

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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ORAL CANCER FOUNDATION Doing Business As	D Employer identification number 33-0969026
	Number and street (or P O box if mail is not delivered to street address) Room/suite 3419 VIA LIDO 205	E Telephone number (949) 646-8000
	City or town, state or country, and ZIP + 4 NEWPORT BEACH, CA 926633908	G Gross receipts \$ 492,326
	F Name and address of principal officer BRIAN HILL 3419 VIA LIDO 205 NEWPORT BEACH, CA 92663	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.ORALCANCER.COM

K Form of organization: Corporation Trust Association Other **L** Year of formation: 2001 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORAL CANCER FOUNDATION IS A NATIONAL PUBLIC SERVICE, NON-PROFIT ENTITY DESIGNED TO REDUCE SUFFERING AND SAVE LIVES THROUGH PREVENTION, EDUCATION, RESEARCH, ADVOCACY, AND SUPPORT ACTIVITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	655,321	492,326
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,871	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	662,192	492,326
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000	40,836
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	64,271	52,762
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 23,542		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	468,514	475,152
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	582,785	568,750
19 Revenue less expenses Subtract line 18 from line 12	79,407	-76,424	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	386,318	309,894
	22 Net assets or fund balances Subtract line 21 from line 20	386,318	309,894

Part II Signature Block

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

Sign Here	***** Signature of officer	2012-07-15 Date
	BRIAN HILL PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature: JOHN W DIEHL CPA	Date: 2012-08-06	Check if self-employed: <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: DIEHL & COMPANY INC, 2151 MICHELSON DR STE 160, IRVINE, CA 926121377			EIN: Phone no: (949) 250-1400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
THE ORAL CANCER FOUNDATION IS A NATIONAL PUBLIC SERVICE, NON-PROFIT ENTITY DESIGNED TO REDUCE SUFFERING AND SAVE LIVES THROUGH PREVENTION, EDUCATION, RESEARCH, ADVOCACY, AND SUPPORT ACTIVITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code) (Expenses \$ 423,515 including grants of \$ 40,836) (Revenue \$ 492,326)
FINANCIAL 2011 WAS ANOTHER YEAR OF SUCCESSFUL MISSION ACCOMPLISHMENTS, PARTICULARLY IN THE SPONSORSHIP OF RESEARCH THIS WAS FACILITATED BY INCREASED VISIBILITY OF THE FOUNDATION WHICH GENERATED MANY NEW PUBLIC INDIVIDUAL DONORS, IN SPITE OF THE FACT THAT OCF CONTINUES TO HAVE FEW CORPORATE SPONSORS AND THAT THE US ECONOMY OVERALL IS STILL VERY NEGATIVE OCF VOLUNTEER RANKS GREW SIGNIFICANTLY IN 2011, AND WE ADDED 16 NEW AWARENESS EVENTS AROUND THE COUNTRY AS A RESULT IN THE COMING YEAR (2012) THE FOUNDATION ANTICIPATES A TOTAL OF 30 EVENTS AS A RESULT OF THESE NEW RELATIONSHIPS, MANY OF WHICH COME FROM THE RANKS OF THE RDH COMMUNITY THE COMMUNITY OUTREACH THROUGH THESE EVENTS IS SIGNIFICANT WITH MANY EVENTS REACHING 700 PLUS WALKER/RUNNERS AND EVEN MORE AS TEAM SUPPORTERS REALIZING THE SIGNIFICANCE OF THESE LARGER EVENTS MAKING NEWS IN THE COMMUNITIES, WHICH IN TURN RAISES PUBLIC AWARENESS OF THE DISEASE, THE RISK FACTORS FOR GETTING IT, AND THE EARLY SIGNS AND SYMPTOMS THAT A LAY PERSON MIGHT NOTICE AND SEEK HELP FOR, THE FOUNDATION INVESTED IN Q4 2011 IN NEW WEB BASED SOFTWARE THAT FACILITATES INDIVIDUAL'S EFFORTS TO BUILD TEAMS AND REACH A LARGER COMMUNITY OF PEOPLE VIA THEIR EMAIL, FACEBOOK AND TWITTER FRIENDS AND FOLLOWERS WE ANTICIPATE THAT THE IMPACT OF THIS IN 2012 TO ALLOW US TO MAKE A SIGNIFICANT JUMP IN THE