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

Open to Public

Inter	nal Revenue	e Service	The organization may have	e to use a copy of this return to	satisf	y state re	porting require	ements.		Inspection
A	For the 20	003 calenda	r year, or tax year beginning		and er	nding				
В	Check if applicable	Please use IRS	Name of organization			-		D Empl	oyer i	identification number
_	Address	label or	ATIONAL PROSTATE CA	NICED CONTINTO	NT E	כותוי		50	2 _ 3	400922
늗	change Name	print or LV.				OND	Room/suite			number
┝	ichange □initial	See	Number and street (or P.O. box if mail is r 154 15TH STREET NW	iot delivered to street address)			NOUTH/Suite			463-9455
H	Ireturn □Final	Instruc-					L	F Accoun		
늗	⊸return □Amended	tions	City or town, state or country, and ZIP + 4 ASHINGTON, DC 2000						ther specify	
누	Jreturn □Applicati		ASHINGTON , DC 2000 tion 501(c)(3) organizations and 4947(a)		te	Uandi	lom not onni			
_	pending		it attach a completed Schedule A (Form 9			1				ction 527 organizations ates?
		. T.TT.TT.7	DOLOGAL TETOM ODG	·		1	this a group r			
			PCACOALITION.ORG ck only one) ► X 501(c) (3) ◀ (inse	4047(0)(1)	7 527	1 ''	"Yes," enter nu re all affiliates i			
	- T						i "No," attach a		•	N/AYes No
	Check her		If the organization's gross receipts are nor				this a separate			
			file a return with the IRS; but if the organizile a return without financial data. Some sta				inization cover		•	
_	II LIIE IIIAII	i, it should h	nie a return without infancial data. Some ste	ites require a complete return	•		roup Exemptio			
	0	ما اسامة مسلما	and Ch. Oh. Oh. and 10h to line 10	1 050 00	2	1	ch. B (Form 99		-	ation is not required to attach
_			nes 6b, 8b, 9b, and 10b to line 12 e, Expenses, and Changes in	1,858,09			JII. D (1 OITH 33	0, 330-1		33011).
	$\overline{}$			•	Daia	IIICCS		$\overline{}$		
	1		ns, gifts, grants, and similar amounts recei	vea:	۔ ا	1 1	,786,9	66		
		Direct public	• •		1a	-	, /00, 3	00.		
	ı	Indirect pub	• •		1b_	-				
	1		t contributions (grants)	120 E74	1c_		7,392.			1,786,966.
	d	Iotal (add I	ines_1a_through 1c) (cash \$1, 7	39,3/4 noncasn \$	- 00\	4	1,394.	'	1d	1,700,300.
			vice revenue including government fees a	nd contracts (from Part VII, iii	e 93)				3	
	3	Membership dues and assessments						⊢		6,759.
63	MAY	Interest on	savings of temporary cash investments					┝	5	0,133.
60						I		-	<u> </u>	
		-Gress-rents	ti		6a 6b		<u> </u>	\rightarrow		
		Des Mintal		Ca)	OU			-	6c	
	ł		icome or (foss) (subtract line 6b from line timent income (describe	ua)				_ , ├	7	
ne	ŀ		unt from sales of assets other	(A) Securities		Ī	(B) Other			
evenue	1			63,976.	8a		(D) Other	\neg		
æ	1	than invento	or other basis and sales expenses	58,941.	8b					
J	_		s) (attach schedule)	5,035.	8c			\neg		
	1	•	(loss) (combine line 8c, columns (A) and (00	!			8d	5,035.
>			nts and activities (attach schedule). If any a	**	here I					3,0331
	1		nue (not including \$		11010					
	1	reported on	•	Or contributions	9a_	1		İ		
2	1	•	expenses other than fundraising expenses	•	9b					
₽ B	1		or (loss) from special events (subtract line						9c	
	1		of inventory, less returns and allowances	ob irom inio day	10a_	1		r		
Ď	i i		of goods sold		10b					
	I		or (loss) from sales of inventory (attach s	chedule) (subtract line 10b fro		10a)			10c	
	1		ue (from Part VII, line 103)	onodaloj (babildot into 100 ilo		,			11	392.
	1		ue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc. and 11)				ľ	12	1,799,152.
			rvices (from line 44, column (B))	50, 4.14					13	1,521,486.
ės	1	=	nt and general (from line 44, column (C))					r	14	92,929.
Expenses)	_	(from line 44, column (D))						15	249,241.
Ϋ́	1		o affiliates (attach schedule)					r	16	
	1	-	nses (add lines 16 and 44, column (A))					「	17	1,863,656.
	18		deficit) for the year (subtract line 17 from li	ne 12)					18	-64,504.
Net	19		or fund balances at beginning of year (from					Γ	19	1,132,168.
Ž	20		ges in net assets or fund balances (attach e						20	0.
٩	21		or fund balances at end of year (combine li					Γ	21	1,067,664.

