

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

Public Inspection Copy

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)

OMB No. 1545-0047

2010**Open to Public Inspection**

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

A For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 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 Prevent Cancer Foundation aka Cancer Research & Prevention Fndn Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 Duke Street 500 City or town, state or country, and ZIP + 4 Alexandria, VA 22314 F Name and address of principal officer: Carolyn Aldige same as C above	D Employer identification number 52-1429544 E Telephone number (703) 836-4412 G Gross receipts \$ 9,753,204. 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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ preventcancer.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1985 M State of legal domicile: VA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Support of cancer prevention research, education & community outreach programs nationwide. 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 32 6 Total number of volunteers (estimate if necessary) 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	5,819,986.	3,944,799.	
	9 Program service revenue (Part VIII, line 2g)	221,000.	203,800.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,115.	428,006.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-134,413.	-75,559.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,129,688.	4,501,046.	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,384,540.	1,004,215.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,110,342.	1,981,597.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	75,000.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 632,877.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,328,219.	2,222,836.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,898,101.	5,208,648.	
	19 Revenue less expenses. Subtract line 18 from line 12	-1,768,413.	-707,602.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	9,489,384.	8,963,400.	
	21 Total liabilities (Part X, line 26)	911,568.	393,003.	
	22 Net assets or fund balances. Subtract line 21 from line 20	8,577,816.	8,570,397.	

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 Carolyn Aldige, President and Founder Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Stephen G. Travis Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN	Firm's name ▶ Kositzka, Wicks and Company Firm's address ▶ 5500 Cherokee Ave, Suite 400 Alexandria, VA 22312 Firm's EIN ▶ Phone no. (703) 642-2700

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:To provide support of cancer prevention research, education and
community outreach programs nationwide.**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 ☒ **X** No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 2,091,739. including grants of \$ 106,000.) (Revenue \$ 203,800.)
Education. The Foundation holds several educational conferences for
professionals in the cancer field. We educate the public through our
exhibits, materials and work with the media on the importance of
cancer prevention. The Foundation has several brochures and education
materials that educate the public on cancer prevention. The Guide to
Preventable Cancer is a 30-page booklet that outlines the eight cancers
the Foundation represents, including symptoms of the cancer, risk
factors, reducing risk, and screening methods. The guides are
available in English and Spanish and a special version for American
Indians. The Colorectal Cancer Brochure specifically discusses
symptoms and risks for colorectal cancer. It outlines all screening
methods and gives questions to ask your healthcare provider. Also**4b** (Code:) (Expenses \$ 954,021. including grants of \$ 459,576.) (Revenue \$)
Research. The Foundation provides funding for promising cancer
prevention and early detection research to scientists from the nation's
most prestigious academic medical centers.**4c** (Code:) (Expenses \$ 1,017,243. including grants of \$ 438,639.) (Revenue \$)
Community Outreach. The Foundation supports programs that provide
services for prevention and early detection to underserved populations
and children. The Foundation owns an educational exhibit called the
Prevent Cancer Super Colon, which is an eight foot tall, twenty foot
long inflatable replica of a human colon. This walk-through display
engages the public by allowing them to see polyps and different stages
of cancer. Signage in and outside the display outlines symptoms,
risks, and screening methods. This exhibits tours the country going to
parks, community centers, and hospitals. At each stop, the public are
invited to come and learn about preventing colorectal cancer.**4d** Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **▶** 4,063,003.

Prevent Cancer Foundation

aka Cancer Research & Prevention Fndn

52-1429544

Page 3

Form 990 (2010)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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>	3	X
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>	4 X	
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>	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	X
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>	7	X
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>	8	X
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>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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>	11a X	
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>	11b	X
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>	11c	X
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>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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>	11f X	
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>	12a X	
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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>	17	X
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>	18 X	
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>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Form 990 (2010)

Prevent Cancer Foundation

aka Cancer Research & Prevention Fndn

52-1429544

Page 4

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 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 X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
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	X
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	X
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	X
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	X
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	X
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	X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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	X
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	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	X
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	X
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 X	

