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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A. For the 2015 calendar year, or tax year beginning Jul 1, 2015 and ending Jun 30, 2016

B. Check if applicable

C. Name of organization

Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn

Doing business as

1600 Duke Street
500
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Alexandria, VA 22314

D. Employer identification number

52-1429544

E. Telephone number

(703) 836-4412

F. Name and address of principal officer

Carolyn Aldige
same as C above

G. Gross receipts

$ 9,670,818

H. (a) Is this a group return

Yes

(b) Are all subordinates included?

Yes

If "No," attach a list. (See instructions)

J. Website:

www.preventcancer.org

K. Form of organization

Corporation

L. Year of formation:

1985

M. State of legal domicile:

VA

Part I. Summary

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 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)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2015 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13. Grants and similar amounts paid (Part IX, column (A), lines 13)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16. Professional fundraising fees (Part IX, column (A), line 11e)

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer
Carolyn Aldige, President and Founder

Date
11-1-2016

Type or print name and title

Shannon Blevins, CPA

Preparer's signature

Date
10/27/16

Paid

Shannon Blevins, CPA

Preparer's signature

Date
10/27/16

Preparer

Kositzka, Wicks and Company

Firm's EIN
54-1342298

Use Only

Firm's address
5270 Shawnee Road, Suite 250
Alexandria, VA 22312

Phone no. (703) 642-2700

May the IRS discuss this return with the preparer shown above? (see instructions)
Yes

Form 990 (2015)
Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization’s mission:
Prevent Cancer Foundation’s mission is saving lives through cancer prevention and early detection. We carry out our mission in four key ways: support of cancer prevention and early detection research, education, advocacy 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 □ 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 □ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations 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 $2,268,783. including grants of $52,025.) (Revenue $)
Educating people about how they can prevent cancer and detect it early through healthy lifestyle choices and medical screenings. The Foundation holds several educational conferences for professionals in the cancer field. We educate the public through our exhibits, such as the Prevent Cancer Super Colon, 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

4b (Code: ) (Expenses $1,289,760. including grants of $791,241.) (Revenue $)
Research. The Foundation funds young researchers in the nation’s most prestigious academic medical centers. Research that helps increase insight into the disease and allows us to understand how to prevent cancer or detect it early when it can be more successfully treated.

4c (Code: ) (Expenses $992,146. including grants of $393,478.) (Revenue $)
Community Outreach. Reaching out to communities through programs that allow us to fund nationally and act locally. By empowering those who know their communities best, we are able to lend a hand to implement life-saving cancer prevention and early detection programs that benefit all populations, especially the medically underserved.

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

4e Total program service expenses ▶ 4,550,689.

See Schedule O for Continuation(s)

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
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<td>X</td>
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<td>d</td>
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<td>19</td>
<td></td>
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</tbody>
</table>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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? If "Yes," complete
Schedule J

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? If "Yes," answer lines 24b through 24d and complete
Schedule K. If "No", go to line 25a
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
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? If "Yes," complete
Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete
Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
of any of these persons? If "Yes," complete Schedule L, Part III

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? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II

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? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and
Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O.
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  
<table>
<thead>
<tr>
<th>80</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
</tr>
</tbody>
</table>

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  
<table>
<thead>
<tr>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>1b</td>
</tr>
</tbody>
</table>

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  
<table>
<thead>
<tr>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
</tbody>
</table>

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.  
<table>
<thead>
<tr>
<th>35</th>
</tr>
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<tbody>
<tr>
<td>2a</td>
</tr>
</tbody>
</table>

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
<table>
<thead>
<tr>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
</tr>
</tbody>
</table>

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  
|   |  
| 3a |

b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  
|   X |
| 3b |

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
<table>
<thead>
<tr>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
</tr>
</tbody>
</table>

b If "Yes," enter the name of the foreign country.  
|   |  
| 5a |

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
<table>
<thead>
<tr>
<th>X</th>
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</thead>
<tbody>
<tr>
<td>5a</td>
</tr>
</tbody>
</table>

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
<table>
<thead>
<tr>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>5b</td>
</tr>
</tbody>
</table>

c If "Yes," to line 5a or 5b, did the organization file Form 8888-T?  
|   |  
| 5c |

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
<table>
<thead>
<tr>
<th>X</th>
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<tbody>
<tr>
<td>6a</td>
</tr>
</tbody>
</table>

