

# Return of Organization Exempt From Income Tax

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning and ending

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>NATIONAL PROSTATE CANCER COALITION FUND</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1154 15TH STREET NW</b></p> <p>City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20005</b></p>	<p><b>D</b> Employer identification number <b>59-340922</b></p> <p><b>E</b> Telephone number <b>202-463-9455</b></p> <p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

**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.

**I** Group Exemption Number ▶

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,383,023.**

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

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

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received:</p> <p><b>a</b> Direct public support <span style="float:right">1a <b>2,371,060.</b></span></p> <p><b>b</b> Indirect public support <span style="float:right">1b</span></p> <p><b>c</b> Government contributions (grants) <span style="float:right">1c</span></p> <p><b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,334,143.</b> noncash \$ <b>36,917.</b>) <span style="float:right">1d <b>2,371,060.</b></span></p> <p><b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <span style="float:right">2</span></p> <p><b>3</b> Membership dues and assessments <span style="float:right">3</span></p> <p><b>4</b> Interest on savings and temporary cash investments <span style="float:right">4 <b>11,590.</b></span></p> <p><b>5</b> Dividends and interest from securities <span style="float:right">5</span></p> <p><b>6 a</b> Gross rents <span style="float:right">6a</span></p> <p><b>b</b> Less: rental expenses <span style="float:right">6b</span></p> <p><b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) <span style="float:right">6c</span></p> <p><b>7</b> Other investment income (describe ▶ ) <span style="float:right">7</span></p> <p><b>8 a</b> Gross amount from sales of assets other than inventory <table border="1" style="width:100%; border-collapse: collapse;"><tr><th style="width:50%;">(A) Securities</th><th style="width:50%;">(B) Other</th></tr><tr><td style="text-align:right">8a</td><td></td></tr><tr><td style="text-align:right">8b</td><td></td></tr><tr><td style="text-align:right">8c</td><td></td></tr></table></p> <p><b>b</b> Less: cost or other basis and sales expenses <span style="float:right">8b</span></p> <p><b>c</b> Gain or (loss) (attach schedule) <span style="float:right">8c</span></p> <p><b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <span style="float:right">8d</span></p> <p><b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p><b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) <span style="float:right">9a</span></p> <p><b>b</b> Less: direct expenses other than fundraising expenses <span style="float:right">9b</span></p> <p><b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) <span style="float:right">9c</span></p> <p><b>10 a</b> Gross sales of inventory, less returns and allowances <span style="float:right">10a</span></p> <p><b>b</b> Less: cost of goods sold <span style="float:right">10b</span></p> <p><b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) <span style="float:right">10c</span></p> <p><b>11</b> Other revenue (from Part VII, line 103) <span style="float:right">11 <b>373.</b></span></p> <p><b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) <span style="float:right">12 <b>2,383,023.</b></span></p>	(A) Securities	(B) Other	8a		8b		8c				
(A) Securities	(B) Other											
8a												
8b												
8c												
Revenue												
Expenses	<p><b>13</b> Program services (from line 44, column (B)) <span style="float:right">13 <b>1,558,996.</b></span></p> <p><b>14</b> Management and general (from line 44, column (C)) <span style="float:right">14 <b>80,557.</b></span></p> <p><b>15</b> Fundraising (from line 44, column (D)) <span style="float:right">15 <b>257,590.</b></span></p> <p><b>16</b> Payments to affiliates (attach schedule) <span style="float:right">16</span></p> <p><b>17</b> Total expenses (add lines 16 and 44, column (A)) <span style="float:right">17 <b>1,897,143.</b></span></p>											
Net Assets	<p><b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) <span style="float:right">18 <b>485,880.</b></span></p> <p><b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <span style="float:right">19 <b>1,067,664.</b></span></p> <p><b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 1</b> <span style="float:right">20 <b>-235.</b></span></p> <p><b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) <span style="float:right">21 <b>1,553,309.</b></span></p>											

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 271,625.	252,611.	8,149.	10,865.
26	Other salaries and wages	26 768,612.	614,890.	15,372.	138,350.
27	Pension plan contributions	27			
28	Other employee benefits	28 65,960.	46,172.	9,234.	10,554.
29	Payroll taxes	29 57,004.	46,173.	1,710.	9,121.
30	Professional fundraising fees	30			
31	Accounting fees	31 19,775.	14,436.	1,978.	3,361.
32	Legal fees	32			
33	Supplies	33 17,401.	15,313.	522.	1,566.
34	Telephone	34 33,402.	27,724.	334.	5,344.
35	Postage and shipping	35 12,102.	10,045.	484.	1,573.
36	Occupancy	36 110,727.	95,225.	1,107.	14,395.
37	Equipment rental and maintenance	37 18,241.	14,593.	1,277.	2,371.
38	Printing and publications	38 1,125.	889.	11.	225.
39	Travel	39 127,027.	105,432.	5,081.	16,514.
40	Conferences, conventions, and meetings	40			
41	Interest	41 10,483.	943.	314.	9,226.
42	Depreciation, depletion, etc. (attach schedule)	42 30,961.	24,769.	6,192.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	See Statement 2	43e 352,698.	289,781.	28,792.	34,125.
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.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?

**SEE ATTACHED SCHEDULE**

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

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

a	See Statement 3				
		(Grants and allocations \$ _____)			1,558,996.
b					
		(Grants and allocations \$ _____)			
c					
		(Grants and allocations \$ _____)			
d					
		(Grants and allocations \$ _____)			
e	Other program services (attach schedule)				
		(Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,558,996.

**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	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 ► SECURITY DEPOSIT)	8,699.	58	8,699.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,372,141.	59	1,799,796.	
Liabilities	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 ► See Statement 5)	246,436.	65	178,504.
66 Total liabilities (add lines 60 through 65)	304,477.	66	246,487.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,067,664.	73	1,553,309.
	74 Total liabilities and net assets / fund balances (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 VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed SEE ATTACHED SCHEDULE		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	12
91	The books are in care of THE ORGANIZATION Telephone no. 202-463-9455		
Located at 1154 15TH STREET NW, WASHINGTON, DC		ZIP + 4 20005	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
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).

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

Signature of officer: *Robert Charles McFarland* Date: 6/1/05 Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: *Robert Charles McFarland* Date: 6/1/05 Check if self-employed:  Preparer's SSN or PTIN: P00362983

Firm's name (or yours if self-employed), address, and ZIP + 4: DROLET & ASSOCIATES, P.L.L.C  
1140 CONNECTICUT AVE, NW #1000  
WASHINGTON, DC 20036

EIN: 52-2057543 Phone no.: 202-822-0717