

Form **990**Department of the Treasury  
Internal Revenue Service**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

**2004**Open to Public  
Inspection**A** For the 2004 calendar year, or tax year 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) ▶**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** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **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.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,383,023.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	2,371,060.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 2,334,143. noncash \$ 36,917.)	1d	2,371,060.			
	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	11,590.			
	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					
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b				
	c	Gain or (loss) (attach schedule)	8c				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b	Less: direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
	Net Assets	11	Other revenue (from Part VII, line 103)	11	373.		
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,383,023.			
13		Program services (from line 44, column (B))	13	1,558,996.			
14		Management and general (from line 44, column (C))	14	80,557.			
15		Fundraising (from line 44, column (D))	15	257,590.			
Net Assets	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	1,897,143.			
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	485,880.			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,067,664.			
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20	-235.			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,553,309.				

423001  
01-13-05

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

Form 990 (2004)

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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.

Page 2

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,897,143.	1,558,996.	80,557.	257,590.
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Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

What is the organization's primary exempt purpose? ►

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 501(c)(4) organizations only.)

a See Statement 3

(4) orgs , and 4947(a)(1)  
trusts, but optional for others )

\_\_\_\_\_

**b**

C	
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Grants and Disbursements	
d	

e. Other program services (attach schedule)	(Grants and allocations \$ )
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**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
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,238,952.	46 1,473,321.
	47 a Accounts receivable	47a 207,373.	
	b Less: allowance for doubtful accounts	47b	47c 207,373.
	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	16,122.	53 15,431.
	54 Investments - securities Stmt 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54 26,111.
	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 166,278.		
b Less: accumulated depreciation	57b 97,417.	57c 68,861.	
58 Other assets (describe ► <b>SECURITY DEPOSIT</b> )	8,699.	58 8,699.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,372,141.	59 1,799,796.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	58,041.	60 67,983.
	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 ► <b>See Statement 5</b> )	246,436.	65 178,504.
66 <b>Total liabilities</b> (add lines 60 through 65)	304,477.	66 246,487.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,067,664.	67 1,553,309.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,067,664.	73 1,553,309.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,372,141.	74 1,799,796.	

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	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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Return		Return	
<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	2,382,788.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ -235.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	-235.
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	2,383,023.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	2,383,023.
<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	1,897,143.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	0.
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	1,897,143.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	1,897,143.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Yes	No
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ZIP + 4 ► 20005

N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) 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	11,590.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					373.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		11,590.	373.
105 Total (add line 104, columns (B), (D), and (E))					11,963.

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 page 34 of the instructions.)

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

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

6/2/05

Date

Richard Atkins Vice Chair

Type or print name and title.

0

Date

Check if  
self-

Preparer's SSN or PTIN

**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

**2004**

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
JAMIE BEARSE WASHINGTON, DC	VP, MARKETING MENT 40	105,000.	5,040.	
MONICA ALEXANDER WASHINGTON, DC	DIR. PUB POL 40	72,946.	5,164.	
QUENTIN LOCKWOOD III ALEXANDRIA, VA	SR. VP & COO 40	136,110.	5,557.	
HEIDI HERRINGTON ARLINGTON, VA	DIR MARKETING 40	97,100.	4,967.	
SELWYN DAVID LAUREL, MD	ACCOUNTANT 40	65,960.	5,040.	
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
RICHARD N ATKINS - COBBLESTONE LLP 3039 WEST LANE KEYS NW, WASHINGTON, DC 20007	CEO OF ORGANIZATION	271,625.
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 \$ 80,293. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) **VI-A, line 38b**

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.) **See Statement 7**

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 a 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

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

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,786,966.	1,833,102.	1,248,408.	1,458,606.	6,327,082.
16 Membership fees received				6,680.	6,680.
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	5,035.	13,232.	200.	3,784.	22,251.
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	6,759.	11,769.	3,349.	3,108.	24,985.
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	392.		See Statement 8		392.
23 Total of lines 15 through 22	1,799,152.	1,858,103.	1,251,957.	1,472,178.	6,381,390.
24 Line 23 minus line 17	1,794,117.	1,844,871.	1,251,757.	1,468,394.	6,359,139.
25 Enter 1% of line 23	17,992.	18,581.	12,520.	14,722.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 127,183.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,922,202.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,359,139.
d Add: Amounts from column (e) for lines: 18 24,985. 19					26d 1,947,579.
22 392. 26b 1,922,202.					26e 4,411,560.
e Public support (line 26c minus line 26d total)					26f 69.3735%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 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	
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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.)		
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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		80,293.												
38	Total lobbying expenditures (add lines 36 and 37)		80,293.												
39	Other exempt purpose expenditures		1,559,260.												
40	Total exempt purpose expenditures (add lines 38 and 39)		1,639,553.												
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		231,978.
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)		57,995.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	231,978.	231,184.	234,686.	226,499.	924,347.
46 Lobbying ceiling amount (150% of line 45(e))					1,386,521.
47 Total lobbying expenditures	80,293.	305.	94,967.	121,389.	296,954.
48 Grassroots nontaxable amount	57,995.	57,796.	58,672.	56,625.	231,088.
49 Grassroots ceiling amount (150% of line 48(e))					346,632.
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 11 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

N/A

Schedule A (Form 990 or 990-EZ) 2004

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
Description		Amount	
UNREALIZED LOSS		-235.	
Total to Form 990, Part I, line 20		-235.	