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
|   |  
| 6b |

7 Organizations that may receive deductible contributions under section 170(c).  
|   |  
| 7a |

a Did the organization receive a payment in excess of $5 of a personal benefit contract?  
<table>
<thead>
<tr>
<th>X</th>
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</thead>
<tbody>
<tr>
<td>7b</td>
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</tbody>
</table>

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
<table>
<thead>
<tr>
<th>X</th>
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</thead>
<tbody>
<tr>
<td>7c</td>
</tr>
</tbody>
</table>

d If "Yes," indicate the number of Forms 8282 filed during the year  
|   |  
| 7d |

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
|   |  
| 7e |

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
|   |  
| 7f |

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
|   |  
| 7g |

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
|   |  
| 7h |

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  
|   |  
| 8 |

9 Sponsoring organizations maintaining donor advised funds.  
|   |  
| 9a |

a Did the sponsoring organization make any taxable distributions under section 4966?  
|   |  
| 9b |

10 Section 501(c)(7) organizations. Enter:  
|   |  
| 10a |

b Gross receipts, included on Form 990, Part VIII, line 12.  
|   |  
| 10b |

11 Section 501(c)(12) organizations. Enter:  
|   |  
| 11a |

a Gross income from members, or shareholders.  
|   |  
| 11b |

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  
|   |  
| 11c |

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
|   |  
| 12a |

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
|   |  
| 12b |

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  
|   |  
| 13a |

a Is the organization licensed to issue qualified health plans in more than one state?  
|   |  
| 13b |

b Enter the amount of reserves the organization is required to maintain in the states in which the organization is licensed to issue qualified health plans  
|   |  
| 13c |

14a Did the organization receive any payments for indoor tanning services during the tax year?  
<table>
<thead>
<tr>
<th>X</th>
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<tr>
<td>14a</td>
</tr>
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</table>

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  
|   |  
| 14b |
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ............................................. 1a 20

b Enter the number of voting members included in line 1a, above, who are independent .................................................. 1b 19

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? .................................................. 2 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? .......................................................... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ............................... 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? .............................. 5 X

6 Did the organization have members or stockholders? ......................................................................................................... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ............................................. 7a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ......................................................... 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ........................................................................................................................................ 8a X

b Each committee with authority to act on behalf of the governing body? ............................................................................... 8b 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 ........................................................................................................... 9 X

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

10a Did the organization have local chapters, branches, or affiliates? ....................................................................................... 10a X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ............................................................................................................... 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ...........................................................................................................................................................................

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .................................................................. 12a X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .................. 12b X
bc Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .............................................................................................................. 12c X

13 Did the organization have a written whistleblower policy? ........................................................................................................ 13 X

14 Did the organization have a written document retention and destruction policy? ....................................................................................... 14 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? .... 15 X

a The organization's CEO, Executive Director, or top management official .............................................................................................................. 15a X

b Other officers or key employees of the organization ....................................................................................................................... 15b X

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? ....................................................................................................................... 16a X

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply:

[X] Own website □ Another's website □ Upon request □ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records. The Organization - (703) 836-4412

1500 Duke Street, No. 500, Alexandria, VA 22314

See Schedule O for full list of states

Form 990 (2015) 12-16-15

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all key employees, if any. See instructions for definition of "key employee.”
- List other highest compensated employees (other than officers, directors, trustees, or key employees) 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 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 officers, directors, or trustees that received from, 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.

### Table

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Average hours per week (list any hours for related organizations below line)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) George Swiggert Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) Kathryn West Secretary</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(3) James L. Mulsehine, M.D.</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) Brock Landry Treasurer</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) Scott McIntyre Chairman</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) Kimberly Fritts Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) Joyce H. Gates Director</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) Gary R. Lyle Vice Chairman</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>(9) Drew Figdor Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>(10) Katherine Kennedy Allen Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) Joann Piccolo Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) Ron Christie Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) Jeremy FitzGerald Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) Sharon Stark Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) Carolyn R. Aldige President</td>
<td>65.00</td>
<td>X X</td>
<td>276,269.</td>
<td>0.</td>
<td>69,549.</td>
</tr>
<tr>
<td>(16) Frantz Alphonse Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) Alan P. Dye Director</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) Lilibet Nagel</td>
<td>1.00 X</td>
<td>Way</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) Victor Fazio</td>
<td>1.00 X</td>
<td>Way</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) Pawan Singh</td>
<td>1.00 X</td>
<td>Way</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) Janice Bresch</td>
<td>65.00 X</td>
<td>Way</td>
<td>198,120.</td>
<td>0.</td>
<td>28,012.</td>
</tr>
<tr>
<td>Exec VP &amp; Chief Operating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) Karen Peterson</td>
<td>40.00 X</td>
<td>Way</td>
<td>122,540.</td>
<td>0.</td>
<td>12,632.</td>
</tr>
<tr>
<td>Vice President, Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total

