Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending DEC 31, 2008

Name of organization

PMP RESEARCH FOUNDATION

Address

6415 Granger Rd 200

City, town, state or country, and ZIP + 4

Independence, OH 44131

Employer identification number

26-2890160

Telephone number

216/986-7010

Website: PMPCURE.ORG

Organization type: 501(c)(3)

Check if required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000, a return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Contributions, gifts, grants, and similar amounts received

$ 58,386.

Expenses, including government fees and contracts, least basis assessments.

Investment income

Revenue

Gross amount from sale of assets other than inventory

Less: cost or other basis and sales expenses

Gain or (loss) from sale of assets other than inventory

Special events and activities

Gross revenue (not including $ of contributions reported on line 1)

Less: direct expenses other than fundraising expenses

Net income or (loss) from special events and activities

Gross sales of inventory, less returns and allowances

Less: cost of goods sold

Gross or (loss) from sales of inventory

Other revenue

Total revenue

Total expenses

Grants and similar amounts paid

Benefits paid to or for members

Salaries, other compensation, and employees benefits

Professional fees and other payments to independent contractors

Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

Other expenses

Net assets

Excess or (deficit) for the year

Net assets or fund balances at beginning of year

Net assets or fund balances at end of year

Balances Sheets.

(A) Beginning of year

(B) End of year

Cash, savings, and investments

Land and buildings

Other assets

Total assets

Total liabilities

Net assets or fund balances

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part III | Statement of Program Service Accomplishments**

(See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.


(Grants $ ) If this amount includes foreign grants, check here ▶ □ 28a

29

30

(Grants $ ) If this amount includes foreign grants, check here ▶ □ 30a

31 Other program services (attach schedule) .........

(Grants $ ) If this amount includes foreign grants, check here ▶ □ 31a

32 Total program service expenses (add lines 28 through 31a) ▶ □ □ □ 32 0.

**Part IV | List of Officers, Directors, Trustees, and Key Employees**

List each one even if not compensated. (See the instructions for Part IV)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-)</th>
<th>(d) Contributions to employees benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>LISA KURTZ LUCIANO</td>
<td>PRESIDENT</td>
<td>15.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MICHAEL DVORSKY</td>
<td>VICE-PRESIDENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KEITH ROTHFUS</td>
<td>VICE-PRESIDENT</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KATHLEEN HOOVER</td>
<td>TREASURER</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DANIEL LUCIANO</td>
<td>SECRETARY</td>
<td>10.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

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Form 990-EZ (2008) 12-17-08
Part V | Other Information (Note the statement requirements in the instructions for Part VI.)

33. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ................................................................. Yes No 33 X
34. Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a confirmed copy of the changes ............................................................................. Yes No 34 X
35. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a. Did the organization have unrelated business gross income of $1,000 or more or section 5033(e) notice, reporting, and proxy tax requirements? ................................................................................................................................................... Yes No 35a X 35b N/A
36. Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N ..................................................................................................................................... Yes No 36 X
37. Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. b. Did the organization file Form 1120-POL for this year? 37b X
38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? ....................................................................................................................................... 38a X 38b N/A
39. Section 501(c)(7) organizations. Enter: a. Initiation fees and capital contributions included on line 9 ...................................................................................................................... 39a N/A b. Gross receipts, included on line 9, for public use of club facilities ...................................................................................................................... 39b N/A
40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911[0. ; section 4912[0. ; section 4955[0. b. Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I ................................................................................................................................. 40b X
41. List the states with which a copy of this return is filed: OH
42a. The books are in care of LISA KURTZ LUCIANO Telephone no. 216/986-7010 Located at 6415 GRANGER RD, INDEPENDENCE, OH ZIP + 4 44131
42b. 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)? .................................................................................................................................................. Yes No 42c X
42. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
43. a. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ......................................................................................................................................................... 43 X
44. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ............................................................................................................................................... 43 X
44a. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ ......................................................................................................................................................... Yes No 44 X
45. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ ......................................................................................................................................................... Yes No 45 X
**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
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<tr>
<td>47 Did the organization engage in lobbying activities? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
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<tr>
<td>48 Is the organization operating a school as described in section 170(b)(1)(A)(i)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>X</td>
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<tr>
<td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>49b</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; was the related organization(s) a section 527 organization?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name and address of each employee paid more than $100,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation</th>
<th>Contributions to employee benefit plans &amp; deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tbody>
</table>