NUMBER OF INDIVIDUALS THAT WE CAN REACH WITH GOOD SCIENCE BASED INFORMATION THAT THEY CAN PUT TO USE IN THEIR LIVES IN 2011 WE MADE THE LARGEST CONTRIBUTIONS TO HPV RESEARCH IN THE FOUNDATION'S HISTORY, CO-SPONSORING WITH THE NATIONAL CANCER INSTITUTE SEVERAL STUDIES THAT RESULTED IN PEER REVIEWED PUBLICATIONS ADVANCING WHAT WE KNOW ABOUT THIS FAST GROWING ORAL CANCER ETIOLOGY WE ALSO SAW PUBLISHED THE OUTCOMES FROM PREVIOUS YEARS RESEARCH EXPENDITURES, IN PRESTIGIOUS PEER REVIEWED JOURNALS SUCH AS THE NEW ENGLAND JOURNAL OF MEDICINE AND THE JOURNAL OF CLINICAL ONCOLOGY THE LARGEST OF THE STUDIES THAT WE ARE CURRENTLY CO-FUNDING IS THE RADIATION TREATMENT ONCOLOGY GROUP CLINICAL TRIAL 1016 (RTOG1016) THIS CLINICAL TRIAL WILL LOOK AT LESS TOXIC TREATMENT MODALITIES FOR THOSE ORAL CANCER PATIENTS THAT COME FROM THE HPV ETIOLOGY WITH KNOWN SIGNIFICANT SURVIVAL ADVANTAGES DOCUMENTED IN PREVIOUSLY OCF SPONSORED RESEARCH PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE, THAT LOOKED AT 5-YEAR SURVIVAL IN HPV16 POSITIVE PATIENTS, (REPORTED IN OUR 2010 990 NARRATIVE) HTTP //ORALCANCERFOUNDATION ORG/HPV/PDF/NEJM_GILLISON PDF THE OPPORTUNITY TO MODIFY TREATMENTS IN THIS GROUP PRESENTS ITSELF THIS WILL HOPEFULLY HAVE THE IMPACT OF REDUCING TREATMENT RELATED MORBIDITY AND LONG TERM QUALITY OF LIFE ISSUES THAT PATIENTS CURRENTLY DEAL WITH OCF AND OUR COLLABORATOR DR MAURA GILLISON, ADDED A COMPONENT TO THE TRIAL WHICH SPECIFICALLY FOR THE FIRST TIME IS GOING TO COLLECT PATIENT INPUT DATA THAT EXAMINES THEIR EXPERIENCE DURING TREATMENT AND IN ONE YEAR POST TREATMENT FOLLOW-UP APPOINTMENTS THE FOUNDATION PROVIDED AN IPAD PRE-PROGRAMMED WITH A QUESTIONNAIRE TO EACH OF THE 100 CLINICAL CENTERS CONDUCTING THE TRIAL THROUGHOUT TREATMENT, PATIENTS WILL ANSWER QUESTIONS ON IT LOOKING AT THE OBVIOUS QOL ISSUES SUCH AS PAIN, NAUSEA, SPEECH, TASTE, AND SWALLOWING DYSFUNCTIONS AND COMPLICATIONS, BUT FOR THE FIRST TIME EXAMINE EMOTIONAL BURDENS OF THE EXPERIENCE FROM DEPRESSION TO THEIR SEXUAL BEHAVIORS THE DATA WILL IMMEDIATELY EACH VISIT BE UPLOADED TO A COMPUTER DATABASE AT THE JAMES CANCER CENTER FOR COMPILATION AT THE END OF THE CLINICAL TRIAL QUALITY OF LIFE ISSUES FOR PATIENTS GOING THROUGH HEAD AND NECK CANCER TREATMENT IS A MUCH UNDER ADDRESSED ISSUE, AND THERE IS SIGNIFICANT ROOM FOR IMPROVEMENT ONCE WE FULLY UNDERSTAND THE PATIENT'S COMMON EXPERIENCES THE FOUNDATION HAS FINANCIALLY COMMITTED TO THE UNIVERSITY OF ILLINOIS AT CHICAGO AND RESEARCHER DR MARK LINGEN, TO FINANCE A STUDY COMMENCING IN Q3 2011 AND CONCLUDING IN Q2 2012, THAT WILL LOOK AT THE RELIABILITY OF SEVERAL MARKERS FOR HPV ORAL AND OROPHARYNGEAL CANCERS, SPECIFICALLY P16 THE STUDY WILL ALSO LOOK AT A GOLD STANDARD MECHANISM (LIKELY ONCO-PROTEIN E6 AND E7 EXPRESSION) FOR DETERMINING THE ETIOLOGY OF A SPECIFIC ORAL CANCER THIS IS ESSENTIAL SCIENCE THAT NEEDS TO BE DONE BEFORE MAJOR ALTERATIONS OF TREATMENT MODALITIES CAN BE IMPLEMENTED FOR HPV+ DISEASE OCF WILL BE THE SOLE FUNDER OF THIS WORK AN IMPORTANT STUDY LOOKING AT THE RISE OF HPV AS A UNIQUE NEW ETIOLOGY FOR ORAL CANCERS CO-FUNDED BY OCF WAS PUBLISHED IN OCTOBER 2011, IN THE PRESTIGIOUS JOURNAL OF CLINICAL ONCOLOGY HTTP //ORALCANCERFOUNDATION ORG/HPV/PDF/JCO-2011-CHATURVED PDF THIS PIECE OF INFORMATION GIVES US A SCIENCE BASED TREND LINE OF WHAT WE CAN EXPECT BETWEEN NOW AND 2020, AS HPV16 BECOMES THE DOMINANT CAUSE OF ORAL CANCERS THE PREDICTION MODEL FROM THIS PAPER CLEARLY SHOWS THAT WITH NO GOOD MEANS OF EARLY DISCOVERY, AND NO MEANS TO PREVENT HPV16 INFECTION IN ADULTS, THAT THERE IS LITTLE AT OUR DISPOSAL NOW TO DERAIL THIS DISTURBING TREND FOR YEARS THERE HAD BEEN MUCH SPECULATION ABOUT THE IMPORTANCE OF THE HPV16 CAUSE OF THESE CANCERS, AND THAT IS NOW UNEQUIVOCALLY PUT TO REST IN THE ANNUAL APRIL ORAL CANCER AWARENESS