<table>
<thead>
<tr>
<th></th>
<th>596,929.</th>
<th>0.</th>
<th>110,193.</th>
</tr>
</thead>
</table>

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasions Caterers</td>
<td>Catering</td>
<td>133,555.</td>
</tr>
<tr>
<td>5458 3rd Street, NE, Washington, DC 20011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glover Park Group LLC</td>
<td>Advertising</td>
<td>108,566.</td>
</tr>
<tr>
<td>1025 F Street NW, Washington, DC 20004</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 2
## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>158,708</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>2,771,015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1f 3,189,486</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>3,189,486</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f</td>
<td>6,119,209</td>
<td></td>
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</table>

Program Service Revenue

<table>
<thead>
<tr>
<th></th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>2g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

Investment income (including dividends, interest, and other similar amounts)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
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<tr>
<td>4c</td>
<td></td>
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<tr>
<td>4d</td>
<td></td>
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<tr>
<td>4e</td>
<td></td>
</tr>
<tr>
<td>4f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>4g Total, Add lines 2a-2f</td>
<td></td>
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</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>5a</td>
<td></td>
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<tr>
<td>5b</td>
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<td>5c</td>
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<tr>
<td>5d</td>
<td></td>
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<tr>
<td>5e</td>
<td></td>
</tr>
<tr>
<td>5f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>5g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>6c</td>
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<td>6d</td>
<td></td>
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<tr>
<td>6e</td>
<td></td>
</tr>
<tr>
<td>6f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>6g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td></td>
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<tr>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td></td>
</tr>
<tr>
<td>7f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>7g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>8a</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td></td>
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<tr>
<td>8d</td>
<td></td>
</tr>
<tr>
<td>8e</td>
<td></td>
</tr>
<tr>
<td>8f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>8g Total, Add lines 2a-2f</td>
<td></td>
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</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>9c</td>
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<tr>
<td>9d</td>
<td></td>
</tr>
<tr>
<td>9e</td>
<td></td>
</tr>
<tr>
<td>9f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>9g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td></td>
</tr>
<tr>
<td>10d</td>
<td></td>
</tr>
<tr>
<td>10e</td>
<td></td>
</tr>
<tr>
<td>10f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>10g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td></td>
</tr>
<tr>
<td>11f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>11g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>12c</td>
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<td>12d</td>
<td></td>
</tr>
<tr>
<td>12e</td>
<td></td>
</tr>
<tr>
<td>12f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>12g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>
## Prevent Cancer Foundation
**aka Cancer Research & Prevention Fndn** 52-1429544  
Page 10

### 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).

Check if Schedule O contains a response or note to any line in this Part IX. [x]