Form 990 (2010)

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Form 990 (2010)

52-1429544 Page **5**

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	34	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	32	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	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.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
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. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form **990** (2010)

Prevent Cancer Foundation

aka Cancer Research & Prevention Fndn

52-1429544 Page 6

Form 990 (2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 19		
b Enter the number of voting members included in line 1a, above, who are independent 1b 18		
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **AL, DC, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **The Organization - (703)836-4412**
1600 Duke Street, No. 500, Alexandria, VA 22314

Prevent Cancer Foundation

Form 990 (2010)

aka Cancer Research & Prevention Fndn

52-1429544

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Carolyn R. Aldige President	65.00	X		X				291,869.	0.	99,831.
Marcia M. Carlucci Chairman	1.00	X		X				0.	0.	0.
Elmer E. Huerta, M.D., M.P.H. Vice Chairman, Scientific	1.00	X		X				0.	0.	0.
Jeremy H. FitzGerald Director	1.00	X						0.	0.	0.
Rafe Furst Director	1.00	X						0.	0.	0.
Alan P. Dye Director	1.00	X						0.	0.	0.
H. Harold M. Keshishian Director	1.00	X						0.	0.	0.
Ann G. Kulze, M.D. Director	1.50	X						0.	0.	0.
Kathryn West Director	1.50	X						0.	0.	0.
David Tutera Director	1.00	X						0.	0.	0.
Marcelle Leahy Director	1.00	X						0.	0.	0.
David Paik Treasurer	2.00	X		X				0.	0.	0.
James L. Mulshine, M.D. Director	1.00	X						0.	0.	0.
Cecile Tauzin Vice Chairman	1.00	X		X				0.	0.	0.
Gordon Hutchins, Jr. Director	2.50	X						0.	0.	0.
Margaret Vanderhye Secretary	1.00	X		X				0.	0.	0.
Brock Landry Director	1.00	X						0.	0.	0.

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Form 990 (2010)

52-1429544 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Scott McIntyre Director	1.00	X						0.	0.	0.
Ronald Doornink Director	1.00	X						0.	0.	0.
Janice Bresch Exec. V.P.	40.00				X			190,000.	0.	39,804.
Karen Peterson V.P. Programs	40.00					X		110,537.	0.	14,254.
Cherita Knight V.P. Finance & Administration	40.00					X		115,440.	0.	14,378.
1b Sub-total								707,846.	0.	168,267.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								707,846.	0.	168,267.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form **990** (2010)

Prevent Cancer Foundation

aka Cancer Research & Prevention Fndn

52-1429544 Page 9

Form 990 (2010)

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	1 a	Federated campaigns	1a	392,810.				
	b	Membership dues	1b					
	c	Fundraising events	1c	1337993.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2213996.				
	g	Noncash contributions included in lines 1a-1f: \$		102,757.				
	h	Total. Add lines 1a-1f		3944799.				
	Program Service Revenue	2 a	Colorectal Tour	Business Code 900099	203,800.	203,800.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		203,800.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		241,853.			241,853.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	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)					
	8 a	Gross income from fundraising events (not including \$ 1,337,993. of contributions reported on line 1c). See Part IV, line 18	a	162078.				
		b	Less: direct expenses	b	237637.			
		c	Net income or (loss) from fundraising events		-75,559.		-75,559.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	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					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		4501046.	203,800.	0.	352,447.		

032009
12-21-10

Form 990 (2010)

Prevent Cancer Foundation

aka Cancer Research & Prevention Fndn

52-1429544 Page 10

Form 990 (2010)

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).