MONTH NATIONAL ACTIVITIES OCF AGAIN BROKE RECORDS IN THE NUMBER OF SCREENING SITES, AND FREE SCREENINGS TO THE AMERICAN PUBLIC CONDUCTED WITH OVER 2,200 SCREENING SITES NATIONALLY IN APRIL, THE FOUNDATION'S PARTNERS CONDUCTED OVER 54,000 FREE ORAL CANCER SCREENINGS IN COMMUNITIES ACROSS THE COUNTRY WE HAD STRONG STRATEGIC PARTNERS FOR THESE EVENTS, INCLUDING BRISTOL-MYERS SQUIBB, HENRY SCHEIN DENTAL, THE COUNTRY'S LARGEST DENTAL PRODUCTS SUPPLIER, LED DIAGNOSTICS, AND PROFESSIONAL SOCIETIES INCLUDING, THE ACADEMY OF GENERAL DENTISTRY, THE AMERICAN ACADEMY OF ORAL AND MAXILLOFACIAL SURGERY, THE AMERICAN DENTAL ASSOCIATION, THE ACADEMY OF ORAL MEDICINE, AND NUMEROUS STATE DENTAL HYGIENE ASSOCIATIONS THE RESULTS OF THIS EFFORT ARE DETAILED IN A PRESS RELEASE HERE - HTTP //ORALCANCERFOUNDATION ORG/PRESSKIT/PDF/OCF-BREAKS-RECORDS PDF OCF'S ONLINE SUPPORT GROUP, NOW IN ITS 11TH YEAR OF EXISTENCE, CONTINUES TO GROW WITH OVER 8,600 MEMBERS PARTNERSHIPS WITH MAJOR TREATMENT FACILITIES AROUND THE COUNTRY CONTINUE TO FILL THE RANKS OF PATIENTS AND FAMILY MEMBERS WHO COME HERE FOR SCIENCE BASED ANSWERS TO THEIR QUESTIONS, AND EMOTIONAL SUPPORT WHILE OTHER ORGANIZATIONS HAVE FOLLOWED OUR MODEL NOW, NO OTHERS FOCUS ON THIS SPECIFIC DEMOGRAPHIC OF CANCER PATIENTS, NOR HOST IT WITHIN THEIR SERVERS WHERE POSTINGS AND CONTENT CAN BE CONTROLLED TO ASSURE APPROPRIATE INFORMATION IS DISSEMINATED, AND BOGUS INFORMATION DESIGNED TO SELL SOMETHING TO PATIENTS IS CULLED DAILY THE EFFORT TO CONTROL AN OPEN WEB BASED ENVIRONMENT TAKES SIGNIFICANT EFFORT DAILY AND IS ACCOMPLISHED BY VOLUNTEERS, FROM DOCTORS AND NURSING PROFESSIONALS TO LONG-TERM SURVIVORS SPEAKING FROM PERSONAL EXPERIENCES THE SUPPORT GROUP CONTINUES TO BE THE WORLD'S LARGEST, AND RECEIVE ACCOLADES FROM NUMEROUS PATIENT ADVOCACY GROUPS AS TO ITS EFFECTIVENESS THE FOUNDATION HAS NURTURED STRONG RELATIONSHIPS WITH INDIVIDUALS OF HIGH VISIBILITY, PARTICULARLY FROM HOLLYWOOD TO DELIVER ITS PUBLIC SERVICE MESSAGES ON TV AND OTHER MEDIA NOW IN ITS 5TH YEAR, OUR RELATIONSHIP WITH THE PALTROW FAMILY, (BLYTHE DANNER PALTROW, GWYNETH PALTROW AND JAKE PALTROW) HAS BEEN OUR MOST PRODUCTIVE THE FAMILY HAS BEEN RESPONSIBLE FOR OUR LARGEST DONATIONS, AND OUR MOST VIEWED PSA'S TO THE PUBLIC ON AWARENESS AND EARLY RECOGNITION OF SYMPTOMS IN 2011 WE CONCLUDED DISCUSSIONS WITH ACADEMY AWARD WINNING ACTOR MICHAEL DOUGLAS, WHO IS A RECENT ORAL CANCER SURVIVOR, AND IN 2012 HE WILL BE DONATING HIS TIME TO PRODUCING A TELEVISION PSA WITH OCF TO RAISE AWARENESS OF THE RISK FACTORS FOR DEVELOPING THE DISEASE THE STRENGTH OF THESE RELATIONSHIPS IN GETTING THE CORRECT INFORMATION OUT TO THE AMERICAN PUBLIC, IN A VERY COST EFFECTIVE MANNER, CANNOT BE OVER STATED INFORMATION REPORTED IN OUR PREVIOUS YEARS 990 FORMS CONTINUES TO BE BUILT ON AS IT RELATES TO OUR WEB EXPANSION AND EFFORTS WE MAINTAIN A INFORMATION WEB PRESENCE AVAILABLE TO EVERYONE FROM THE PUBLIC TO STUDENTS AND DOCTORS ON THE DISEASE, WHICH IS WITHOUT EQUAL (HTTP //ORALCANCERFOUNDATION ORG/ <HTTP //ORALCANCERFOUNDATION ORG/>) BESIDES THE FOUNDATION'S CORE WEBSITE WE NOW OPERATE THE LARGEST ORAL CANCER NEWS SITE WHICH HAS A FREE RSS SUBSCRIPTION CAPABILITY AND WHICH IS UPDATED SEVERAL TIMES PER WEEK, (HTTP //ORALCANCERFOUNDATION ORG/NEWS/INDEX ASP <HTTP //ORALCANCERFOUNDATION ORG/NEWS/INDEX ASP>), AN ORAL CANCER EVENTS SITE WHICH IS OPEN TO ANY RELATED ORGANIZATIONS OR INDIVIDUALS TO POST RELEVANT INFORMATION ABOUT UPCOMING EVENTS, EDUCATIONAL COURSES, AND SCREENING EVENTS, (HTTP //ORALCANCERFOUNDATION ORG/EVENTS/INDEX HTM <HTTP //ORALCANCERFOUNDATION ORG/EVENTS/INDEX HTM>), AND THE PATIENT / SURVIVOR SUPPORT SITE (HTTP //ORALCANCERFOUNDATION ORG/FORUM/INDEX HTM <HTTP //ORALCANCERFOUNDATION ORG/FORUM/INDEX HTM>) OUR WEB PRESENCE IN ALL THESE AREAS DOMINATES T