59-3400922 NATIONAL PROSTATE CANCER COALITION FUND Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I 22 Grants and allocations (attach schedule) 22 noncash \$ cash \$ 23 23 Specific assistance to individuals (attach schedule) 24 24 Benefits paid to or for members (attach schedule) 0. 0 0 0 Compensation of officers, directors, etc. 25 26 747,662 598,130. 14,953 134,579. Other salaries and wages 26 27 27 Pension plan contributions 10,292. 64,323 45,026. 9.005 28 28 Other employee benefits 10,027. 29 62,669. 50,762. 1.880 29 Pavroll taxes Professional fundraising fees 30 5.326. 31,328 22.869. 3,133. 31 31 Accounting fees 50 100. 1,523 32 Legal fees 32 1,673 2,190. 33 24,337. 21,417 730. 33 Supplies 35.523. 29.484. 355. 5,684. 34 Telephone 34 <u>1,37</u>7. 10,589 8,789. 423. 35 35 Postage and shipping 104,738. 90,075 1.047 13,616. 36 36 Occupancy 1,603 2,977. 22,902. 18,322. Equipment rental and maintenance 37 37 22,885. 18,079. 229. 4.577. 38 38 Printing and publications 6,942 8,677. 157,922 39 173,541 39 Travel 40 Conferences, conventions, and meetings 9,984. 341 11,346 021 41 Interest 41 29,752. 298. 29,454 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a 43b 43c 43d 39,835 22.784 457.769. See Statement_2 43e 520.388. Total functional expenses (add lines 22 through 43).
Organizations completing columns (B)-(D), carry these totals to lines 13-15 92,929. 1,863,656. 1,521,486. 249,241. 44 Joint Costs. Check if you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$ _______; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$: and (iv) the amount allocated to Fundraising \$ Part III | Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service Expenses 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 (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) 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 See Statement 3 1,521,486. (Grants and allocations \$ e Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets

Note:		re required, attached schedules and amounts vild be for end-of-year amounts only.	vithin the desc	cription column	(A) Beginning of year		(B) End of year
	45	Cook man interest bearing				45	
:	45 46	Cash - non-interest-bearing Savings and temporary cash investments			1,246,726.	46	1,238,952.
			11	10 225			
	47 a	Accounts receivable Less: allowance for doubtful accounts	47a 47b	10,225.	74,000.	47c	10,225.
		Less, anowance for doubter accounts	17.0		7470001	17.0	10,223.
	48 a	Pledges receivable	48a				
	b	Less; allowance for doubtful accounts	ss; allowance for doubtful accounts				
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees,					
s		and key employees	1 1	<u> </u>		50	
Assets	51 a	Other notes and loans receivable	51a				
As	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use		<u> </u>	9,549.	52 53	16,122.
	53 54	Prepaid expenses and deferred charges		Cost FMV	9,549.	54	16,122.
	55 a	Investments - securities Investments - land, buildings, and	-		0.	94	
	JJ 4	equipment basis	55a				
		oquipmone basis	300				
	ь	Less: accumulated depreciation	55b			55c	
	56	Investments - other			14,030.	56	0.
Ì	57 a	Land, buildings, and equipment; basis	57a	169,444.			
	b	Less: accumulated depreciation	57b	71,301.	111,134.	57c	98,143.
	58	Other assets (describe > SECURITY DE	EPOSIT		8,699.	58	8,699.
					1 161 120		1 200 141
	59	Total assets (add lines 45 through 58) (must equal	line 74)		1,464,138.	59	1,372,141.
	60	Accounts payable and accrued expenses		}	20,552.	60	58,041.
	61	Grants payable		<u> </u>		61	
Se	62 62	Deferred revenue Loans from officers, directors, trustees, and key em	nlovaca	-		62 63	
į	63 64 a	Tax-exempt bond liabilities	pioyees	<u> </u>		64a	
Liabilities		Mortgages and other notes payable				64b	
_	65		See Sta	tement 4)	311,418.	65	246,436.
	-			,			
	66	Total liabilities (add lines 60 through 65)			331,970.	66	304,477.
	Organ	nizations that follow SFAS 117, check here 🕨 🛚 🖸	and complet	te lines 67 through			
ιn .		69 and lines 73 and 74.					
)ce	67	Unrestricted		<u> </u>	1,132,168.	67	1,067,664.
alar	68	Temporarily restricted		<u> </u> -		68	
d B	69	Permanently restricted		 -	-	69	
'n	Organ	nizations that do not follow SFAS 117, check here		omplete lines			
ō	70	70 through 74.				70	
Net Assets or Fund Balances	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equ	 Inment fund	·		71	
Ass	71 72	Retained earnings, endowment, accumulated incom		ls –		72	
let,	73	Total net assets or fund balances (add lines 67 thr					
~		column (A) must equal line 19; column (B) must eq		- · · · · · · · · · · · · · · · · · · ·	1,132,168.	73	1,067,664.
	74	Total liabilities and net assets / fund balances (ad		73)	1,464,138.	74	1,372,141.

