

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)

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning, 2003, and ending

B Check if applicable: C Name of organization PROSTATE CANCER FOUNDATION
D Employer identification number 95-4418411
E Telephone number (310) 570-4700
F Accounting method: Cash X Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes X No

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? N/A Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No

I Group Exemption Number

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

G Website: WWW.PROSTATECANCERFOUNDATION.ORG

J Organization type (check only one) X 501(c)(3) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 26,614,834.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21).

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above (itemize), 44 Total functional expenses.

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

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

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? STMT 10

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

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

Table with 2 columns: Description, Program Service Expenses. Rows include: a STMT 11, b, c, d, e Other program services (attach schedule), f Total of Program Service Expenses (should equal line 44, column (B), Program services).

Part IV Balance Sheets (See page 25 of the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	600.	45	600.
	46 Savings and temporary cash investments	6,564,044.	46	7,792,736.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a 6,203,236.		
	b Less: allowance for doubtful accounts	48b	2,619,365.	48c 6,203,236.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	STMT 12 51a 10,000.		
	b Less: allowance for doubtful accounts	51b		51c 10,000.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	STMT 13 41,667.	53	54,106.
	54 Investments - securities (attach schedule) STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		3,025,619.	54 63,985.
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 1,338,687.			
b Less: accumulated depreciation (attach schedule)	STMT 8 57b 1,035,770.	294,989.	57c 302,917.	
58 Other assets (describe <input type="checkbox"/> STMT 15)		94,976.	58 189,029.	
59 Total assets (add lines 45 through 58) (must equal line 74)		12,641,260.	59 14,616,609.	
Liabilities	60 Accounts payable and accrued expenses	448,446.	60	1,752,477.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 16)		4,925,000.	65 6,556,433.
66 Total liabilities (add lines 60 through 65)		5,373,446.	66 8,308,910.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	7,267,814.	67	6,307,699.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		7,267,814.	73 6,307,699.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		12,641,260.	74 14,616,609.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	22,299,227.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ -175.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	STMT 17 \$ 679,355.		
	Add amounts on lines (1) through (4) ▶	b	679,180.
c	Line a minus line b ▶	c	21,620,047.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	21,620,047.

a	Total expenses and losses per audited financial statements ▶	a	23,259,342.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	STMT 18 \$ 679,355.		
	Add amounts on lines (1) through (4) . . ▶	b	679,355.
c	Line a minus line b ▶	c	22,579,987.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	22,579,987.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 23		1,507,919.	48,673.	3,170.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions.	81 a	NONE
b	Did the organization file Form 1120-POL for this year?	81 b	N/A
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b	N/A
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87 a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> CALIFORNIA, <input checked="" type="checkbox"/> NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90 b	18
91	The books are in care of <input checked="" type="checkbox"/> PROSTATE CANCER FOUNDATION Telephone no. <input checked="" type="checkbox"/> (310) 570-4700 Located at <input checked="" type="checkbox"/> 1250 4TH ST., #360, SANTA MONICA, CA ZIP + 4 <input checked="" type="checkbox"/> 90401		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> 92		N/A

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a, b, c, d, e, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1 contains 'N/A'.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1 contains 'N/A'.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer, Date, Type or print name and title.

Paid Preparer's Use Only

Preparer's signature, Date, Check if, Preparer's SSN or PTIN (See Gen. Inst. W), Firm's name (or yours if self-employed), address, and ZIP + 4, Phone.

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: PROSTATE CANCER FOUNDATION
Employer identification number: 95-4418411
Number, street, and room or suite no.: 1250 FOURTH STREET, SUITE 360
City, town or post office, state, and ZIP code: SANTA MONICA, CA 90401-1353

Check type of return to be filed (File a separate application for each return):

Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2004
5 For calendar year 2003, or other tax year beginning and ending
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA OF ERNST & YOUNG Date: 8-5-04

Notice to Applicant - To Be Completed by the IRS

Notice to Applicant - To Be Completed by the IRS
We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

By: _____ Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: ERNST & YOUNG LLP ATTN: KARA ADAMS
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 18111 VON KARMAN AVENUE, SUITE 1000
City or town, province or state, and country (including postal or ZIP code): IRVINE, CA 92612-1007