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

(Code) (Expenses \$ 468 including grants of \$) (Revenue \$)
RESEARCH

4d Other program services (Describe in Schedule O)
(Expenses \$ 468 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 423,983

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .		
	1a 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
	2a 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (3); 1b Enter the number of voting members included in line 1a, above, who are independent (2); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (No); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website [checked] Another's website [checked] Upon request [checked]
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
BRIAN HILL
3419 VIA LIDO 205
NEWPORT BEACH, CA 92663
(949) 646-8000

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	492,326				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	492,326				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	b	Less direct expenses b			
			c	Net income or (loss) from fundraising events ▶			
			9a	Gross income from gaming activities See Part IV, line 19 a	b	Less direct expenses b	
	c	Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances a	b			Less cost of goods sold b		
		c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue	Business Code				
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶	492,326					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	40,836	40,836		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,968	23,968	12,000	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	13,272		13,272	
10	Payroll taxes	3,522	2,325	1,197	
11	Fees for services (non-employees)				
a	Management	11,000	9,900	1,100	
b	Legal	4,975	656	4,319	
c	Accounting	5,198		5,198	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	170,221	150,486	10,084	9,651
12	Advertising and promotion	10,435	10,435		
13	Office expenses	91,294	57,367	31,384	2,543
14	Information technology	73,492	72,288	798	406
15	Royalties				
16	Occupancy	30,772		30,772	
17	Travel	21,150	11,079	9,728	343
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	415		415	
19	Conferences, conventions, and meetings	900	900		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,136	9,136		
23	Insurance	1,273	315	958	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EVENTS	43,362	32,763		10,599
b	MOBILE ADVOCACY DISPLAY	1,529	1,529		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	568,750	423,983	121,225	23,542
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	378,359	1	304,862
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60	9	60
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	59,394		
	10b Less accumulated depreciation	54,422	7,899	10c 4,972
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	386,318	16	309,894	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	386,318	27	309,894
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	386,318	33	309,894	
34 Total liabilities and net assets/fund balances	386,318	34	309,894	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	492,326
2	Total expenses (must equal Part IX, column (A), line 25)	2	568,750
3	Revenue less expenses Subtract line 2 from line 1	3	-76,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	386,318
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	309,894