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.

	990 (2003) NATIONAL PROSTATE CANCER COALITION FUND 59-3400		Yes	Page 5
	rt VI Other Information		res	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?	77		X
	If "Yes," attach a conformed copy of the changes.			v
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u> </u>
_ b	•	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		<u>X</u>
00 -	If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
80 a		80a	х	
Ь	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization See Statement 5	OUA	Λ	
U	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81 a 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	х	
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 9,258.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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			
е	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			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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? N/A	85h		
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 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
87				
Ь	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	ĺ		
88	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		}	
00	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 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
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.
đ	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 SEE ATTACHED SCHEDULE			
b	Number of employees employed in the pay period that includes March 12, 2003		455	<u>11</u>
91	The books are in care of ► THE ORGANIZATION Telephone no. ► 202-46	<u>3-9</u>	455	
		000	_	
	Located at ► 1154 15TH STREET NW, WASHINGTON, DC ZIP+4 ► 2	<u> </u>	<u> </u>	
02	Section 4047(a)(1) papayament chartable trusts films Form 000 in liqu of Form 1041. Chark have		▶□	\neg
92	Section 4947(a)(1) nonexempt chantable 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 92	N/	Α	_
32304		-1/	•	

· 59-	3400922	Page 6
3, or 514	/E\	
	(E)	

Note: Enter gross amounts unless otherw.	use L	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(E)
indicated.	,se	(A)	(B)	(C)	(D)	Related or exempt
93 Program service revenue:		Business code	Amount	Exclu- sion code	Amount	function income
	F			Code		
a						
b						
<u> </u>				ļ		
d				<u> </u>		
e						
f Medicare/Medicaid payments	-			ļ		
g Fees and contracts from government ager	ncies			ļ		
94 Membership dues and assessments	-			1.4	C 750	
95 Interest on savings and temporary cash in	rvestments [14	6,759.	
96 Dividends and interest from securities	<u> </u>					
97 Net rental income or (loss) from real estat	te:			<u> </u>		
a debt-financed property	1			<u> </u>		
b not debt-financed property	L			<u> </u>	 .	
98 Net rental income or (loss) from personal	property					
99 Other investment income						
100 Gain or (loss) from sales of assets						
other than inventory	L			<u> </u>		5,035.
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventor	ory [<u> </u>		
103 Other revenue:						
a MISCELLANEOUS						392.
b						
C						
d						
е						
104 Subtotal (add columns (B), (D), and (E))			0.		6,759.	5,427.
105 Total (add line 104, columns (B), (D), and	1 (F))	-			•	12,186.
Note: Line 105 plus line 1d. Part I. should	equal the amou	nt on line 1	2. Part I.			
Part VIII Relationship of Activ	ities to the	Accomp	ishment of Exemp	t Pu	poses (See page 34 of the	instructions.)
Line No. Explain how each activity for whice						
exempt purposes (other than by p				,		
103 MISC REVENUE GEN				NPC	C'S TAX EXEMP	T PURPOSE
105 MIBC REVEROE GER	THE PARTY OF THE P	111 1 01	Indianica or		<u> </u>	
Part IX Information Regardir	ng Taxable S	Subsidia	ies and Disregard	ed E	ntities (See page 34 of the	instructions.)
	(B)	1	(C)		(D)	(E) End-of-year
Name, address, and EIN of corporation,	Percentage of	.	Nature of activities		Total income	End-of-year assets
partnership, or disregarded entity c	ownership interes	%				255015
37/3		/o				
N/A		/o /o				
			<u> </u>			
Part X Information Regarding		% Associa	ted with Demonst	Pon	efit Contracts (See see	a 34 of the instructions \
						Yes X No
(a) Did the organization, during the year, red						
(b) Did the organization, during the year, pay				untracti	•	Yes X No
Note: If "Yes" to (6), file Form 8870 and	rorm 4720 (see	nstruction	S). accompanying schedules and	stateme	nts, and to the best of my knowled	ge and belief, it is true.
			Il information of which prepare	has an	y knowledge Aftins	Parcil L
			אַן אין פעוד	100	print name and title.	mexum'
					, Check if	Preparer's SSN or PTIN
			. () Da	te /	/ / colf	TIVE OF SUSHING FIRE