EXTENSION APPROVED
JUL 17 2004
FIELD DIRECTOR, SUBMISSION PROCESSING CENTER

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2003

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>MIKE KAISERMAN</u> 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401-1353	SVP, DEVELOPMENT 40 HRS/WK	89,808.	2,546.	NONE
<u>JAN HABER</u> 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401-1353	VP, DEVELOPMENT 40 HRS/WK	89,447.	4,780.	NONE
<u>HELEN HSIEH</u> 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401-1353	VP, FINANCE 40 HRS/WK	59,042.	9,972.	NONE
<u>KURT KNOP</u> 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401-1353	VICE PRESIDENT 40 HRS/WK	118,113.	1,746.	NONE
<u>PRISCILLA BURTON</u> 1250 FOURTH STREET, SUITE 360 SANTA MONICA, CA 90401-1353	EX VP-DEVELOPMENT 40 HRS/WK	88,742.	9,579.	NONE
Total number of other employees paid over \$50,000	▶ 9			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>KINTERA, INC.</u> 9605 SCRANTON RD., # 240, SAN DIEGO, CA	WEB HOSTING	208,000.
<u>KBDA, INC.</u> 2558 OVERLAND AVENUE, LOS ANGELES, CA	PUBLICITY	184,101.
<u>DIRECTRIX</u> 1838 SAN PASQUAL ST., PASADENA, CA	CONSULTING	100,000.
<u>JAMI CHARITY BRANDS</u> 140 W. 57 ST, STE 11B, NEW YORK, NY	CORP. ALLIANCE SVCS.	120,000.
<u>DAVE PERRON</u> 10 GEARY AVENUE, KENTFIELD, CA 94904	SPORT EVENT CONSULT.	130,209.
Total number of others receiving over \$50,000 for professional services	▶ 10	

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

Schedule A (Form 990 or 990-EZ) 2003

JSA

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>55,950.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V ATTACHED	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) STMT 24	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) **NOT APPLICABLE**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a X if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line number, description, (a) Affiliated group totals, and (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and rows for Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, and Grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

Table for reporting lobbying activity with columns for Yes, No, and Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, demonstrations, seminars, and Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Description, Yes, No. Rows include: Transfers from reporting organization to a noncharitable exempt organization of: (i) Cash (Yes X), (ii) Other assets (No X); Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization (No X), (ii) Purchases of assets from a noncharitable exempt organization (No X), (iii) Rental of facilities, equipment, or other assets (No X), (iv) Reimbursement arrangements (No X), (v) Loans or loan guarantees (No X), (vi) Performance of services or membership or fundraising solicitations (No X); Sharing of facilities, equipment, mailing lists, other assets, or paid employees (No X).

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: 51a (1), 250,000, NATIONAL PROSTATE CANCER COALITION COMPANY, FINANCIAL SUPPORT TO PROMOTE INCREASED PUBLIC AWARENESS OF PROSTATE CANCER AND THE NEED FOR INCREASED PROSTATE CANCER RESEARCH FUNDING.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No (X) No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: N/A.

Schedule of Contributors

2003

Supplementary Information for
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization **PROSTATE CANCER FOUNDATION**

Employer identification number

95-4418411

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p><u>SEE STATEMENT 1</u></p> <p><u>DIRECT CASH CONTRIBUTIONS</u></p>	<p><u>21,594,954.</u></p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
			<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
			<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
			<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
			<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
			<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION -----	AMOUNT -----
INTEREST INCOME	63,218.
TOTAL	----- 63,218. =====

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION

AMOUNT

DIVIDEND INCOME

13.

TOTAL

13.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

DESCRIPTION	AMOUNT
MAR-A-LAGO TENNIS TOURNAMENT	1,027,939.
SHADOW CREEK GOLF TOURNAMENT	1,349,491.
INDIAN WELLS TENNIS TOURNAMENT	204,704.
LA GOURMET GAMES	951,372.
BIGHORN GOLF TOURNAMENT	293,323.
SEATTLE GOURMET GAMES	105,062.
LABORER'S DINNER	276,851.
NEW YORK DINNER	4,558,604.
TOTAL	8,767,346.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
MAR-A-LAGO TENNIS TOURNAMENT	26,661.	26,661.
SHADOW CREEK GOLF TOURNAMENT	169,705.	169,705.
INDIAN WELLS TENNIS TOURNAMENT	16,292.	16,292.
LA GOURMET GAMES	27,378.	27,378.
BIGHORN GOLF TOURNAMENT	33,427.	33,427.
SEATTLE GOURMET GAMES	8,688.	8,688.
LABORER'S DINNER	40,999.	40,999.
NEW YORK DINNER	356,205.	356,205.
TOTALS	679,355.	679,355.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

175.