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ORAL CANCER FOUNDATION

Employer identification number

33-0969026

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	224,763	257,938	535,965	655,321	492,326	2,166,313
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		6,289	6,123	6,460		18,872
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	224,763	264,227	542,088	661,781	492,326	2,185,185
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		1,289				1,289
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		1,289				1,289
8 Public Support (Subtract line 7c from line 6)						2,183,896

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	224,763	264,227	542,088	661,781	492,326	2,185,185
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			672	411		1,083
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			672	411		1,083
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			5,232	6,460		11,692
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)	224,763	264,227	547,992	668,652	492,326	2,197,960
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.360 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.240 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 33-0969026

Name: ORAL CANCER FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 468 including grants of \$) (Revenue \$)

RESEARCH

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ORAL CANCER FOUNDATION

Employer identification number 33-0969026

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		59,394	54,422	4,972
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				4,972

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ORAL CANCER FOUNDATION

Employer identification number

33-0969026

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) OSUGILLISON-HPV154 W 12TH AVE COLUMBUS, OH 43210, 39,836, RESEARCH.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

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

Open to Public Inspection

▶ Attach to Form 990 or 990-EZ.

Name of the organization ORAL CANCER FOUNDATION	Employer identification number 33-0969026
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Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>RELATIONSHIPS, MANY OF WHICH COME FROM THE RANKS OF THE RDH COMMUNITY THE COMMUNITY OUTREACH THROUGH THESE EVENTS IS SIGNIFICANT WITH MANY EVENTS REACHING 700 PLUS WALKER/RUNNERS AND EVEN MORE AS TEAM SUPPORTERS REALIZING THE SIGNIFICANCE OF THESE LARGER EVENTS MAKING NEWS IN THE COMMUNITIES, WHICH IN TURN RAISES PUBLIC AWARENESS OF THE DISEASE, THE RISK FACTORS FOR GETTING IT, AND THE EARLY SIGNS AND SYMPTOMS THAT A LAY PERSON MIGHT NOTICE AND SEEK HELP FOR, THE FOUNDATION INVESTED IN Q4 2011 IN NEW WEB BASED SOFTWARE THAT FACILITATES INDIVIDUAL'S EFFORTS TO BUILD TEAMS AND REACH A LARGER COMMUNITY OF PEOPLE VIA THEIR EMAIL, FACEBOOK AND TWITTER FRIENDS AND FOLLOWERS WE ANTICIPATE THAT THE IMPACT OF THIS IN 2012 TO ALLOW US TO MAKE A SIGNIFICANT JUMP IN THE NUMBER OF INDIVIDUALS THAT WE CAN REACH WITH GOOD SCIENCE BASED INFORMATION THAT THEY CAN PUT TO USE IN THEIR LIVES IN 2011 WE MADE THE LARGEST CONTRIBUTIONS TO HPV RESEARCH IN THE FOUNDATION'S HISTORY, CO-SPONSORING WITH THE