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>1,236,744</td>
<td>1,236,744</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>560,537</td>
<td>420,404</td>
<td>49,842</td>
<td>90,291</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,556,800</td>
<td>1,106,908</td>
<td>200,455</td>
<td>249,437</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>41,810</td>
<td>16,039</td>
<td>22,658</td>
<td>3,113</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>133,302</td>
<td>94,575</td>
<td>17,758</td>
<td>20,969</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>164,735</td>
<td>118,609</td>
<td>19,768</td>
<td>28,358</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>18,501</td>
<td>10,381</td>
<td>1,274</td>
<td>6,846</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>27,800</td>
<td>27,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>762,006</td>
<td>529,392</td>
<td>10,204</td>
<td>222,410</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>122,406</td>
<td>88,411</td>
<td>135</td>
<td>33,860</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>38,754</td>
<td>27,055</td>
<td>1,039</td>
<td>10,660</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>14,755</td>
<td>4,159</td>
<td>542</td>
<td>10,054</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>329,438</td>
<td>237,195</td>
<td>39,533</td>
<td>52,710</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>138,837</td>
<td>108,293</td>
<td>6,580</td>
<td>23,964</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>9,737</td>
<td>7,011</td>
<td>1,168</td>
<td>1,558</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (list miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Printing</td>
<td>109,733</td>
<td>76,891</td>
<td>545</td>
<td>32,297</td>
</tr>
<tr>
<td>b</td>
<td>Audio/Staging</td>
<td>87,818</td>
<td>38,979</td>
<td></td>
<td>48,839</td>
</tr>
<tr>
<td>c</td>
<td>Software and Support</td>
<td>83,405</td>
<td>59,530</td>
<td>6,811</td>
<td>17,064</td>
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<tr>
<td>d</td>
<td>Catering</td>
<td>83,044</td>
<td>83,044</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>491,903</td>
<td>287,069</td>
<td>80,655</td>
<td>124,179</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>6,012,065</td>
<td>4,550,689</td>
<td>486,767</td>
<td>974,609</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2015)
## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>2,175.</td>
<td>1,748.</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>1,901,809.</td>
<td>2,254,612.</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>306,930.</td>
<td>275,886.</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors,</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>trustees, key employees, and highest compensated employees. Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>under section 4958(f)(1)), persons described in section 4958(c)(3)(B),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and contributing employers and sponsoring organizations of section 501(c)(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>voluntary employees' beneficiary organizations (see instr). Complete Part</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>40,268.</td>
<td>49,541.</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI</td>
<td>149,885.</td>
<td></td>
</tr>
<tr>
<td>of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>52,597.</td>
<td>97,288.</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>28,629.</td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>12,203,591.</td>
<td>12,533,980.</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>121,087.</td>
<td>248,321.</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>605,296.</td>
<td>822,884.</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td>49,875.</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors,</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>trustees, key employees, highest compensated employees, and disqualified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>third parties, and other liabilities not included on lines 17-24. Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part X of Schedule D</td>
<td>257,377.</td>
<td>246,489.</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>983,760.</td>
<td>1,367,569.</td>
</tr>
</tbody>
</table>

### Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete</td>
<td>8,947,577.</td>
<td>8,374,290.</td>
</tr>
<tr>
<td>lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Unrestricted net assets</td>
<td>1,993,841.</td>
<td>2,513,708.</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>278,413.</td>
<td>278,413.</td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>11,219,831.</td>
<td>11,166,411.</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>12,203,591.</td>
<td>12,533,980.</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI: [ ]

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>6,413,454</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>6,012,065</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses, Subtract line 2 from line 1</td>
<td>401,389</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>11,219,831</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-407,629</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>-47,180</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>11,166,411</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII: [x]

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[x] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>2c</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn

Employer Identification number 52-1429544

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).</td>
<td></td>
</tr>
<tr>
<td>7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td></td>
</tr>
</tbody>
</table>

10 ☐ An organization organized and operated exclusively for test for public safety. See section 509(a)(4).

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more public welfare supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above) (see instructions)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 530201 06-23-15

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gits, grants, contributions, and membership fees received. (Do not include any &quot;unnecessary grants.&quot;)</td>
<td>4,488,664</td>
<td>4,789,415</td>
<td>5,133,290</td>
<td>5,572,392</td>
<td>6,292,525</td>
<td>26,276,286</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4,488,664</td>
<td>4,789,415</td>
<td>5,133,290</td>
<td>5,572,392</td>
<td>6,292,525</td>
<td>26,276,286</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. (Subtotal line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>950,016</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4,488,664</td>
<td>4,789,415</td>
<td>5,133,290</td>
<td>5,572,392</td>
<td>6,292,525</td>
<td>26,276,286</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>140,331</td>
<td>172,394</td>
<td>187,698</td>
<td>333,912</td>
<td>516,149</td>
<td>1,350,484</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27,626,770</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12 253,000</td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91.67%</td>
</tr>
<tr>
<td>15 Public support percentage from 2014 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89.82%</td>
</tr>
</tbody>
</table>

**16a 33 1/3% support test - 2015.** 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. [X]

**b 33 1/3% support test - 2014.** 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. [X]

**17a 10% facts-and-circumstances test - 2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. [X]

**b 10% facts-and-circumstances test - 2014.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. [X]

**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. [X]
### Prevent Cancer Foundation

**Schedule A (Form 990 or 990-EZ) 2015**

**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)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Public support (computing in Part II)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. Add lines 9, 10a, 11, and 12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>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</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>15</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2014 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2014 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

