801-581-7674
Work Phone 801-581-4705
Fax 801-585-2891
Email robert.stephenson@hsc.utah.edu

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(Secretary-Treasurer, Fund)

President
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Email wwilliams@cov.com

Secretary to the Boards

Paula Edwards

Office Phone 202-463 9455

Fax 202-463-9456

Email pedwards@pcacoalition.org

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

OMB No 1545 1709

▶ File a separate application for each return

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

Note 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)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization NATIONAL PROSTATE CANCER COALITION FUND	Employer identification number 59-3400922
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions 1158 15TH STREET NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20005	

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 |

- 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-month, for 990-T corporation) extension of time until August 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 2001 or ☐ tax year beginning _____, and ending _____

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

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

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

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

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 ▶ M. C. Thomas Title ▶ CPA Date ▶ 4/18/02
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

Drolet & Associates, P L L C.
 1140 Connecticut Avenue, NW
 Suite 1000
 Washington, DC 20036
 #52-2057543

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

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

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

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

Type or print.	Name of Exempt Organization	Employer identification number
	NATIONAL PROSTATE CANCER COALITION FUND	59-3400922
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
File by the extended due date for filing the return. See instructions	1158 15TH STREET NW	
	City, town or post office, state, and ZIP code. For a foreign address see instructions	
	WASHINGTON, DC 20005	

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

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

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

4 I request an additional 3 month extension of time until November 15, 2002
 5 For calendar year 2001, or other tax year beginning _____ and ending _____
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
MORE TIME IS NEEDED TO OBTAIN THE REQUIRED INFORMATION FOR AN ACCURATE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 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 \$ N/A

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 Mark C Thomas CPA Title Accountant Date 8/7/02

Notice to Applicant - To Be Completed by the IRS

☒ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was required.
☐ Other _____

Director _____

By _____

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

Type or print.	Name
	DROLET & ASSOCIATES, P.L.L.C. # 52-2057543
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	1140 CONNECTICUT AVENUE, NW, SUITE 1000
	City or town, province or state, and country (including postal or ZIP code)
	WASHINGTON, DC 20036

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07-10-01