NATIONAL CANCER INSTITUTE SEVERAL STUDIES THAT RESULTED IN PEER REVIEWED PUBLICATIONS ADVANCING WHAT WE KNOW ABOUT THIS FAST GROWING ORAL CANCER ETIOLOGY WE ALSO SAW PUBLISHED THE OUTCOMES FROM PREVIOUS YEARS RESEARCH EXPENDITURES, IN PRESTIGIOUS PEER REVIEWED JOURNALS SUCH AS THE NEW ENGLAND JOURNAL OF MEDICINE AND THE JOURNAL OF CLINICAL ONCOLOGY THE LARGEST OF THE STUDIES THAT WE ARE CURRENTLY CO-FUNDING IS THE RADIATION TREATMENT ONCOLOGY GROUP CLINICAL TRIAL 1016 (RTOG1016) THIS CLINICAL TRIAL WILL LOOK AT LESS TOXIC TREATMENT MODALITIES FOR THOSE ORAL CANCER PATIENTS THAT COME FROM THE HPV ETIOLOGY WITH KNOWN SIGNIFICANT SURVIVAL ADVANTAGES DOCUMENTED IN PREVIOUSLY OCF SPONSORED RESEARCH PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE, THAT LOOKED AT 5-YEAR SURVIVAL IN HPV16 POSITIVE PATIENTS, (REPORTED IN OUR 2010 990 NARRATIVE)</p> <p>HTTP://ORALCANCERFOUNDATION.ORG/HPV/PDF/NEJM_GILLISON.PDF THE OPPORTUNITY TO MODIFY TREATMENTS IN THIS GROUP PRESENTS ITSELF THIS WILL HOPEFULLY HAVE THE IMPACT OF REDUCING TREATMENT RELATED MORBIDITY AND LONG TERM QUALITY OF LIFE ISSUES THAT PATIENTS CURRENTLY DEAL WITH OCF AND OUR COLLABORATOR DR MAURA GILLISON, ADDED A COMPONENT TO THE TRIAL WHICH SPECIFICALLY FOR THE FIRST TIME IS GOING TO COLLECT PATIENT INPUT DATA THAT EXAMINES THEIR EXPERIENCE DURING TREATMENT AND IN ONE YEAR POST TREATMENT FOLLOW-UP APPOINTMENTS THE FOUNDATION PROVIDED AN IPAD PRE-PROGRAMMED WITH A QUESTIONNAIRE TO EACH OF THE 100 CLINICAL CENTERS CONDUCTING THE TRIAL THROUGHOUT TREATMENT, PATIENTS WILL ANSWER QUESTIONS ON IT LOOKING AT THE OBVIOUS QOL ISSUES SUCH AS PAIN, NAUSEA, SPEECH, TASTE, AND SWALLOWING DYSFUNCTIONS AND COMPLICATIONS, BUT FOR THE FIRST TIME EXAMINE EMOTIONAL BURDENS OF THE EXPERIENCE FROM DEPRESSION TO THEIR SEXUAL BEHAVIORS THE DATA WILL IMMEDIATELY EACH VISIT BE UPLOADED TO A COMPUTER DATABASE AT THE JAMES CANCER CENTER FOR COMPILATION AT THE END OF THE CLINICAL TRIAL QUALITY OF LIFE ISSUES FOR PATIENTS GOING THROUGH HEAD AND NECK CANCER TREATMENT IS A MUCH UNDER ADDRESSED ISSUE, AND THERE IS SIGNIFICANT ROOM FOR IMPROVEMENT ONCE WE FULLY UNDERSTAND THE PATIENT'S COMMON EXPERIENCES THE FOUNDATION HAS FINANCIALLY COMMITTED TO THE UNIVERSITY OF ILLINOIS AT CHICAGO AND RESEARCHER DR MARK LINGEN, TO FINANCE A STUDY COMMENCING IN Q3 2011 AND CONCLUDING IN Q2 2012, THAT WILL LOOK AT THE RELIABILITY OF SEVERAL MARKERS FOR HPV ORAL AND OROPHARYNGEAL CANCERS, SPECIFICALLY P16 THE STUDY WILL ALSO LOOK AT A GOLD STANDARD MECHANISM (LIKELY ONCO-PROTEIN E6 AND E7 EXPRESSION) FOR DETERMINING THE ETIOLOGY OF A SPECIFIC ORAL CANCER THIS IS ESSENTIAL SCIENCE THAT NEEDS TO BE DONE BEFORE MAJOR ALTERATIONS OF TREATMENT MODALITIES CAN BE IMPLEMENTED FOR HPV+ DISEASE OCF WILL BE THE SOLE FUNDER OF THIS WORK AN IMPORTANT STUDY LOOKING AT THE RISE OF HPV AS A UNIQUE NEW ETIOLOGY FOR ORAL CANCERS CO-FUNDED BY OCF WAS PUBLISHED IN OCTOBER 2011, IN THE PRESTIGIOUS JOURNAL OF CLINICAL ONCOLOGY</p> <p>HTTP://ORALCANCERFOUNDATION.ORG/HPV/PDF/JCO-2011-CHATURVED.PDF THIS PIECE OF INFORMATION GIVES US A SCIENCE BASED TREND LINE OF WHAT WE CAN EXPECT BETWEEN NOW AND 2020, AS HPV16 BECOMES THE DOMINANT CAUSE OF ORAL CANCERS THE PREDICTION MODEL