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 U.S. See Part IV, line 21	1,004,215.	1,004,215.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	588,819.	414,507.	45,253.	129,059.
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	1,234,060.	948,345.	185,678.	100,037.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,118.	25,751.	6,485.	882.
9 Other employee benefits				
10 Payroll taxes	125,600.	94,200.	16,328.	15,072.
11 Fees for services (non-employees):				
a Management				
b Legal	9,866.		9,866.	
c Accounting	40,900.	30,675.	5,317.	4,908.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,145.		32,145.	
g Other	686,425.	632,213.	25,283.	28,929.
12 Advertising and promotion	4,871.	323.	2,045.	2,503.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	294,336.	220,752.	38,264.	35,320.
17 Travel	54,514.	36,857.	11,395.	6,262.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	791.	791.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,364.	6,273.	1,088.	1,003.
23 Insurance	167,902.	129,492.	25,497.	12,913.
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 Computer Services	109,219.	71,901.	4,703.	32,615.
b Printing	85,820.	56,214.	4,576.	25,030.
c Meals	80,659.	73,155.	5,923.	1,581.
d Decorators/Exhibitors	56,260.			56,260.
e Audio/Staging	52,911.	21,782.		31,129.
f All other expenses See Sch O	537,853.	295,557.	92,922.	149,374.
25 Total functional expenses. Add lines 1 through 24f	5,208,648.	4,063,003.	512,768.	632,877.
26 Joint costs. Check here <input checked="" 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				

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Form 990 (2010)

52-1429544 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,199.	1	11,761.	
	2 Savings and temporary cash investments	3,303,713.	2	379,823.	
	3 Pledges and grants receivable, net	578,287.	3	494,030.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	14,910.	9	26,873.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	149,822.			
	b Less: accumulated depreciation	140,444.			
		17,742.	10c	9,378.	
	11 Investments - publicly traded securities	5,104,524.	11	7,501,248.	
	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	465,009.	15	540,287.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,489,384.	16	8,963,400.		
Liabilities	17 Accounts payable and accrued expenses	169,262.	17	48,898.	
	18 Grants payable	628,410.	18	207,160.	
	19 Deferred revenue	14,500.	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. Complete Part X of Schedule D	99,396.	25	136,945.	
	26 Total liabilities. Add lines 17 through 25	911,568.	26	393,003.	
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	6,687,599.	27	6,672,202.	
	28 Temporarily restricted net assets	1,611,804.	28	1,619,782.	
	29 Permanently restricted net assets	278,413.	29	278,413.	
	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	8,577,816.	33	8,570,397.	
34 Total liabilities and net assets/fund balances	9,489,384.	34	8,963,400.		

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck 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	4,501,046.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,208,648.
3	Revenue less expenses. Subtract line 2 from line 1	3	-707,602.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,577,816.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	700,183.
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	8,570,397.

Part XII Financial Statements and ReportingCheck 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 type="checkbox"/> Cash <input checked="" 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?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c If "Yes" to line 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.	X	
d 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
b 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.		

Form 990 (2010)

Prevent Cancer Foundation

Schedule A (Form 990 or 990-EZ) 2010 aka Cancer Research & Prevention Fndn 52-1429544 Page 2

Part II Support Schedule for Organizations Described in Sections 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,743,896.	9,306,066.	7,333,537.	5,819,986.	3,944,799.	37,148,284.
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	10,743,896.	9,306,066.	7,333,537.	5,819,986.	3,944,799.	37,148,284.
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)						5,423,221.
6 Public support. Subtract line 5 from line 4.						31,725,063.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,743,896.	9,306,066.	7,333,537.	5,819,986.	3,944,799.	37,148,284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	630,747.	954,209.	382,108.	233,842.	241,853.	2,442,759.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						39,591,043.
12 Gross receipts from related activities, etc. (see instructions)					12	1,585,611.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	80.13	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78.99	%
16a 33 1/3% support test - 2010. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

Prevent Cancer Foundation

Schedule C (Form 990 or 990-EZ) 2010 aka Cancer Research & Prevention Fndn 52-1429544 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 aka Cancer Research & Prevention Fndn 52-1429544 Page 3

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		7,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			7,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **Prevent Cancer Foundation**
aka Cancer Research & Prevention Fndn
Employer identification number
52-1429544

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? ☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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 |
|----------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	5,104,524.	4,531,394.	5,480,239.		
b Contributions			-28,532.		
c Net investment earnings, gains, and losses	743,526.	573,130.	-726,313.		
d Grants or scholarships					
e Other expenditures for facilities and programs	904,711.		194,000.		
f Administrative expenses	22,374.				
g End of year balance	4,920,965.	5,104,524.	4,531,394.		