Form 990	Other Expenses			Statement	2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
CONSULTANTS	177,928.	165,473.	5,338.	7,117.	
TEMPORARIES AND INTERNS	24,380.	22,186.	731.	1,463.	
ADVERTISING AND PUBLIC RELATIONS	7,122.	5,626.	71.	1,425.	
INSURANCE	28,832.	19,317.	8,938.	577.	
DUES AND STATE REGISTRATIONS	78,578.	53,433.	4,715.	20,430.	
BANK FEES	3,857.	1,929.	77.	1,851.	
MISCELLANEOUS	3,156.	2,304.	442.	410.	
MEDICAL SUPPLIES	13,411.	13,411.			
WEBSITE & DATABASE MANAGEMENT	7,096.	6,102.	142.	852.	
BAD DEBT EXPENSE	7,200.		7,200.		
LOSS ON DISPOSAL	1,138.		1,138.		
Total to Fm 990, ln 43	352,698.	289,781.	28,792.	34,125.	

Form 990	Statement of Program Service Accomplishments	Statement	3
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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		1,558,996.

Form 990	Non-Government Securities	Statement	4
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Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
DONATED STOCK	FMV	26,111.			26,111.
To Form 990, line 54, Col B		26,111.			26,111.

Form 990	Other Liabilities	Statement	5
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Description	Amount
CAPITAL LEASES PAYABLE	56,411.
LINE OF CREDIT	0.
DEFERRED INCOME	0.
LOAN PAYABLE	122,093.
Total to Form 990, Part IV, line 65, Column B	178,504.

Form 990                      Part V - List of Officers, Directors,                      Statement      6  
    Trustees and Key Employees

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
WESLEY S. WILLIAMS JR. 1201 PENNSYLVANIA AVE., NW WASHINGTON, DC 20044-7566	CHAIRMAN 0	0.	0.	0.
MICHAEL MILKEN 1250 4TH STREET, SANTA MONICA, CA 90401	IMMEDIATE PAST CHAIRMAN 0	0.	0.	0.
RICHARD N. ATKINS, M.D. 1154 15TH STREET NW WASHINGTON, DC 20005	CEO & VICE CHAIR 0	271,625.	0.	0.
JUDGE RALPH M. BURNETT 205 S. 3RD STREET OAKLAND, MD 21550	DIRECTOR 0	0.	0.	0.
DAVID F. EISNER 1740 BROADWAY, 23RD FLOOR NEW YORK, NY 10019	DIRECTOR 0	0.	0.	0.
CLAY HAMLIN, III 40 MORRIS AVE. STE. 100 BRYN MAWR, PA 19010	DIRECTOR 0	0.	0.	0.
DESIREE LYON HOWE 73 SADDLEBROOK LANE HOUSTON, TX 77024-3404	DIRECTOR 0	0.	0.	0.
EARLE I. MACK 2115 LINWOOD AVENUE, SUITE 110 FORT LEE, NJ 07024	DIRECTOR 0	0.	0.	0.
JILL O'DONNELL-TORMEY, PH.D. 681 FIFTH AVENUE NEW YORK, NY 10022-4209	DIRECTOR 0	0.	0.	0.
SUSAN F. SLOVIN, M.D., PH.D. 1275 YORK AVENUE NEW YORK, NY 10021	DIRECTOR 0	0.	0.	0.
JOHN L. WILLEY 1616 H STREET, NW, SUITE 202 WASHINGTON, DC 20006	DIRECTOR 0	0.	0.	0.

Totals Included on Form 990, Part V

271,625.      0.      0.

Schedule A	Statement Regarding Activities with Substantial Contributors, Trustees, Directors, Creators, Key Employees, Etc., Part III, Line 2	Statement 7
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COMPENSATION TO EXECUTIVE DIRECTOR IS GREATER THAN \$1,000

Schedule A	Other Income			Statement 8
Description	2003 Amount	2002 Amount	2001 Amount	2000 Amount
MISCELLANEOUS	392.	0.	0.	0.
Total to Schedule A, line 22	392.	0.	0.	0.



**2004 SUPPLEMENTARY STATEMENTS**

**NATIONAL PROSTATE CANCER COALITION FUND**

**59-3400922**

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**Statement 1**

Form 990 Part 1, Line 1d

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

**2004 SUPPLEMENTARY STATEMENTS**

**NATIONAL PROSTATE CANCER COALITION FUND**

**59-3400922**

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**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.

**2004 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	169,444	2,817	5,983	166,278
	<u>169,444</u>	<u>2,817</u>	<u>5,983</u>	<u>166,278</u>

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

DESCRIPTION	BEG YEAR	ADDITIONS	RETIREMENTS	END YEAR
FURNITURE & EQUIPMENT	71,301	30,961	4,845	97,417
	<u>71,301</u>	<u>30,961</u>	<u>4,845</u>	<u>97,417</u>

**2004 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

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

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

**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.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>NATIONAL PROSTATE CANCER COALITION FUND</b>	Employer identification number <b>59-3400922</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1154 15TH STREET NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

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

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

- The books are in the care of ► **THE ORGANIZATION**  
Telephone No. ► **202-463-9455** FAX No. ► \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **August 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2004** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 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**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

**Drolet & Associates PLLC**  
**1140 Connecticut Ave NW**  
**Suite 1000**  
**Washington, DC 20036**