FROM THIS PAPER CLEARLY SHOWS THAT WITH NO GOOD MEANS OF EARLY DISCOVERY, AND NO MEANS TO PREVENT HPV16 INFECTION IN ADULTS, THAT THERE IS LITTLE AT OUR DISPOSAL NOW TO DERAIL THIS DISTURBING TREND FOR YEARS THERE HAD BEEN MUCH SPECULATION ABOUT THE IMPORTANCE OF THE HPV16 CAUSE OF THESE CANCERS, AND THAT IS NOW UNEQUIVOCALLY PUT TO REST IN THE ANNUAL APRIL ORAL CANCER AWARENESS MONTH NATIONAL ACTIVITIES OCF AGAIN BROKE RECORDS IN THE NUMBER OF SCREENING SITES, AND FREE SCREENINGS TO THE AMERICAN PUBLIC CONDUCTED WITH OVER 2,200 SCREENING SITES NATIONALLY IN APRIL, THE FOUNDATION'S PARTNERS CONDUCTED OVER 54,000 FREE ORAL CANCER SCREENINGS IN COMMUNITIES ACROSS THE COUNTRY WE HAD STRONG STRATEGIC PARTNERS FOR THESE EVENTS, INCLUDING BRISTOL-MYERS SQUIBB, HENRY SCHEIN DENTAL, THE COUNTRY'S LARGEST DENTAL PRODUCTS SUPPLIER, LED DIAGNOSTICS, AND PROFESSIONAL SOCIETIES INCLUDING, THE ACADEMY OF GENERAL DENTISTRY, THE AMERICAN ACADEMY OF ORAL AND MAXILLOFACIAL SURGERY, THE AMERICAN DENTAL ASSOCIATION, THE ACADEMY OF ORAL MEDICINE, AND NUMEROUS STATE DENTAL HYGIENE ASSOCIATIONS THE RESULTS OF THIS EFFORT ARE DETAILED IN A PRESS RELEASE HERE -</p> <p>HTTP://ORALCANCERFOUNDATION.ORG/PRESSKIT/PDF/OCF-BREAKS-RECORDS.PDF OCF'S ONLINE SUPPORT GROUP, NOW IN ITS 11TH YEAR OF EXISTENCE, CONTINUES TO GROW WITH OVER 8,600 MEMBERS PARTNERSHIPS WITH MAJOR TREATMENT FACILITIES AROUND THE COUNTRY CONTINUE TO FILL THE RANKS OF PATIENTS AND FAMILY MEMBERS WHO COME HERE FOR SCIENCE BASED ANSWERS TO THEIR QUESTIONS, AND EMOTIONAL SUPPORT WHILE OTHER ORGANIZATIONS HAVE FOLLOWED OUR MODEL NOW, NO OTHERS FOCUS ON THIS SPECIFIC DEMOGRAPHIC OF CANCER PATIENTS, NOR HOST IT WITHIN THEIR SERVERS WHERE POSTINGS AND CONTENT CAN BE CONTROLLED TO ASSURE APPROPRIATE INFORMATION IS DISSEMINATED, AND BOGUS INFORMATION DESIGNED TO SELL SOMETHING TO PATIENTS IS CULLED DAILY THE EFFORT TO CONTROL AN OPEN WEB BASED ENVIRONMENT TAKES SIGNIFICANT EFFORT DAILY AND IS ACCOMPLISHED BY VOLUNTEERS, FROM DOCTORS AND NURSING PROFESSIONALS TO LONG-TERM SURVIVORS SPEAKING FROM PERSONAL EXPERIENCES THE SUPPORT GROUP CONTINUES TO BE THE WORLD'S LARGEST, AND RECEIVE ACCOLADES FROM NUMEROUS PATIENT ADVOCACY GROUPS AS TO ITS EFFECTIVENESS THE FOUNDATION HAS NURTURED STRONG RELATIONSHIPS WITH INDIVIDUALS OF HIGH VISIBILITY, PARTICULARLY FROM HOLLYWOOD TO DELIVER ITS PUBLIC SERVICE MESSAGES ON TV AND OTHER MEDIA NOW IN ITS 5TH YEAR, OUR RELATIONSHIP WITH THE PALTROW FAMILY, (BLY THE DANNER PALTROW, GWYNETH PALTROW AND JAKE PALTROW) HAS BEEN OUR MOST PRODUCTIVE THE FAMILY HAS BEEN RESPONSIBLE FOR OUR LARGEST DONATIONS, AND OUR MOST VIEWED PSA'S TO THE PUBLIC ON AWARENESS AND EARLY RECOGNITION OF SYMPTOMS IN 2011 WE CONCLUDED DISCUSSIONS WITH ACADEMY AWARD WINNING ACTOR MICHAEL DOUGLAS, WHO IS A RECENT ORAL CANCER SURVIVOR, AND IN 2012 HE WILL BE DONATING HIS TIME TO PRODUCING A TELEVISION PSA WITH OCF TO RAISE AWARENESS OF THE RISK FACTORS FOR DEVELOPING THE DISEASE THE STRENGTH OF THESE RELATIONSHIPS IN GETTING THE CORRECT INFORMATION OUT TO THE AMERICAN PUBLIC, IN A VERY COST EFFECTIVE MANNER, CANNOT BE OVER STATED INFORMATION REPORTED IN OUR PREVIOUS YEARS 990 FORMS CONTINUES TO BE BUILT ON AS IT RELATES TO OUR WEB