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

- a** Board designated or quasi-endowment **91.00** %
- b** Permanent endowment **9.00** %
- c** Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

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 investment	(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		149,822.	140,444.	9,378.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,378.

Schedule D (Form 990) 2010

Prevent Cancer Foundation

Schedule D (Form 990) 2010

aka Cancer Research & Prevention Fndn

52-1429544 Page 3

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1) Deposits	23,636.
(2) Interests in remainder trusts	318,860.
(3) Charitable Gift Annuities	122,491.
(4) Deferred Compensation Plan	75,300.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	540,287.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Charitable Gift Annuities	61,645.
(3) Deferred Compensation plan	75,300.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	136,945.

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).

032053
12-20-10

Schedule D (Form 990) 2010

Prevent Cancer Foundation

Schedule D (Form 990) 2010

aka Cancer Research & Prevention Fndn

52-1429544 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,501,046.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,208,648.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-707,602.
4	Net unrealized gains (losses) on investments	4	700,183.
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 through 8	9	700,183.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-7,419.

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	5,673,628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	700,183.
b	Donated services and use of facilities	2b	504,544.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,204,727.
3	Subtract line 2e from line 1	3	4,468,901.
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	32,145.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	32,145.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,501,046.

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

1	Total expenses and losses per audited financial statements	1	5,681,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	504,544.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	504,544.
3	Subtract line 2e from line 1	3	5,176,503.
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	32,145.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	32,145.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,208,648.

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, line 2; 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.

Part V, line 4: The Organization's donor restricted endowment funds

and Board designated funds are restricted with the earnings to be spent on operations or particular programs. The Organization will use the earnings from board designated funds and donor restricted endowment funds in accordance with board or donor designations.

Part X, Line 2: The following was disclosed related to uncertain tax positions in the financial statements. The Foundation is exempt from

income taxes under Section 501(c)(3) of the Internal Revenue code and is classified as an organization other than a private foundation under 509(a) of the Internal Revenue Code. The Foundation adopted the provisions in FASB ASC 740-10.

One internal program, Protect Your Lungs, transferred to another 501(c)3 organization in fiscal year 2011.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open To Public Inspection

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number	52-1429544
--------------------------	--------------------------------------------------------------------	--------------------------------	------------

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Prevent Cancer Foundation

Schedule G (Form 990 or 990-EZ) 2010 aka Cancer Research & Prevention Fndn 52-1429544 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Gala	(b) Event #2 Capitol Hill Poker Tourn	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,254,422.	139,597.	94,578.	1,488,597.
	2 Less: Charitable contributions	1,180,722.	135,592.	94,578.	1,410,892.
	3 Gross income (line 1 minus line 2)	73,700.	4,005.		77,705.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	26,500.	9,000.	50.	35,550.
	7 Food and beverages	90,814.	19,445.	7,455.	117,714.
	8 Entertainment				
	9 Other direct expenses	56,396.	11,117.	5,386.	72,899.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(226,163)
	11 Net income summary. Combine line 3, column (d), and line 10				-148,458.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Prevent Cancer Foundation

Schedule G (Form 990 or 990-EZ) 2010 **aka Cancer Research & Prevention Fndn** 52-1429544 Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Melanie RichardsonAddress ► 1600 Duke Street Suite 500 - Alexandria, VA 22314

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States****Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.****▶ Attach to Form 990.**