19a **33 1/3% support tests - 2015. 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** |          |          |          |          |          |  

19b **33 1/3% support tests - 2014. 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** |          |          |          |          |          |  

---

15 09151027 786335 6034-001

2015.04030 Prevent Cancer Foundation a 6034-001
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td>3a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>3b</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>3c</td>
</tr>
<tr>
<td>4a</td>
<td></td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>4c</td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td>5a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>5b</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>5c</td>
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</tr>
<tr>
<td>9a</td>
<td></td>
<td>9a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>9b</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>9c</td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td>10a</td>
</tr>
</tbody>
</table>

---

**Schedule A (Form 990 or 990-EZ) 2015 aka Cancer Research & Prevention Fndn 52-1429544 Page 4**

**Prevent Cancer Foundation**

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

---

**Section A. All Supporting Organizations**

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule I (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule I (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Prevent Cancer Foundation  
Schedule A (Form 990 or 990-EZ) 2015  
aka Cancer Research & Prevention Fndn 52-1429544 Page 5

**Part IV Supporting Organizations (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described in (a) above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Type I Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If &quot;No,&quot; describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If &quot;Yes,&quot; explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Type II Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If &quot;No,&quot; describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D. All Type III Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If &quot;Yes,&quot; describe in Part VI the role the organization's supported organizations played in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section E. Type III Functionally-Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Activities Test. **Answer (a) and (b) below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If &quot;Yes,&quot; then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the activities described in (a) constitute activities that, for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If &quot;Yes,&quot; explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section A - Adjusted Net Income</td>
<td>(A) Prior Year</td>
<td>(B) Current Year (optional)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Add lines 1 through 3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B - Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Multiply line 5 by 0.05</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C - Distributable Amount</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2 Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
<td>6</td>
</tr>
</tbody>
</table>

7 [ ] Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td><strong>Total annual distributions. Add lines 1 through 8.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Distributions to attentive supported organizations to which the organization is responsive</strong> (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td><strong>Distributable amount for 2015 from Section C, line 6</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Line 8 amount divided by Line 9 amount</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Distributable amount for 2015 from Section C, line 6</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2015</th>
<th>(iii) Distributable Amount for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Excess distributions carryover, if any, to 2015:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f. Total of lines 3a through e</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g. Applied to underdistributions of prior years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h. Applied to 2015 distributable amount</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i. Carryover from 2013 not applied (see instructions)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>j. Remainder. Subtract lines 3g, 3h, and 3i from 3f.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Distributions for 2015 from Section D, line 7:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Excess distributions carryover to 2016. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Breakdown of line 7:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c. Excess from 2013</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d. Excess from 2014</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e. Excess from 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2015
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 5a, 6, 8a, 8b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
**Political Campaign and Lobbying Activities**

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

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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?

### 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.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter 0.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

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

Schedule C (Form 990 or 990-EZ) 2015

**LHA**

532041

10-05-15

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
Prevent Cancer Foundation
Schedule C (Form 990 or 990-EZ) 2015 aka Cancer Research & Prevention Fdn 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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.)

<table>
<thead>
<tr>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
</tr>
<tr>
<td>If the amount on line 1e, column (a) or (b) is:</td>
<td>The lobbying nontaxable amount is:</td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2015
Prevent Cancer Foundation
Schedule C (Form 990 or 990-EZ) 2015 aka Cancer Research & Prevention Fndn 52-1429544 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1l below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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? ...........................................
      Yes  
      
   b. Paid staff or management (include compensation in expenses reported on lines 1c through 1l)? ....
      Yes  
      
   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   
      2,500.

2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
    X
    
2b. If "Yes," enter the amount of any tax incurred under section 4912...
    
2c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912...
    
2d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?
    
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2a</th>
<th>2b</th>
<th>2c</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
| 1     | Dues, assessments and similar amounts from members ..............................................
| 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 ..................................................
| b     | Carryover from last year ..................................
| c     | Total ..........................................................|
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
| 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? |
| 5     | Taxable amount of lobbying and political expenditures (see instructions) ..................|

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

---

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

2015
Open to Public Inspection

OMB No. 1545-0017

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" on Form 990, Part IV, line 6.