TOTAL

175.
=====

ROSTATE CANCER FOUNDATION

EIN: 95-4418411

YE: DECEMBER 31, 2003

ORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
2/26/03	Hadassah University Hospital	12,500
2/26/03	Technion R&D Foundation, Ltd.	25,000
2/26/03	Weizmann Institute of Science	25,000
2/27/03	Hebrew University of Jerusalem	25,000
6/4/03	Baylor College of Medicine	100,000
6/4/03	BWH Radiation Oncology Research	100,000
6/4/03	Burnham Institute	100,000
6/4/03	California Institute of Tech.	50,000
6/4/03	Cedars-Sinai Prostate Cancer Center	100,000
6/4/03	Cedars-Sinai Prostate Cancer Center	50,000
6/4/03	Cleveland Clinic Foundation	50,000
6/4/03	Fred Hutchinson Cancer Research Center	75,000
6/4/03	Johns Hopkins University	100,000
6/4/03	Johns Hopkins University	75,000
6/4/03	Massachusetts General Hospital	100,000
6/4/03	M.D. Anderson Cancer Center	75,000
6/4/03	Scripps Research Institute	100,000
6/4/03	Stanford University	50,000
6/4/03	University of California, L.A.	50,000
6/4/03	University of S.Cal.SF	50,000
6/4/03	University of Innsbruck	50,000
6/4/03	University of Michigan	100,000
6/4/03	University of Michigan	50,000
6/4/03	UT, SW Medical Center	75,000
6/4/03	University of Texas Health	50,000
6/4/03	University of Virginia	100,000
6/4/03	University of Virginia	50,000
6/4/03	University of Wisconsin	50,000
6/4/03	Vanderbilt University Medical Center	50,000
6/4/03	Dana - Farber Institute	50,000
6/4/03	Hadassah University Hospital	13,550
6/4/03	Technion R&D Foundation, Ltd.	24,650
6/4/03	Weizmann Institute of Science	24,650
6/19/03	Hebrew University of Jerusalem	50,000
6/19/03	Regents of the Univ. of MI	100,000
6/19/03	Technion, Israel Institute of Technology	50,000
6/19/03	Tel-Aviv Sourasky Medical Center	50,000
6/19/03	Weizmann Institute of Science	50,000
6/19/03	Weizmann Institute of Science	50,000
7/2/03	Hadassah Medical Hospital	50,000
7/2/03	Technion, Israel Institute of Technology	50,000
7/24/03	Dana-Farber Cancer Institute	40,000
7/1/03	Hebrew University of Jerusalem	24,650
10/3/03	Hadassah University Hospital	12,500
10/03/03	Technion R&D Foundation, Ltd.	25,000
10/9/03	Weizmann Institute of Science	25,000
10/10/03	Weizmann Institute of Science	25,000
4/21/03	Roger Williams Hospital	100,000

ROSTATE CANCER FOUNDATION

EIN: 95-4418411

YE: DECEMBER 31, 2003

ORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
1/16/04	Burnham Institute	100,000
1/16/04	Case Western Reserve	75,000
1/16/04	Cedars-Sinai Prostate Cancer	100,000
1/16/04	Dana -Farber Cancer Institute	100,000
1/16/04	Dana -Farber Cancer Institute	100,000
1/16/04	Dana -Farber Cancer Institute	75,000
1/16/04	Dana -Farber Cancer Institute	100,000
2/19/04	Duke University Medical C	50,000
1/16/04	Washington University	75,000
1/16/04	Johns Hopkins University	100,000
1/16/04	Johns Hopkins University	100,000
1/16/04	Johns Hopkins University	100,000
1/16/04	M.D. Anderson Cancer Center	75,000
1/16/04	Memorial Sloan -Kettering	100,000
1/16/04	Memorial Sloan -Kettering	75,000
1/16/04	University of California	100,000
1/16/04	University of California	100,000
1/16/04	University of California	75,000
1/16/04	University of California, LA	100,000
1/16/04	University of California, LA	100,000
1/16/04	University of California, SD	100,000
1/16/04	University of S.Cal.SF	50,000
1/16/04	University of Michigan	100,000
1/16/04	University of Michigan Cancer Center	100,000
1/16/04	University of No. Carolina	100,000
1/16/04	University of California, SF	100,000
1/16/04	University of Virginia	75,000
1/16/04	University of Wisconsin	100,000
1/16/04	University of Wisconsin	100,000
1/16/04	University of California	75,000
1/16/04	University of Colorado	75,000
1/16/04	University So. California	100,000
1/16/04	Vancouver General Hospital	100,000
1/16/04	Washington University	100,000
1/16/04	Johns Hopkins University	100,000
10/14/03	Safe at Home Foundation	50,000
3/6/03	Friend of Cancer Research	10,000
3/6/03	Research America	1,000
5/15/03	Regents of the University of CA	50,000
6/4/03	Cedars-Sinai Prostate Cancer Ctr	100,000
9/11/03	Regents of the University of CA	50,000
10/3/03	Regents of the University of CA	6,250
10/3/03	UCSF Comprehensive Cancer	6,250
10/3/03	Veterans Administration	2,500
11/30/03	Memorial Sloan-Kettering Cancer Center	100,000
1/16/04	Johns Hopkins University	500,000
1/16/04	Memorial Sloan Kettering	1,000,000
1/16/04	M.D. Anderson Cancer Center	1,000,000