OMB No. 1545-0047

2010**Open to Public
Inspection**Name of the organization **Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn****Employer identification number
52-1429544****Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **▶**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Johns Hopkins University - Doan, Hillion, Fahey, Jagu, Sfanos - 1102 E. 33rd Street - Baltimore, MD 21218-2696	52-0595110	501(c)3	50,000.	0.			Support for medical research.
Georgetown University - Resson 37th Street, NW & O STS Washington, DC 20057-1164	53-0196603	501(c)3	20,000.	0.			Support for medical research.
University of North Carolina Chapel Hill - Zhang, Donohoe - 104 Airport Drive, Suite 2200, CB #1350 - Chapel Hill, NC 27599-1350	56-6001393	501(c)3	20,000.	0.			Support for medical research.
Massachusetts General Hospital - Cai, Nappi - 50 Staniford St., Suite 1001 - Boston, MA 02114-2554	04-2697983	501(c)3	20,000.	0.			Support for medical research.
University of IL Chicago - X. Zhou, Bosland - P.O. Box 4610 - Springfield, IL 62708-4610	37-6000511	501(c)3	19,984.	0.			Support for medical research.
Childrens Hospital of Philadelphia 3615 Civic Center Boulevard Philadelphia, PA 19104-4318	23-2237932	501(c)3	30,000.	0.			Support for medical research.

2 Enter total number of section 501(c)(3) and government organizations **▶ 38.****3** Enter total number of other organizations **▶ 4.****LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2010)**

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Schedule I (Form 990)

52-1429544

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Drexel University 3201 Arch Street, Suite 100 Philadelphia, PA 19104-2875	23-1352630	501(c)3	40,000.	0.			Support for medical research.
Fred Hutchinson Cancer Center 1100 Fairview Avenue North Seattle, WA 98109	23-7156071	501(c)3	30,000.	0.			Support for medical research.
Marquette University 915 W. Wisconsin Avenue, #175 Milwaukee, WI 53233	39-0806251	501(c)3	30,000.	0.			Support for medical research.
Medical University of South Carolina - 67 President Street - Charleston, SC 29425	57-6000722	State Institution	28,658.	0.			Support for medical research.
Rush University Medical Center 1700 West Van Buren Chicago, IL 60612	36-2174823	501(c)3	19,963.	0.			Support for medical research.
University of Maryland 1201 Turner Hall College Park, MD 20742	52-6002033	170(c)1	30,000.	0.			Support for medical research.
University of Wisconsin - Sprague (ASPO) - 750 University Avenue - Madison, WI 53706	39-1805963	State Institution	40,000.	0.			Support for medical research.
Children's National Medical Center - Sara Howard - 111 Michigan Avenue, NW - Washington, DC 20010	52-1640403	501(c)3	18,750.	0.			Support for medical research.
Beth Israel Deaconess - Zhou 330 Brookline Ave. BR-0259 Boston, MA 02215	04-2103881	501(c)3	10,000.	0.			Support for medical research.

LHA

Schedule I (Form 990)

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Schedule I (Form 990)

52-1429544

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tufts University - Chun Liu, Z. Liu - 200 Harrison Avenue - Boston, MA 21110	04-2103634	501(c)3	9,955.	0.			Support for medical research.
Albert Einstein College of Medicine- Tan, Huffman - 1300 Morris Park Avenue - Bronx, NY 10461-1602	13-1624225	501(c)3	40,000.	0.			Support for medical research.
University of Pittsburgh - Beatty, Land - PO Box 371220 - Pittsburgh, PA 15251-7220	25-0965591	501(c)3	10,000.	0.			Support for medical research.
Thomas Jefferson - Pitari 1020 Walnut Street Philadelphia, PA 19107	23-1352651	501(c)3	9,855.	0.			Support for medical research.
University of California - San Francisco - Fejerman - 1855 Folsom Street, MCB 425, Box 0897 - San Francisco, CA 94143-0897	94-6036493	501(c)3	10,000.	0.			Support for medical research.
University of Texas (MD Anderson Cancer Center) - PO Box 297402 - Houston, TX 77297	74-1587488	State Institution	9,801.	0.			Support for medical research.
2011 ASPO Career Development for Junior Faculty/Researchers Seminar and Lun - 330 WARF Bldg, 610 Walnut Street - Madison, WI 53726	13-2945877	501(c)3	5,000.	0.			Support for medical research.
University of Colorado Cancer Center - Mascaux - IASLC, University of Colorado Cancer Center, PO Box 6508, MS 434 -	20-0499338	501(c)3	40,000.	0.			Support for medical research.
AACR-Frontiers Cancer Prevention Award-Schiffman (NOV 2009) - 615 Chestnut Street, 17th Floor - Philadelphia, PA 19106-4404	23-6251648	501(c)3	5,000.	0.			Support for medical research.