1 Total number at end of year

2 Aggregate value of contributions to (during year)

3 Aggregate value of 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?
   Yes □ 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?
   Yes □ No □

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   □ Preservation of land for public use (e.g., recreation or education)
   □ Preservation of a historically important land area
   □ Protection of natural habitat
   □ Preservation of a certified historic structure
   □ 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.

2a Held at the End of the Tax Year

2b Total number of conservation easements

2c Total acreage restricted by conservation easements

2d Number of conservation easements on a certified historic structure included in (a)

2d Number of conservation easements included in (c) acquired after 8/17/05, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1 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 XIII, the text of the footnote to its financial statements that describes these items.

2 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

3 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) Revenue included on 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
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

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

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization generating income or funds for contributions, grants, scholarships, or other activities not included on Form 990, Part X? □ Yes □ No

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

- 1c
- 1d
- 1e
- 1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

1a Beginning of year balance
   (a) Current year
   (b) Prior year
   (c) Two years back
   (d) Three years back
   (e) Four years back

   5,933,315
   5,776,348
   5,062,664
   4,736,663
   4,920,965

b Contributions
   (a) Current year
   (b) Prior year
   (c) Two years back
   (d) Three years back
   (e) Four years back

   21,248
   187,834
   805,244
   414,634
   77,154

c Net investment earnings, gains, and losses
   (a) Current year
   (b) Prior year
   (c) Two years back
   (d) Three years back
   (e) Four years back

   63,219
   62,398
   236,078

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a Board designated or quasi-endowment ▶ 95.30 %
   b Permanent endowment ▶ 4.70 %
   c Temporarily restricted endowment ▶ %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

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

   3a(i) X
   3a(ii) X

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

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

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

<table>
<thead>
<tr>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>149,885.</td>
<td>52,597.</td>
<td>97,288.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 97,288.
### Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
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<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
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<td>(4)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
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</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Deposits</td>
<td>46,346</td>
</tr>
<tr>
<td>(2) Interests in remainder trusts</td>
<td>433,246</td>
</tr>
<tr>
<td>(3) Charitable Gift Annuities</td>
<td>189,056</td>
</tr>
<tr>
<td>(4) Deferred Compensation Plan</td>
<td>188,698</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.  
<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Charitable Gift Annuities</td>
<td>57,791</td>
</tr>
<tr>
<td>(3) Deferred Compensation plan</td>
<td>188,698</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

---

Schedule D (Form 990) 2015

09151027 786335 6034-001  2015.04030 Prevent Cancer Foundation a 6034-001
## Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>6,085,812.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>-407,629.</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>127,167.</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>-280,462.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,366,274.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12 but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>47,180.</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>47,180.</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>6,413,454.</td>
</tr>
</tbody>
</table>

## Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>6,139,232.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>127,167.</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>127,167.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,012,065.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25 but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>0.</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>6,012,065.</td>
</tr>
</tbody>
</table>

## Part XIII | Supplemental Information.

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, lines 2d and 4b; and Part XII, 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 170(b)(1)(A)(vi) of the
Internal Revenue Code. The Foundation adopted the provisions in FASB ASC 740-10.
Name of the organization: Prevent Cancer Foundation  
aka Cancer Research & Prevention Fndn  
Employer identification number: 52-1429544

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. 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

3. 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?

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II Fundraising Events

Complete if the organization answered "Yes" on 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>1,449,197.</td>
<td>1,102,428.</td>
<td>305,990.</td>
<td>2,857,615.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>1,362,597.</td>
<td>1,102,428.</td>
<td>305,990.</td>
<td>2,771,015.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>86,600.</td>
<td></td>
<td></td>
<td>86,600.</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>26,500.</td>
<td>53,188.</td>
<td>24,350.</td>
<td>104,038.</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>93,290.</td>
<td></td>
<td>14,390.</td>
<td>107,680.</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td>6,250.</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>217,968.</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>-131,368.</td>
</tr>
</tbody>
</table>

### Part III Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct 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: ____________________________

Schedule G (Form 990 or 990-EZ) 2015

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn 52-1429544 Page3

11 Does the organization conduct 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 conducted in:
   a The organization’s facility
   b An outside facility

13a %
13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name ▪ Amy Khalaf
Address ▪ 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. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).