Total number of other employees paid over $100,000

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $100,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tbody>
</table>

Total number of other independent contractors each receiving over $100,000

**Sign Here**

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

Signature of officer or name and title: Kathleen Hoover, Treasurer

Date: 5/29/09

Paid Preparer’s Use Only

Preparer’s signature: [signature] Date: 05/29/09

Preparer’s EIN: 33595 BAINBRIDGE RD. SUITE 205

Preparer’s telephone number: SOLON, OHIO 44139

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2008)
Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

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

The organization is not a private foundation because it is: (Please check only one organization.)

1 □ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 □ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 □ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state.
5 □ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 □ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 □ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9 X 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 the Part III.)
10 □ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 □ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a □ Type I
   b □ Type II
   c □ Type III - Functionally integrated
   d □ Type III - Other

   e □ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
   f □ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
   g □ Since August 17, 2008, has the organization accepted any gift or contribution from any of the following persons?
      (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
      (ii) A family member of a person described in (i) above?
      (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

<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 or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2009
### Section A. Public Support

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

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**
7. Amounts from line 4
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
9. Net income from unrelated business activities, whether or not the business is regularly carried on
10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)
11. **Total support. Add lines 7 through 10**
12. Gross receipts from related activities, etc. (see instructions)
13. **First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.**

### Section C. Computation of Public Support Percentage

14. Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)
15. Public support percentage from 2007 Schedule A, Part IV-A, line 28f
16a. **33 1/3% support test - 2008. 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.**
16b. **33 1/3% support test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.**
17a. **10% facts-and-circumstances test - 2008. 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. The organization qualifies as a publicly supported organization.**
17b. **10% facts-and-circumstances test - 2007. 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. The organization qualifies as a publicly supported organization.**
18. **Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.**
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 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>57,886</td>
<td>57,886</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
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<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
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<tr>
<td>6 Total. Add lines 1 - 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57,886</td>
<td>57,886</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
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</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 6, 10c, 11, and 12 for the year or $5,000</td>
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<tr>
<td>7c Add lines 7a and 7b</td>
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<td></td>
<td>57,886</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57,886</td>
</tr>
<tr>
<td>10a 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>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>10c Add lines 10a and 10b</td>
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</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
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</tr>
<tr>
<td>13 Total support (Add lines 6, 10c, 11, and 12)</td>
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<td></td>
<td></td>
<td></td>
<td>57,886</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

- 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | %
- 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | %

### Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | %
- 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | %

- 19a 33 1/3% support tests - 2008. If the organization did not check 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 - 2007. If the organization did not check 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 on line 14, 19a, or 19b, check this box and see instructions
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK SERVICE CHARGES</td>
<td>71.00</td>
</tr>
<tr>
<td>MISC</td>
<td>6.00</td>
</tr>
<tr>
<td>OFFICE SUPPLIES</td>
<td>192.00</td>
</tr>
<tr>
<td>WEBSITE</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 990-EZ, LINE 16</strong></td>
<td><strong>469.00</strong></td>
</tr>
</tbody>
</table>
FORM 990-EZ  INFORMATION REGARDING TRANSFERS  STATEMENT 2
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . . . . . . . . . . . . . . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO
PMP RESEARCH FOUNDATION IS DEDICATED TO FUNDING RESEARCH TO FIND A CURE FOR
PMP AND RELATED PERITONEAL SURFACE MALIGNANCIES (PSM'S).