LHA

Schedule I (Form 990)

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Schedule I (Form 990)

52-1429544

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AACR-PCF Grant Writing Workshop Attn: Angela Predeoux, 615 Chestnut Street, 17th Floor - Philadelphia, PA 19	23-6251648	501(c)3	10,000.	0.			Support for medical research.
Emory University 1784 N. Decatur Road, Suite 530 Atlanta, GA 30322	58-0566256	501(c)3	12,500.	0.			Support for medical research.
Primary Care Coalition of Montgomery County - Triantis - 8757 Georgia Avenue, Suite 10 - Silver Spring, MD 20910	52-1847976	501(c)3	12,500.	0.			Support for medical research.
Rural Health Group - Peele PO Box 640 Roanoke Rapids, NC 27870	58-1640184	501(c)3	12,500.	0.			Support for medical research.
Spanish Catholic Center 1015 University Blvd E. Silver Spring, MD 20903	52-0980905	501(c)3	121,195.	0.			Support for medical research.
Georgetown University - LCCC 37th Street, NW & O STS Washington, DC 20057-1164	53-0196603	501(c)3	97,444.	0.			Support for medical research.
Family Health Partnership Clinic 13707 West Jackson Woodstock, IL 60098	36-4277029	501(c)3	35,000.	0.			Support for medical research.
Howard University Cancer Center 2041 Georgia Avenue, NW Room 324 Washington, DC 20060	53-0204707	501(c)3	31,000.	0.			Support for medical research.
GW Cancer Institute 2300 Eye Street, NW, Ross Hall, Su Washington, DC 20037	53-0196584	501(c)3	175,000.	0.			Support for medical research.

LHA

Schedule I (Form 990)

**Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn**

Schedule I (Form 990)

52-1429544

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gulfcoast South AHEC 2201 Cantu Court, Suite 220 Sarasota, FL 34232	59-3342312	501(c)3	12,500.	0.			Support for medical research.
Alaska Native Tribal Health Consortium - Clinical and Research Services Cancer Program 4000 Ambassador Drive, D-CHS -	92-0162721	501(c)3	12,500.	0.			Support for medical research.
University of Arizona Foundation 1111 N. Cherry Ave. Tucson, AZ 85721	86-6050388	501(c)3	5,000.	0.			Support for medical research.
Linda Creed: Fighting Breast Cancer with Heart - PO Box 40607 - Philadelphia, PA 19107	23-2502326	501(c)3	5,000.	0.			Support for medical research.
Vanderbilt Ingram Cancer Center 2220 Pierce Avenue, 691 Preston Research Building - Nashville, TN 37232	62-0476822	501(c)3	5,000.	0.			Support for medical research.
Upstate Prostate Cancer Alliance 412 Perry Hill Road Easley, SC 29640	26-2288453	501(c)3	5,000.	0.			Support for medical research.
Gilda's Club South Florida, INC. 119 Rose Drive Fort Lauderdale, FL 33316	65-0528626	501(c)3	5,000.	0.			Support for medical research.
Peak Vista Community Health Centers Foundation - 340 Printers Parkway - Colorado Springs, CO 80910	20-3640104	501(c)3	5,000.	0.			Support for medical research.
The Orange County Affiliate of Susan G. Komen for the Cure - 3191-A Airport Loop Drive - Costa Mesa, CA 92626	33-0487943	501(c)3	5,000.	0.			Support for medical research.

LHA

Schedule I (Form 990)

Schedule I (Form 990)

Page 1

[illegible]

Schedule I (Form 990)

Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn

52-1429544

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.
Part III can be duplicated 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.