532083 09-14-15

09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
Name of the organization: Prevent Cancer Foundation aka Cancer Research & Prevention Fndn

### 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 [X] 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered “Yes” on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgetown University - multiple</td>
<td>53-0196603</td>
<td>501(c)(3)</td>
<td>80,000</td>
<td>0</td>
<td></td>
<td>Support for medical research</td>
<td></td>
</tr>
<tr>
<td>37th Street, NW &amp; O STS Washington, DC 20057-1164</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of IL Chicago</td>
<td>53-0196603</td>
<td>501(c)(3)</td>
<td>70,000</td>
<td>0</td>
<td></td>
<td>Support for medical research</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 4610 Springfield, IL 62708-4610</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish Catholic Center</td>
<td>52-0980905</td>
<td>501(c)(3)</td>
<td>134,480</td>
<td>0</td>
<td></td>
<td>Support for outreach</td>
<td></td>
</tr>
<tr>
<td>1015 University Blvd E, Silver Spring, MD 20903</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgetown University - LCCC</td>
<td>53-0196603</td>
<td>501(c)(3)</td>
<td>101,706</td>
<td>0</td>
<td></td>
<td>Support for outreach</td>
<td></td>
</tr>
<tr>
<td>37th Street, NW &amp; O STS Washington, DC 20057-1164</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Health Partnership Clinic</td>
<td>36-4277029</td>
<td>501(c)(3)</td>
<td>35,000</td>
<td>0</td>
<td></td>
<td>Support for outreach</td>
<td></td>
</tr>
<tr>
<td>13707 West Jackson Woodstock, IL 60098</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GW Cancer Institute</td>
<td>53-0196584</td>
<td>501(c)(3)</td>
<td>37,500</td>
<td>0</td>
<td></td>
<td>Support for outreach</td>
<td></td>
</tr>
<tr>
<td>2300 Eye Street, NW, Ross Hall, Suite 1200, Washington, DC 20037</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------</td>
<td>-------------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>John Hopkins University - R. Kelly and V. Anagnostou - 1102 E. 33rd Street - Baltimore, MD 21218-2696</td>
<td>52-0595110</td>
<td>501(c)3</td>
<td>$30,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tufts University - J. Mason Posner Hall - 200 Harrison Avenue Boston, MA 02110</td>
<td>04-21033634</td>
<td>501(c)3</td>
<td>$7,423.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tufts University - L. Paul Posner Hall - 200 Harrison Avenue Boston, MA 02110</td>
<td>04-21033634</td>
<td>501(c)3</td>
<td>$9,961.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Medicine and Dentistry - NJ - 195 Little Albany Street, Rm. 3041 - New Brunswick, NJ 08903</td>
<td>07-8795875</td>
<td>Public Institution</td>
<td>$10,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert Einstein College of Medicine - 1300 Morris Park Avenue - Bronx, NY 10461-1602</td>
<td>13-1624225</td>
<td>501(c)3</td>
<td>$50,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute 44 Binney Street Boston, MA 02115</td>
<td>04-2263040</td>
<td>501(c)3</td>
<td>$40,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of California, Los Angeles - 410 Charles E. Young Drive E - Los Angeles, CA 90095</td>
<td>95-6006143</td>
<td>501(c)3</td>
<td>$30,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of California, San Diego - 9500 Gilman Drive - La Jolla, CA 92037</td>
<td>95-6006144</td>
<td>501(c)3</td>
<td>$40,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Pennsylvania 3451 Walnut Street, Rom P-221 Philadelphia, PA 19104-6205</td>
<td>23-1352685</td>
<td>501(c)3</td>
<td>$30,000.00</td>
<td>0.00</td>
<td>Support for medical research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
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</tr>
<tr>
<td>University of Texas (MD Anderson Cancer Center) - P.O. Box 297402 - Houston, TX 77297</td>
<td>74-1587488</td>
<td></td>
<td>40,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weill Cornell Medical College 1300 York Avenue, Box 89 New York, NY 10065</td>
<td>13-1623978</td>
<td></td>
<td>125,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
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</tr>
<tr>
<td>Rhode Island Hospital 593 Eddy Street Providence, RI 02903</td>
<td>05-0258954</td>
<td></td>
<td>10,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wake Forest University 1834 Wake Forest Road Winston-Salem, NC 27109</td>
<td>56-0532138</td>
<td></td>
<td>10,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wayne State University 42 W Warren Avenue Detroit, MI 48202</td>
<td>38-3555142</td>
<td></td>
<td>10,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
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</tr>
<tr>
<td>HudsonAlpha Institute for Biotechnology - 601 Genome Way, NW - Huntsville, AL 35806</td>
<td>43-2059317</td>
<td></td>
<td>10,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Kansas Medical Research Center - 4330 Shawnee Mission Pkwy - Fairway, KS 66205</td>
<td>48-1108830</td>
<td></td>
<td>10,000.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's National Medical Center 111 Michigan Avenue, NW Washington, DC 20010</td>
<td>52-1640403</td>
<td></td>
<td>8,750.</td>
<td></td>
<td>Support for medical research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] 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.