ROSTATE CANCER FOUNDATION

EIN: 95-4418411

YE: DECEMBER 31, 2003

ORM 990, PART II, LINE 22 - GRANTS AND ALLOCATIONS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
1/16/04	Memorial Sloan-Kettering Cancer Center	500,000
1/16/04	UCSF Foundation	105,200
4/23/03	American Urological Assoc.	3,000
7/24/03	Regents of the University CA	50,000
9/11/03	Anthony D'amico, M.D	10,000
9/11/03	Massimo Loda, M.D.	10,000
9/11/03	University of Pittsburgh	10,000
9/11/03	Jonathan W. Simons, M.D.	10,000
10/2/03	Cedars-Sinai Prostate Cancer Center	100,000
11/5/03	Virginia Tech	10,000
1/30/03	Cedars-Sinai Prostate Cancer Center	200,000
1/30/03	Dana - Farber Institute	200,000
1/30/03	Johns Hopkins University	66,666
1/30/03	Johns Hopkins University	66,666
1/30/03	Johns Hopkins University	66,666
1/30/03	M.D.Anderson Cancer Ctr	200,000
1/30/03	Memorial Sloan-Kettering Cancer Center	200,000
1/30/03	Regents of the University CA	200,000
1/30/03	University of Michigan	200,000
1/30/03	University of Wisconsin	200,000
3/12/03	M.D.Anderson Cancer Center	100,000
8/21/03	Cedars-Sinai Prostate Cancer Center	200,000
8/21/03	Dana - Farber Cancer Institute	200,000
8/21/03	Johns Hopkins University	66,666
8/21/03	Johns Hopkins University	66,666
8/21/03	Johns Hopkins University	66,666
8/21/04	M.D.Anderson Cancer Ctr	100,000
8/21/03	Memorial Sloan-Kettering Cancer Center	200,000
8/21/03	Regents of the University CA	200,000
8/21/03	University of Michigan	200,000
8/21/03	University of Wisconsin	200,000
1/16/04	Memorial Sloan-Kettering Cancer Center	100,000
4/15/03	University of Michigan	50,000
6/20/03	Washington University - Refund	(144)
	Other	(2,150)
		<u>12,909,402</u>
	Total Grants and Allocations	

PROSTATE CANCER FOUNDATION
 FEIN: 95-4418411
 FYE: DECEMBER 31, 2003

FORM 990, PART IV, LINES 42 AND 57 - FIXED ASSETS AND DEPRECIATION

<u>DESCRIPTION</u>	<u>BALANCE 12/31/2002</u>	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>BALANCE 12/31/2003</u>
<u>FIXED ASSETS</u>				
FURNITURE & FIXTURES	392,521	-	-	392,521
OFFICE EQUIPMENT	569,103	30,686	-	599,789
LEASEHOLD IMPROVEMENTS	303,725	42,652	-	346,377
TOTAL FIXED ASSETS	<u>1,265,349</u>	<u>73,338</u>	<u>-</u>	<u>1,338,687</u>

<u>DESCRIPTION</u>	<u>BALANCE 12/31/2002</u>	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>BALANCE 12/31/2003</u>
<u>ACCUMULATED DEPRECIATION</u>				
FURNITURE & FIXTURES	348,367	9,229	-	357,596
OFFICE EQUIPMENT	423,259	21,310	-	444,569
LEASEHOLD IMPROVEMENTS	198,734	34,871	-	233,605
TOTAL ACCUM. DEPRECIATION	<u>970,360</u>	<u>65,410</u>	<u>-</u>	<u>1,035,770</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	383,563.	16,770.	3,529.	363,264.
CONSULTING	822,066.	228,807.	373,602.	219,657.
INSURANCE	21,399.	9,503.	5,948.	5,948.
OFFICE EXPENSES	25,742.	1,747.	12,637.	11,358.
OUTSIDE SERVICES	108,868.	9,876.	60,202.	38,790.
PROFESSIONAL FEES	232,372.	37,522.	26,014.	168,836.
PUBLIC RELATIONS	264,804.	262,747.	NONE	2,057.
TAXES AND LICENSES	20,019.	NONE	19,619.	400.
PROMOTIONAL MATERIAL	387,650.	23,922.	24,566.	339,162.
DUES AND SUBSCRIPTIONS	58,850.	23,107.	29,090.	6,653.
MEALS AND ENTERTAINMENT	133,323.	22,759.	27,588.	82,976.
PARKING	34,084.	22,064.	3,957.	8,063.
LODGING AND HOTELS	981,656.	270,960.	19,573.	691,123.
MISCELLANEOUS	8,695.	35.	8,172.	488.
COMPUTER EXPENSE	205,142.	90,620.	61,239.	53,283.
TEMPORARY HELP	15,912.	1,753.	12,329.	1,830.
GRAPHIC DESIGN	202,632.	112,625.	NONE	90,007.
RELOCATION AND MOVING	9,155.	NONE	9,155.	NONE
VISUAL MATERIALS & SERVICES	55,859.	NONE	NONE	55,859.
RESEARCH MATERIALS & SERVICES	47,399.	21,759.	14,664.	10,976.
BAD DEBTS	270,500.	NONE	270,500.	NONE
DIRECT FUNDRAISING EXP RECLASS	-679,355.	NONE	NONE	-679,355.
AMORTIZATION	50,681.	18,427.	16,127.	16,127.
TOTALS	3,661,016.	1,175,003.	998,511.	1,487,502.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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PROSTATE CANCER FOUNDATION, IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED TO MAKE GRANTS, SUPPORT RESEARCH AND CONDUCT ACTIVITIES RELATING TO THE TREATMENT, PREVENTION AND CURE OF PROSTATE CANCER.