Schedule I, Part I, Line 2: The Organization requires a financial statement, personal statement, and interim report from all grantees before the second half of grant funds will be disbursed. The Organization also requires a financial statement, personal statement, and final report from all grantees before the final grant payment is made. Any unspent funds are subtracted from the final grant payment.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number	52-1429544
--------------------------	--------------------------------------------------------------------	--------------------------------	------------

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Carolyn R. Aldige	(i)	291,869.	0.	0.	54,300.	45,531.	391,700.	291,869.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Janice Bresch	(i)	190,000.	0.	0.	7,600.	32,204.	229,804.	190,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2010**Open to Public
Inspection**

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

Name of the organization **Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn** Employer identification number
52-1429544

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	18,384.	Fair Market Value
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Food and priz</u>)	X	42	84,373.	Fair Market Value
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Form 990, Part III, Line 4a, Program Service Accomplishments:

available in Spanish.

Form 990, Part VI, Section B, line 11: A copy of the Form 990 is emailed to the Audit Committee. A Board of Directors meeting is held to discuss the 990 and a handout of the 990 is provided to the Board members.

Form 990, Part VI, Section B, Line 12c: The Board reviews and signs off on the conflict of interest policy annually. Chief Operations Officer and Vice President of Finance and Administration monitor staff compliance.

Form 990, Part VI, Section B, Line 15: PCF hires an outside consulting firm to complete a staff compensation study (company-wide) and also compare PCF to similar organizations in the Washington, DC Metro area.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
AL,DC,AK,AZ,AR,CA,CO,CT,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MO,MS,NH,NJ,NM,NY
NC,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,TX

Form 990, Part VI, Section C, Line 19: Summarized financial information is included in the Organization's annual report. Additionally, the Organization makes its governing documents, conflict of interest policy, and financial statements available upon request.

Form 990, Part IX, Line 24f, All Other Functional Expenses:

Lodging:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Program service expenses	39,915.
Management and general expenses	2,062.
Fundraising expenses	5,616.
Total expenses	47,593.

Gifts:

Program service expenses	1,486.
Management and general expenses	805.
Fundraising expenses	44,266.
Total expenses	46,557.

Subscriptions:

Program service expenses	39,355.
Management and general expenses	1,299.
Fundraising expenses	719.
Total expenses	41,373.

Design and layout:

Program service expenses	17,546.
Management and general expenses	180.
Fundraising expenses	16,160.
Total expenses	33,886.

Catering:

Program service expenses	18,423.
Management and general expenses	0.
Fundraising expenses	13,840.
Total expenses	32,263.

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Maintenance:

Program service expenses	23,489.
Management and general expenses	3,724.
Fundraising expenses	3,438.
Total expenses	30,651.

Supplies:

Program service expenses	20,341.
Management and general expenses	1,091.
Fundraising expenses	8,738.
Total expenses	30,170.

Bank Charges:

Program service expenses	55.
Management and general expenses	25,712.
Fundraising expenses	2,409.
Total expenses	28,176.

Media Services:

Program service expenses	23,647.
Management and general expenses	0.
Fundraising expenses	1,549.
Total expenses	25,196.

Postage:

Program service expenses	10,688.
Management and general expenses	6,634.

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Fundraising expenses	7,004.
----------------------	--------

Total expenses	24,326.
----------------	---------

Membership Dues:

Program service expenses	23,115.
--------------------------	---------

Management and general expenses	823.
---------------------------------	------

Fundraising expenses	0.
----------------------	----

Total expenses	23,938.
----------------	---------

Mileage and Parking:

Program service expenses	4,645.
--------------------------	--------

Management and general expenses	8,102.
---------------------------------	--------

Fundraising expenses	7,723.
----------------------	--------

Total expenses	20,470.
----------------	---------

Telephone:

Program service expenses	15,212.
--------------------------	---------

Management and general expenses	2,561.
---------------------------------	--------

Fundraising expenses	2,451.
----------------------	--------

Total expenses	20,224.
----------------	---------

Equipment Lease:

Program service expenses	11,118.
--------------------------	---------

Management and general expenses	1,926.
---------------------------------	--------

Fundraising expenses	5,338.
----------------------	--------

Total expenses	18,382.
----------------	---------

Lettershop:
032212
01-24-11

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Program service expenses	9,850.
Management and general expenses	244.
Fundraising expenses	4,911.
Total expenses	15,005.