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No

3. Indicate which, if any, of the following filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [ ] Compensation committee
- [ ] Written employment contract
- [ ] Independent compensation consultant
- [ ] Compensation survey or study
- [ ] Form 990 of other organizations
- [ ] Approval by the board or compensation committee

4. During the year, did any person listed on 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?

- [ ] Yes
- [ ] No

b. Participate, or receive payment from, a supplemental nonqualified retirement plan?

- [ ] Yes
- [ ] No

c. Participate, or receive payment from, an equity-based compensation arrangement?

- [ ] Yes
- [ ] No

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a. The organization?

- [ ] Yes
- [ ] No

b. Any related organization?

- [ ] Yes
- [ ] No

If "Yes" to line 5a or 5b, describe in Part III.

6. For persons listed on 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?

- [ ] Yes
- [ ] No

b. Any related organization?

- [ ] Yes
- [ ] No

If "Yes" on line 6a or 6b, describe in Part III.

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

- [ ] Yes
- [ ] No

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4956-4(a)(3)? If "Yes," describe in Part III.

- [ ] Yes
- [ ] No

9. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4956-6(e)?

- [ ] Yes
- [ ] No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Prevent Cancer Foundation
aka Cancer Research & Prevention Fndn 52-1429544

Schedule J (Form 990) 2015

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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Carolyn R. Aldige President</td>
<td>(i) 276,269. (ii) 0. (iii) 0.</td>
<td>(i) 29,051.</td>
<td>(i) 40,498.</td>
<td>(E) 345,818.</td>
<td>(F) 0.</td>
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<tr>
<td>(2) Janice Bresch Exec VP &amp; Chief Operating</td>
<td>(i) 198,120. (ii) 0. (iii) 0.</td>
<td>(i) 7,882.</td>
<td>(i) 20,130.</td>
<td>(E) 226,132.</td>
<td>(F) 0.</td>
</tr>
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</table>
Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
## Noncash Contributions

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

### Employer Identification Number
52-1429544

### Part I  Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a</th>
<th>(d) Method of determining noncash contribution amounts</th>
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<tr>
<td>1</td>
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</tr>
<tr>
<td>25</td>
<td>Other ▶ (Decor and foo)</td>
<td>X</td>
<td>1</td>
<td>95,000. Fair Market Value</td>
</tr>
<tr>
<td>26</td>
<td>Other ▶ (Food - benefit)</td>
<td>X</td>
<td>3</td>
<td>0. Fair Market Value</td>
</tr>
<tr>
<td>27</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>28</td>
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</tbody>
</table>

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 through 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 |
| 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 |
| 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) (2015)

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09151027 786335 6034-001 2015.04030 Prevent Cancer Foundation a 6034-001
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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.

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:
Specifically discusses symptoms and risks for colorectal cancer. It outlines all screening methods and gives questions to ask your doctor.

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 Senior Director of Finance and Administration monitor staff compliance.

Form 990, Part VI, Section B, Line 15:
PCF compares their compensation levels 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, OR, OK, 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.

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

Schedule O (Form 990 or 990-EZ) (2015)
request.

Form 990, Part IX, Line 11g, Other Fees:

Other:

Program service expenses  
522,642.

Management and general expenses 
10,024.

Fundraising expenses  
222,410.

Total expenses  
755,076.

Consultant:

Program service expenses  
6,750.

Management and general expenses  
180.

Fundraising expenses  
0.

Total expenses  
6,930.

Total Other Fees on Form 990, Part IX, line 11g, Col A  
762,006.

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.