SEE STATEMENT 11

ORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
A	Making of grants to the following organizations to fund scientific research programs related to the cure, prevention and treatment of cancer of the prostate.		
2/26/03	Hadassah University Hospital	12,500	12,500
2/26/03	Technion R&D Foundation, Ltd.	25,000	25,000
2/26/03	Weizmann Institute of Science	25,000	25,000
2/27/03	Hebrew University of Jerusalem	25,000	25,000
6/4/03	Baylor College of Medicine	100,000	100,000
6/4/03	BWH Radiation Oncology Research	100,000	100,000
6/4/03	Burnham Institute	100,000	100,000
6/4/03	California Institute of Tech.	50,000	50,000
6/4/03	Cedars-Sinai Prostate Cancer Center	100,000	100,000
6/4/03	Cedars-Sinai Prostate Cancer Center	50,000	50,000
6/4/03	Cleveland Clinic Foundation	50,000	50,000
6/4/03	Fred Hutchinson Cancer Research Center	75,000	75,000
6/4/03	Johns Hopkins University	100,000	100,000
6/4/03	Johns Hopkins University	75,000	75,000
6/4/03	Massachusetts General Hospital	100,000	100,000
6/4/03	M.D. Anderson Cancer Center	75,000	75,000
6/4/03	Scripps Research Institute	100,000	100,000
6/4/03	Stanford University	50,000	50,000
6/4/03	University of California, L.A.	50,000	50,000
6/4/03	University of S.Cal.SF	50,000	50,000
6/4/03	University of Innsbruck	50,000	50,000
6/4/03	University of Michigan	100,000	100,000
6/4/03	University of Michigan	50,000	50,000
6/4/03	UT, SW Medical Center	75,000	75,000
6/4/03	University of Texas Health	50,000	50,000
6/4/03	University of Virginia	100,000	100,000
6/4/03	University of Virginia	50,000	50,000
6/4/03	University of Wisconsin	50,000	50,000
6/4/03	Vanderbilt University Medical Center	50,000	50,000
6/4/03	Dana - Farber Institute	50,000	50,000
6/4/03	Hadassah University Hospital	13,550	13,550
6/4/03	Technion R&D Foundation, Ltd.	24,650	24,650
6/4/03	Weizmann Institute of Science	24,650	24,650
6/19/03	Hebrew University of Jerusalem	50,000	50,000
6/19/03	Regents of the Univ. of MI	100,000	100,000
6/19/03	Technion, Israel Institute of Technology	50,000	50,000
6/19/03	Tel-Aviv Sourasky Medical Center	50,000	50,000
6/19/03	Weizmann Institute of Science	50,000	50,000
6/19/03	Weizmann Institute of Science	50,000	50,000
7/2/03	Hadassah Medical Hospital	50,000	50,000
7/2/03	Technion, Israel Institute of Technology	50,000	50,000
7/24/03	Dana-Farber Cancer Institute	40,000	40,000
7/1/03	Hebrew University of Jerusalem	24,650	24,650
10/3/03	Hadassah University Hospital	12,500	12,500
10/03/03	Technion R&D Foundation, Ltd.	25,000	25,000
10/9/03	Weizmann Institute of Science	25,000	25,000
10/10/03	Weizmann Institute of Science	25,000	25,000