Credit Card Discount Expense:

Program service expenses	0.
Management and general expenses	13,427.
Fundraising expenses	0.
Total expenses	13,427.

Taxes & Licenses:

Program service expenses	0.
Management and general expenses	10,816.
Fundraising expenses	681.
Total expenses	11,497.

Site Rental:

Program service expenses	10,879.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	10,879.

Delivery:

Program service expenses	2,363.
Management and general expenses	3,175.
Fundraising expenses	2,038.
Total expenses	7,576.

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Honorariums:

Program service expenses	6,850.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	6,850.

Entertainment:

Program service expenses	0.
Management and general expenses	0.
Fundraising expenses	6,500.
Total expenses	6,500.

Contributions to other orgs:

Program service expenses	4,975.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,975.

Miscellaneous:

Program service expenses	1,479.
Management and general expenses	13.
Fundraising expenses	3,382.
Total expenses	4,874.

Photography:

Program service expenses	1,643.
Management and general expenses	0.

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Fundraising expenses	3,200.
----------------------	--------

Total expenses	4,843.
----------------	--------

Storage:

Program service expenses	3,379.
--------------------------	--------

Management and general expenses	585.
---------------------------------	------

Fundraising expenses	540.
----------------------	------

Total expenses	4,504.
----------------	--------

Training and Education:

Program service expenses	0.
--------------------------	----

Management and general expenses	2,408.
---------------------------------	--------

Fundraising expenses	1,913.
----------------------	--------

Total expenses	4,321.
----------------	--------

Stipend:

Program service expenses	0.
--------------------------	----

Management and general expenses	4,220.
---------------------------------	--------

Fundraising expenses	0.
----------------------	----

Total expenses	4,220.
----------------	--------

Awards:

Program service expenses	1,028.
--------------------------	--------

Management and general expenses	0.
---------------------------------	----

Fundraising expenses	2,621.
----------------------	--------

Total expenses	3,649.
----------------	--------

Premiums:

032212
01-24-11

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Program service expenses 0.

Management and general expenses 0.

Fundraising expenses 2,750.

Total expenses 2,750.

List Rentals:

Program service expenses 1,658.

Management and general expenses 0.

Fundraising expenses 893.

Total expenses 2,551.

Furniture and equipment:

Program service expenses 0.

Management and general expenses 2,234.

Fundraising expenses 0.

Total expenses 2,234.

Registration fees:

Program service expenses 865.

Management and general expenses 779.

Fundraising expenses 300.

Total expenses 1,944.

Copying:

Program service expenses 1,452.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 1,452.

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Data entry:

Program service expenses	0.
Management and general expenses	0.
Fundraising expenses	330.
Total expenses	330.

Employee relations:

Program service expenses	69.
Management and general expenses	102.
Fundraising expenses	0.
Total expenses	171.

Major Gift Cultivation:

Program service expenses	0.
Management and general expenses	0.
Fundraising expenses	64.
Total expenses	64.

Incidentals:

Program service expenses	32.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	32.

Total Other Expenses on Form 990, Part IX, line 24f, Col A	537,853.
------------------------------------------------------------	----------

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	700,183.
--------------------------------------	----------

Name of the organization	Prevent Cancer Foundation aka Cancer Research & Prevention Fndn	Employer identification number 52-1429544
--------------------------	--------------------------------------------------------------------	----------------------------------------------

Form 990, Part XI, Line 2c

The Organization has an audit committee that assumes responsibility for the oversight of the audit and selection of an independent accountant.

The process has not changed since the prior year.