EXPANSION AND EFFORTS WE MAINTAIN A INFORMATION WEB PRESENCE AVAILABLE TO EVERY ONE FROM THE PUBLIC TO STUDENTS AND DOCTORS ON THE DISEASE, WHICH IS WITHOUT EQUAL (HTTP://ORALCANCERFOUNDATION.ORG/ <HTTP://ORALCANCERFOUNDATION.ORG/>) BESIDES THE FOUNDATION'S CORE WEBSITE WE NOW OPERATE THE LARGEST ORAL CANCER NEWS SITE WHICH HAS A FREE RSS SUBSCRIPTION CAPABILITY AND WHICH IS UPDATED SEVERAL TIMES PER WEEK, (HTTP://ORALCANCERFOUNDATION.ORG/NEWS/INDEX.ASP <HTTP://ORALCANCERFOUNDATION.ORG/NEWS/INDEX.ASP>), AN ORAL CANCER EVENTS SITE WHICH IS OPEN TO ANY RELATED ORGANIZATIONS OR INDIVIDUALS TO POST RELEVANT INFORMATION ABOUT UPCOMING EVENTS, EDUCATIONAL COURSES, AND SCREENING EVENTS, (HTTP://ORALCANCERFOUNDATION.ORG/EVENTS/INDEX.HTM <HTTP://ORALCANCERFOUNDATION.ORG/EVENTS/INDEX.HTM>), AND THE PATIENT / SURVIVOR SUPPORT SITE (HTTP://ORALCANCERFOUNDATION.ORG/FORUM/INDEX.HTM <HTTP://ORALCANCERFOUNDATION.ORG/FORUM/INDEX.HTM>) OUR WEB PRESENCE IN ALL THESE AREAS DOMINATES THE TOP FINDS IN THE WORLD'S LARGEST SEARCH ENGINE GOOGLE, POSITIONS WHICH CANNOT BE BOUGHT, AND ARE BASED ON MERIT OF THE INFORMATION CONTAINED IN 2011 WE AGAIN RECEIVED A MERIT AWARD FROM THE WEB HEALTH AWARDS ORGANIZATION FOR THE QUALITY OF OUR SITES, THE INFORMATION THEY CONTAIN, AND THE MAINTENANCE OF THE ACCURACY AND CURRENCY OF THAT INFORMATION</p>
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	RESEARCH
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	BRIAN HILL INGRID HILL PRESIDENT CFO WIFE
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THIS CORPORATION HAS THREE CLASSES OF MEMBERS, DESIGNATED AS HONORARY, PROFESSIONAL AND REGULAR ANY PERSON DEDICATED TO THE PURPOSES OF THE CORPORATION IS ELIGIBLE FOR MEMBERSHIP ON APPROVAL OF THE MEMBERSHIP APPLICATION BY THE COMMITTEE AND WITH A TIMELY PAYEMENT OF SUCH DUES AND FEES AS THE BOARD MAY FIX FROM TIME TO TIME
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPORATION IS ORGANIZED WITH MEMBERS WHO HAVE THE RIGHT TO VOTE, AS SET FORTH IN THE BYLAWS, ON THE ELECTION OF DIRECTORS, ON THE DISPOSITION OF ALL OR SUBSTANTIALLY OF THE CORPORATION'S ASSETS, ON ANY MERGER AND ITS PRINCIPAL TERMS AND ANY AMENDMENT OF THOSE TERMS, AND ON THE ELECTION TO DISOLVE THE CORPORATION IN ADDITION, THOSE MEMBERS SHALL HAVE ALL THE RIGHTS AFFORDED MEMBERS UNDER THE CALIFORNIA NON-PROFIT PUBLIC BENEFIT CORPORATION LAW
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW AND APPROVAL OF THE 990 IS PREFORMED BY THE PRESIDENT
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF CEO IS SUBJECT TO THE APPROVAL OF INDEPENDENT BOARD MEMBERS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment Sequence No 179

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part I calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Part II calculations: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions for assets placed in service in tax years beginning before 2011, 18 Grouping assets.

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

Table with 5 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)
43 Amortization of costs that began before your 2011 tax year
44 Total. Add amounts in column (f) See the instructions for where to report