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
4/21/03	Roger Williams Hospital	100,000	100,000
1/16/04	Burnham Institute	100,000	100,000
1/16/04	Case Western Reserve	75,000	75,000
1/16/04	Cedars-Sinai Prostate Cancer	100,000	100,000
1/16/04	Dana -Farber Cancer Institute	100,000	100,000
1/16/04	Dana -Farber Cancer Institute	100,000	100,000
1/16/04	Dana -Farber Cancer Institute	75,000	75,000
1/16/04	Dana -Farber Cancer Institute	100,000	100,000
2/19/04	Duke University Medical C	50,000	50,000
1/16/04	Washington University	75,000	75,000
1/16/04	Johns Hopkins University	100,000	100,000
1/16/04	Johns Hopkins University	100,000	100,000
1/16/04	Johns Hopkins University	100,000	100,000
1/16/04	M.D. Anderson Cancer Center	75,000	75,000
1/16/04	Memorial Sloan -Kettering	100,000	100,000
1/16/04	Memorial Sloan -Kettering	75,000	75,000
1/16/04	University of California	100,000	100,000
1/16/04	University of California	100,000	100,000
1/16/04	University of California	75,000	75,000
1/16/04	University of California, LA	100,000	100,000
1/16/04	University of California, LA	100,000	100,000
1/16/04	University of California, SD	100,000	100,000
1/16/04	University of S.Cal.SF	50,000	50,000
1/16/04	University of Michigan	100,000	100,000
1/16/04	University of Michigan Cancer Center	100,000	100,000
1/16/04	University of No. Carolina	100,000	100,000
1/16/04	University of California, SF	100,000	100,000
1/16/04	University of Virginia	75,000	75,000
1/16/04	University of Wisconsin	100,000	100,000
1/16/04	University of Wisconsin	100,000	100,000
1/16/04	University of California	75,000	75,000
1/16/04	University of Colorado	75,000	75,000
1/16/04	University So. California	100,000	100,000
1/16/04	Vancouver General Hospital	100,000	100,000
1/16/04	Washington University	100,000	100,000
1/16/04	Johns Hopkins University	100,000	100,000
10/14/03	Safe at Home Foundation	50,000	50,000
3/6/03	Friend of Cancer Research	10,000	10,000
3/6/03	Research America	1,000	1,000
5/15/03	Regents of the University of CA	50,000	50,000
6/4/03	Cedars-Sinai Prostate Cancer Ctr	100,000	100,000
9/11/03	Regents of the University of CA	50,000	50,000
10/3/03	Regents of the University of CA	6,250	6,250
10/3/03	UCSF Comprehensive Cancer	6,250	6,250
10/3/03	Veterans Administration	2,500	2,500
11/30/03	Memorial Sloan-Kettering Cancer Center	100,000	100,000
1/16/04	Johns Hopkins University	500,000	500,000
1/16/04	Memorial Sloan Kettering	1,000,000	1,000,000
1/16/04	M.D. Anderson Cancer Center	1,000,000	1,000,000
1/16/04	Memorial Sloan-Kettering Cancer Center	500,000	500,000
1/16/04	UCSF Foundation	105,200	105,200

ORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
4/23/03	American Urological Assoc.	3,000	3,000
7/24/03	Regents of the University CA	50,000	50,000
9/11/03	Anthony D'amico, M.D	10,000	10,000
9/11/03	Massimo Loda, M.D.	10,000	10,000
9/11/03	University of Pittsburgh	10,000	10,000
9/11/03	Jonathan W. Simons, M.D.	10,000	10,000
10/2/03	Cedars-Sinai Prostate Cancer Center	100,000	100,000
11/5/03	Virginia Tech	10,000	10,000
1/30/03	Cedars-Sinai Prostate Cancer Center	200,000	200,000
1/30/03	Dana - Farber Institute	200,000	200,000
1/30/03	Johns Hopkins University	66,666	66,666
1/30/03	Johns Hopkins University	66,666	66,666
1/30/03	Johns Hopkins University	66,666	66,666
1/30/03	M.D.Anderson Cancer Ctr	200,000	200,000
1/30/03	Memorial Sloan-Kettering Cancer Center	200,000	200,000
1/30/03	Regents of the University CA	200,000	200,000
1/30/03	University of Michigan	200,000	200,000
1/30/03	University of Wisconsin	200,000	200,000
3/12/03	M.D.Anderson Cancer Center	100,000	100,000
8/21/03	Cedars-Sinai Prostate Cancer Center	200,000	200,000
8/21/03	Dana - Farber Cancer Institute	200,000	200,000
8/21/03	Johns Hopkins University	66,666	66,666
8/21/03	Johns Hopkins University	66,666	66,666
8/21/03	Johns Hopkins University	66,666	66,666
8/21/04	M.D.Anderson Cancer Ctr	100,000	100,000
8/21/03	Memorial Sloan-Kettering Cancer Center	200,000	200,000
8/21/03	Regents of the University CA	200,000	200,000
8/21/03	University of Michigan	200,000	200,000
8/21/03	University of Wisconsin	200,000	200,000
1/16/04	Memorial Sloan-Kettering Cancer Center	100,000	100,000
4/15/03	University of Michigan	50,000	50,000
6/20/03	Washington University - Refund	(144)	(144)
	Miscellaneous	(2,150)	(2,150)
		<u>12,909,402</u>	<u>12,909,402</u>

DESCRIPTION

B	Scientific Conferences	-	1,685,217
C	Public Awareness and Advocacy	-	1,104,146
	TOTAL	<u>12,909,402</u>	<u>15,698,765</u>

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

=====		
BORROWER: JAN HABER		
ORIGINAL AMOUNT:	10,000.	
INTEREST RATE:	5.000000	
DATE OF NOTE:	04/01/2003	
MATURITY DATE:	04/01/2004	
REPAYMENT TERMS:	\$10,000 PLUS INTEREST DUE ON 04/01/04	
ENDING BALANCE DUE		10,000.