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

323101/12-05-03

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

Employer identification number

2003

NATIONAL PROSTATE CANCER	COALITION FUN	<u>1D</u>		
	"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
STUART ENTWISTLE	DIR DEVELOP-			
COCKEYSVILLE, MD	MENT 40	90,801.		
CECILY A DOROUGH	PROGRAM MGR			
CHEVY CHASE, MD	40	69,114.		
QUEENTIN LOCKWOOD III	VP & COO			
ALEXANDRIA, VA	40	110,000.		
BETSY J LONDON	EVENTS MGR			
ARLINGTON, VA	40	72,460.		
	-			
Total number of other employees paid over \$50,000	0			
			al Services	
(a) Name and address of each independent contractor paid more t	han \$50,000	(b) Type of	service	(c) Compensation
RICHARD R. ATKINS				
1154 15TH STREET NW, WASHINGTON DC 2	0005	CONSULTING	;	272,498.
	:			
Total number of others receiving over		* * * * * * * * * * * * * * * * * * * 		
(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 employee employee paid per Week devoted to position (d) Contributions to employee hours per Week devoted to position (e) Compensation (d) Contributions to employee the employee paid enter per Week devoted to position (e) Compensation (d) Contributions to employee the employee paid employee the empl				

SUII	South A (Form 990 of 990-E2) 2003 NATIONAL PROSTATE CANCER COALITION FUND 59-54	0034	<u>4 '</u>	uyo Z
Pa	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
	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 \$ \$ 305. (Must equal amounts on line 38, Part VI-A,		v	
	or line i 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.		l	
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			Ì
	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.)			
а	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	Х	
е	Transfer of any part of its income or assets?	2e	X	
	Downwale was to a shall when fall and have a student leave at 0.716 N/s a fattach an amplement on of hour	1		
	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice			
	on the use or distribution of funds?	4		X
Pa	art 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.)			
118	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.)			
116	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	ribed 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)		ne num om abo	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Sch	edule A (Form 990 or 990-EZ) 2003 N	ATIONAL PRO	STATE CANCE	R COALITION	FUND		3400922	Page 3
	Support Schedule (C Note: You may use th	Complete only if you ch ne worksheet in the ins	ecked a box on line 10 tructions for converting), 11, or 12.) Use cash g from the accrual to th	method of acc he cash method	ountir of acc	n g. ounting.	
	endar year (or fiscal year inning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999		(e) Total	
15	Gifts, grants, and contributions received. (Do not include unusual							
	grants. See line 28.)	1,833,102.	1,248,408.		962,1		5,502,	
16	Membership fees received			6,680.	4,8	30.	11,	<u>510.</u>
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	13,232.	200.	3,784.	3,3	92	20	608.
18	Gross income from interest,	13,232.	200.	3,704.		94.	20,	000.
10	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	11,769.	3,349.	3,108.	1,1	24.	19.	350.
19	Net income from unrelated business		3,325,	5,200				
	activities not included in line 18				ı			
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	1,858,103.	1,251,957.	1,472,178.	971,4		5,553,	
24	Line 23 minus line 17	1,844,871.	1,251,757.		968,0		<u>5,533,</u>	<u>091.</u>
25	Enter 1% of line 23	18,581.	12,520.	14,722.	9,7			
26	Organizations described on lines 10		• •		•	26a	110,	<u>662.</u>
1	Prepare a list for your records to sho		• •	,				
	unit or publicly supported organization on the file this list with your return.		-	ded the amount shown in	iine zoa.	26b	1,678,	328
,	Total support for section 509(a)(1) to					26c	5,533,	
	Add: Amounts from column (e) for h						<u> </u>	0 3 2 1
		22		1,678,32	8.	26d	1,697,	678.
•	Public support (line 26c minus line 2				▶ [26e	3,835,	
f	Public support percentage (line 26e	e (numerator) divided by	line 26c (denominator))		>	26f	69.3	<u>177%</u>
27	Organizations described on line 12:	a For amounts included	in lines 15, 16, and 17 th	at were received from a *d	lisqualified person	, " prepa	re a list for your	
	records to show the name of, and to		ach year from, each "disqi	ualified person." Do not fil	le this list with you	ur retur	n. Enter the sum o	of
	-	N/A		•••		•		
	(2002)	(2001)	•	000)	(199 199 a leat for your ro	•	to obout the name	~ f
	For any amount included in line 17 th and amount received for each year, to		•		=			ui,
	described in lines 5 through 11, as w		•	•	• • • •		-	nd
	the larger amount described in (1) or	•						-
	(2002)	(2001)	•	000)	(199	9)		
0	Add: Amounts from column (e) for li	nes: 15		16	<u> </u>			
	17			21	>	27c	N/3	
C	Add: Line 27a total		d line 27b total	<u></u>		27d	N/2	
e	Public support (line 27c total minus l	•		- ! -	▶	27e	N/2	<u>A. </u>
f	Total support for section 509(a)(2) to				N/A	07-	NT / '	7A n/
	Public support percentage (line	-			orl)	27g 27h	N/2 N/2	
	 Investment income percentage Unusual Grants: For an organization 							
2021	to show, for each year, the name of the your return. Do not include these grant	e contributor, the date and ts in line 15.	amount of the grant, and	f a brief description of the	nature of the gran	nt. Do n	ot file this list with	h