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES		10,000.
		=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEPOSITS	25,000.	15,000.
PREPAID EXPENSES	16,667.	39,106.
TOTALS	----- 41,667. =====	----- 54,106. =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SAGENT TECHNOLOGY:1,000 SHARES	300.	125.
ELI LILLY: 16 SHARES	1,006.	NONE
AMERICAN INTL GROUP:171 SHARES	9,838.	NONE
KOCH HOLDING, LLC:21,672 UNITS	48,979.	NONE
KOCH INDUSTRIES: 21,672 SHARES	2,965,496.	NONE
PRUDENTIAL FINANCIAL:10 SHARES	NONE	418.
YOUTHSTREAM MEDIA NETWORKS: 908,958 SHARES	NONE	36,358.
CASH IN SECURITIES ACCOUNT	NONE	27,084.
TOTALS	----- 3,025,619. =====	----- 63,985. =====

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
OTHER ASSETS	8,392.	8,392.
COMPUTER SOFTWARE	75,588.	180,637.
MISCELLANEOUS RECEIVABLES	10,996.	NONE
	-----	-----
TOTALS	94,976.	189,029.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
RESEARCH AWARDS PAYABLE	4,925,000.	6,556,433.
TOTALS	----- 4,925,000.	----- 6,556,433.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
RECLASS OF SPECIAL EVENT EXP.	679,355.
TOTAL	----- 679,355. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
RECLASS OF SPECIAL EVENT EXP	679,355.
TOTAL	----- 679,355. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL MILKEN 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	CHAIRMAN 15 HRS/WK	NONE	NONE	NONE
MERV ADELSON EAST WEST VENTURE GROUP 10900 WILSHIRE BLVD., SUITE 950 LOS ANGELES, CA 90024	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
JIM ALLCHIN 1 MICROSOFT WAY, BLDG. 26 NORTH REDMOND, WA 98052	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
JAMES C. BLAIR DOMAIN ASSOCIATES ONE PALMER SQUARE, SUITE 515 PRINCETON, NJ 08542	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
HELENE BROWN UCLA 3921 DEERVALE DRIVE SHERMAN OAKS, CA 91403	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
SAMUEL WARD CASSCELLS III, M.D. UNIV. OF TEXAS HSC AT HOUSTON 6431 FANNIN STREET HOUSTON, TX 77030	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
DAVID D. EDERER EDERER INVESTMENT CO. 1741 FOURTH AVENUE SOUTH, SUITE B	DIRECTOR 2 HRS/MO	NONE	NONE	NONE

PROSTATE CANCER FOUNDATION

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS ----- SEATTLE, WA 98134	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
SUE GIN MCGOWAN FLYING FOOD GROUP, INC. 212 N. SANGAMON, SUITE 1A CHICAGO, IL 60607	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
REVEREND ROSEY GRIER 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	DIRECTOR/CONSULTANT 20 HRS/WK	42,000.	NONE	NONE
ANDREW S. GROVE INTEL CORPORATION 2200 MISSION COLLEGE BLVD. SANTA CLARA, CA 95052	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
STUART HOLDEN, M.D.* 8631 W. THIRD ST., SUITE 915 EAST LOS ANGELES, CA 90048	DIRECTOR/MEDICAL DIR 30 HRS/WK	200,000.	NONE	NONE
ARTHUR KERN 98 MAIN ST. #517 TIBURON, CA 94920	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
DAVID HAMILTON KOCH KOCH INDUSTRIES 667 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10021	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
SHMUEL MEITAR AUREC GROUP 16 ABBA HILLEL ST., 14TH FLOOR	DIRECTOR 2 HRS/MO	NONE	NONE	NONE

* COMPENSATION FOR DR. HOLDEN WAS PAID FOR SERVICES PROVIDED AS MEDICAL DIRECTOR

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RAMAT GAN, ISRAEL 52506				
LORI MILKEN 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
NELSON PELTZ TRIARC COMPANIES, INC. 280 PARK AVENUE, SUITE 41 NEW YORK, NY 10017	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
LYNDA RESNICK ROLL INTERNATIONAL 11444 W. OLYMPIC BLVD., 10TH FLOOR LOS ANGELES, CA 90064	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
ROBIN RICHARDS 14144 VENTURA BLVD., SUITE 200 SHERMAN OAKS, CA 91604	DIRECTOR/FMR. COO 50 HRS/WK	152,580.	813.	1,409.
BERT C. ROBERTS, JR. 1808 MILVALE ROAD ANNAPOLIS, MD 21401	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
RICHARD SANDLER, ESQ. 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
LORRAINE SPURGE SPURGE INK 11440 SAN VICENTE BLVD., 3RD FLOOR LOS ANGELES, CA 90049	DIRECTOR 2 HRS/MO	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL L. TARNOPOL BEAR STEARNS & CO. 245 PARK AVENUE NEW YORK, NY 10167	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
ROBERT K. VOSS 19 NORFIELD ROAD WESTON, CT 06883	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
JERRY WEINTRAUB JERRY WEINTRAUB PRODUCTIONS WARNER BROTHERS 4000 WARNER BLVD. BURBANK, CA 91522	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
ELAINE WYNN WYNN RESORTS 3145 LAS VEGAS BLVD. SOUTH LAS VEGAS, NV 89109	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
STANLEY R. ZAX ZENITH NATIONAL INSURANCE CORP. 21255 CALIFA STREET WOODLAND HILLS, CA 91367	DIRECTOR 2 HRS/MO	NONE	NONE	NONE
LESLIE MICHELSON 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	CEO/VICE CHAIRMAN 50 HRS/WK	387,500.	1,730.	1,761.
RALPH FINERMAN 1250 FOURTH ST., SUITE 360	CFO 15 HRS/MO	NONE	NONE	NONE

PROSTATE CANCER FOUNDATION

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SANTA MONICA, CA 90401				
DEBBIE BOHNETT 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	COO 50 HRS/WK	211,090.	1,246.	NONE
GREGORY BRITT 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	108,066.	11,145.	NONE
SCOTT HARVEY 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	109,350.	11,857.	NONE
HOWARD SOULE 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	CHIEF SCIENCE OFF. 40 HRS/WK	297,333.	21,882.	NONE
GRAND TOTALS		1,507,919.	48,673.	3,170.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

GRANTS ARE MADE TO INSTITUTIONS AND SCIENTISTS INVOLVED IN
AREAS RELATED TO PROSTATE CANCER THROUGH AN EXTENSIVE GRANT
APPLICATION, EVALUATION AND REVIEW PROCESS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2002	2001	2000	1999	TOTAL
OTHER REVENUE	845.	4,351.	NONE	NONE	5,196.
TOTALS	845.	4,351.	NONE	NONE	5,196.

Prostate Cancer Foundation
 FEIN: 95-4418411
 FYE: December 31, 2003

Form 990, Part I, Line 8 - Sale of Assets Other Than Inventory

<u>Shares</u>	<u>Company</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Proceeds</u>	<u>Cost or Basis</u>	<u>Gain or (Loss)</u>
21,672	Koch Industries	12/31/2002	3/6/2003	3,000,000	3,014,475	(14,475)
171	American International Group	12/30/2002	1/29/2003	10,046	9,838	208
41	Eli Lilly	1/22/2003	1/29/2003	2,587	2,641	(54)
520	Kellwood	3/10/2003	3/13/2003	14,976	15,080	(104)
180	Kellwood	3/19/2003	3/24/2003	5,006	5,047	(42)
18,160	Compucare	3/19/2003	3/24/2003	70,096	72,277	(2,180)
347	Coca-Cola	5/8/2003	5/23/2003	15,444	15,015	430
2,815	Sylvan Learning Systems	6/10/2003	7/8/2003	65,779	63,535	2,244
46	Kellwood	6/26/2003	7/1/2003	1,453	1,447	6
5,000	Tibco Software	6/26/2003	7/8/2003	27,046	27,300	(254)
99	Jefferies Group	7/3/2003	7/14/2003	5,583	5,356	227
179	American International Group	7/9/2003	7/15/2003	10,050	10,382	(332)
21,211	Leapfrog Enterprises	9/26/2003	9/30/2003	844,464	857,229	(12,765)
1,600	Thor Industries	10/17/2003	10/21/2003	99,945	99,984	(39)
100	Robert Half International	10/20/2003	10/28/2003	2,260	2,335	(75)
133	CAN Surety	10/29/2003	11/3/2003	1,406	1,447	(41)
25	Glaxosmithkline PLC	10/29/2003	11/3/2003	1,055	1,098	(43)
40	Kellwood	10/29/2003	11/3/2003	1,480	1,509	(29)
5,000	Amkor Technology	12/2/2003	12/9/2003	94,268	105,050	(10,782)
50	Citigroup	12/3/2003	12/9/2003	2,354	2,361	(7)
17	Fifth Third Bancorp	12/15/2003	12/19/2003	979	1,001	(23)
25	Kellwood	12/24/2003	12/30/2003	1,017	1,025	(8)
	Total Gain/(Loss)			4,277,294	4,315,432	(38,138)