None

323121 12-05-03

Schedule A (Form 990 or 990-EZ) 2003

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
20	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
32	Does the organization maintain the following:	32a		
a _	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	320		ļ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32c		
	admissions, programs, and scholarships?	32d	-	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320	-	
	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:		ļ	
а	Students' rights or privileges?	33a		
h	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
ď	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
0	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.)			
		_		
		_		
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		<u></u>

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

	(To be completed ONLY b	y an eligible organization that filed Form 5768)				
Che	eck a if the organization belon	gs to an affiliated group. Check ▶ b	if y	you chec	cked "a" and "limited conti	ol" provisions apply.
		Lobbying Expenditures tures' means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 3 Other exempt purpose expenditures	a legislative body (direct lobbying) 6 and 37)		36 37 38 39	N/A	0. 305. 305. 1,623,368.
40 41	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	amount from the following table - 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 \$225,000 plus 5% of the excess over \$1,500,000		41		231,184.
	Subtract line 41 from line 38. Enter -0- i	line 42 is more than line 36)).	42 43 44		57,796. 0. 0.

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.)

		Lobbying Expend	itures Durin g 4-Year Avers	iging Period	
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount	231,184.	234,686.	226,499.	181,520.	873,889.
46 Lobbying ceiling amount (150% of line 45(e))					1,310,834.
47 Total lobbying expenditures	305.	94,967.	121,389.	109,650.	326,311.
48 Grassroots nontaxable amount	57,796.	58,672.	56,625.	47,880.	220,973.
49 Grassroots ceiling amount (150% of line 48(e))					331,460.
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.

		3 NATIONAL PROSTA				9-340092	2	Page
Part		garding Transfers To and zations (See page 12 of the insti		a Relationsi	nips with None	cnaritable		
51 D		lirectly or indirectly engage in any of		r organization de:	scribed in section			
		section 501(c)(3) organizations) or i		-				
a Ti	ansfers from the reporting or	ganization to a noncharitable exemp	t organization of:				Yes	No
(i) Cash					51a(i)		X
-	i) Other assets					a(ii)		X
	ther transactions:					1		
	•	ets with a noncharitable exempt orga	inization			b(i)		X
•	•	noncharitable exempt organization				b(ii) b(iii)	-	X
•	 i) Rental of facilities, equipme i) Reimbursement arrangeme 					b(iv)		X
•	 I Loans or loan guarantees 	sint s				b(v)	х	
(vi) Performance of services or membership or fundraising solicitations								Х
	-	mailing lists, other assets, or paid e			b(vi)	Х		
d If	the answer to any of the abov	e is "Yes," complete the following sci	hedule. Column (b) should	always show the	fair market value of th	е		
_	· ·	given by the reporting organization			_			
tra	ansaction or sharing arrangen	nent, show in column (d) the value o	of the goods, other assets, o	r services receive				
(a) Line no.	(b) Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, transactions, and sharing arrangement				
b(v)		NAT'L PROSTATE O		AMOUNT DUE TO NPCCC				
<u>D(v /</u>		MAI II PROSINIE C	CANCER	AMOUNT DOE TO NECCC				
51c		NAT'L PROSTATE O	COST SHARING OF FACILITIES,					
		COALITION COMPAN	COMMON EMPLOYEES AND					
				OVERHEA	D			
	•							
							·	
				<u> </u>				
		directly affiliated with, or related to, (one or more tax-exempt org	janizations descri	bed in section 501(c)	of the X Yes		٦.,.
	ode (other than section 501(c) "Yes," complete the following :				•	Yes Yes		_∣ No
<u>'''</u>	(a)		(b)		(c)			
	Name of org		Type of organization	n Description of relationship				
NATI	ONAL PROSTATE	CANCER					•	
COAL	ITION,		501(C)(4)	COMMON	DIRECTORS	AND OFF	ICE	RS
				ļ				
co.								
				<u> </u>				
				ļ				

Form 990 Gain (L	oss) Fr	om Publi	cly T	raded Se	curit	ies	Statement	1
Description		Gros Sales F		Cost Other B		Expense of Sale	Net Gair	
STOCK	-	63,	976.	58,	941.	0.	5,0	35.
To Form 990, Part I, li	ne 8	63,	976.	58,	941.	0.	5,0	35.
Form 990		Other	Expe	nses			Statement	2
	(A)	-	B) gram	-	C) gement	(D)	
Description	Total			vices		General	Fundraisi	ng
CONSULTANTS TEMPORARIES AND	40	3,681.	3	67,349.		12,111.	24,2	21.
INTERNS ADVERTISING AND	•	6,241.		5,305.			9	36.
PUBLIC RELATIONS INSURANCE DUES AND STATE		0,05 4. 2,788.		10,054. 15,268.		7,064.	4	56.
REGISTRATIONS BANK FEES	,	6,840. 3,013.		25,051. 1,507.		2,211. 60.	9,5 1,4	46.
MISCELLANEOUS MEDICAL SUPPLIES WEBSITE & DATABASE		6,795. 1,681.		4,960. 11,681.		952.	8	83.
MANAGEMENT	1	9,295.		16,594.		386.	2,3	15.
Total to Fm 990, ln 43	52	0,388.	4	57,769.		22,784.	39,8	35.

SURVIVORS, FAMILIES AND FRIENDS NATIONWIDE.

WIDE-RANGING OUTREACH STRATEGY TO INVOLVE PROSTATE CANCER

Form 990	Statement of	Program Service Accomplishments Sta	atement	3
Description o	of Program Servi	ce One		
	* ****** ·			

	Gra	ints	Expenses		
To Form 990, Par	t III, line a		1,521,4	86.	
Form 990	Other Liabilities		Statement	4	
Description			Amount		
DUE TO AFFILIATE CAPITAL LEASE PA LINE OF CREDIT DEFERRED INCOME		_	80,3 159,3 6,7	40.	
Total to Form 99	00, Part IV, line 65, Column B	=	246,4	36.	
Form 990	Identification of Related Organizat Part VI, Line 80b	ions	Statement	5	
Name of Organiza	ation	Exemp	t NonExe	mpt	
NATIONAL PROSTAT	TE CANCER COALITION COMPANY	x	-		

2003 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.

2003 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.

STATEMENT: 990 PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT: BASIS

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS END YEAR
FURNITURE & EQUIPMENT	152,683	16,761	169,444
	152,683	16,761	- 169,444

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

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS END YEAR	
FURNITURE & EQUIPMENT	41,549	29,752	71,301	
	41,549	29,752	- 71,301	

2003 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

Alaka

Arızona

Arkansas

California

Connecticut

District of Columbia

Florida

Georgia

Illinois

Kansas

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Mıchıgan

Mınnesota

Mississippi

Mıssourı

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 Vırgınia

Wisconsin