

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PROSTATE CANCER FOUNDATION. D Employer identification number: 95-4418411. E Telephone number: (310) 570-4700. F Accounting method: 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 No

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

H(c) Are all affiliates included? N/A Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes 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 22,537,654.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes, Net assets at end of year.

SCANNED OCT 24 2005

RECEIVED OCT 14 2005 IRS-OSC CODEN, UT

G13

10

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: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Compensation of officers, etc., and 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 9

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 STMT 10, Other program services, and Total of Program Service Expenses.

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

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45 Cash - non-interest-bearing			600.	45	600.
	46 Savings and temporary cash investments			7,792,736.	46	6,777,820.
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a	6,992,245.			
	b Less allowance for doubtful accounts	48b		6,203,236.	48c	6,992,245.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	STMT. 11		NONE	50	6,444.
	51a Other notes and loans receivable (attach schedule)	STMT. 12	51a	NONE		
	b Less allowance for doubtful accounts	51b		10,000.	51c	NONE
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges	STMT. 13		54,106.	53	555,149.
	54 Investments - securities (attach schedule) STMT. 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			63,985.	54	94,501.
	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	1,380,434.				
b Less accumulated depreciation (attach schedule)	STMT. 15	57b	1,140,063.	302,917.	57c	240,371.
58 Other assets (describe <input type="checkbox"/> STMT. 16)			189,029.	58	144,986.	
59 Total assets (add lines 45 through 58) (must equal line 74)			14,616,609.	59	14,812,116.	
Liabilities	60 Accounts payable and accrued expenses			1,752,477.	60	1,225,774.
	61 Grants payable			6,556,433.	61	7,026,535.
	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"/>)				65	
66 Total liabilities (add lines 60 through 65)			8,308,910.	66	8,252,309.	
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			6,307,699.	67	6,559,807.
	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)			6,307,699.	73	6,559,807.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)			14,616,609.	74	14,812,116.

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 76 through 92 regarding organizational activities, lobbying, and tax status.

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	47,376.	
96 Dividends and interest from securities			14	36.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	175,421.	
101 Net income or (loss) from special events			01	-63,477.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				159,356.	
105 Total (add line 104, columns (B), (D), and (E))					159,356.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

Please Sign 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: [Signature] Date: 10/3/05

CED

Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. W)
7-29-05	<input type="checkbox"/>	000023315

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

2004

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>HOWARD SOULE</u> 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	CHIEF SCIENTIFIC OFF 40 HRS/WK	248,455.	23,080.	NONE
<u>HELEN HSIEH</u> 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	VP, FINANCE 40 HRS/WK	129,857.	19,872.	NONE
<u>JAN HABER</u> 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	VP, DEVELOPMENT 40 HRS/WK	131,893.	5,171.	NONE
<u>MIKE KAISERMAN</u> 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	SVP, DEVELOPMENT 40 HRS/WK	101,139.	7,519.	NONE
<u>GEORGE CHONG</u> 1250 4TH STREET, SUITE 360 SANTA MONICA, CA 90401	CONTROLLER 40 HRS/WK	79,691.	16,755.	NONE
Total number of other employees paid over \$50,000 ▶	8			

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>WEBMD</u> 12186 COLLECTIONS CENTER DR, CHICAGO, IL	REPORT TO THE NATION	324,000.
<u>KBDA INC.</u> 2558 OVERLAND AVE, LOS ANGELES, CA 90064	PUBLICITY	326,912.
<u>ADVANCE MAGAZINE GROUP</u> P.O. BOX 5350, NEW YORK, NY 10087	GOLF EVENT CONSULT.	297,015.
<u>JAMI CHARITY BRANDS</u> 140 WEST 57 ST., STE 11B, NEW YORK, NY	CORP. ALLIANCE SVCS	487,959.
<u>TBWA/CHIAT/DAY, INC.</u> 488 MADISON AVE., NEW YORK, NY 10022	ADVERTISING	229,330.
Total number of others receiving over \$50,000 for professional services ▶	5	

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

Schedule A (Form 990 or 990-EZ) 2004

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>63,960</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? STMT 24	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V	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 25	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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

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) 2003, (b) 2002, (c) 2001, (d) 2000, (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, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 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 Attach a schedule. Do not include gain or (loss) from sale of capital assets; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) NOT APPLICABLE (2000) _____; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____; c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

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

	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) ----- ----- -----		
34 a 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 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)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	NONE
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	63,960.
38 Total lobbying expenditures (add lines 36 and 37)	38	63,960.
39 Other exempt purpose expenditures	39	14,888,286.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	14,952,246.
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40	}	897,612.
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	224,403.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	897,612.	1,000,000.	1,000,000.	1,000,000.	3,897,612.
46 Lobbying ceiling amount (150% of line 45(e))					5,846,418.
47 Total lobbying expenditures	63,960.	55,950.	263,843.	286,486.	670,239.
48 Grassroots nontaxable amount	224,403.	250,000.	250,000.	250,000.	974,403.
49 Grassroots ceiling amount (150% of line 48(e))					1,461,605.
50 Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

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

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

DESCRIPTION -----	AMOUNT -----
INTEREST INCOME	47,376.
TOTAL	----- 47,376. =====

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

=====

DESCRIPTION

AMOUNT

DIVIDEND INCOME

36.

TOTAL

36.

=====

Prostate Cancer Foundation
 FEIN: 95-4418411
 FYE: December 31, 2004

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>
195,000	Youthstream	3/13/2003	2/10/2004	37,591	7,800	29,791
10,000	Youthstream	3/13/2003	3/16/2004	1,900	400	1,500
173,000	Youthstream	3/13/2003	9/16/2004	38,939	6,920	32,019
90,000	Youthstream	3/13/2003	10/5/2004	21,399	3,600	17,799
190,958	Youthstream	3/13/2003	12/20/2004	73,432	7,638	65,794
150,000	Youthstream	3/13/2003	12/21/2004	37,458	6,000	31,458
367	Kellwood	1/28/2004	1/28/2004	15,457	15,425	32
1,134	Nordstrom	4/16/2004	4/19/2004	49,908	49,995	(87)
963	P.F. Chang	4/8/2004	4/16/2004	48,616	50,009	(1,393)
15	Eli Lilly	4/15/2004	4/15/2004	1,030	1,094	(64)
300	Linear Technology	4/30/2004	5/11/2004	11,302	10,837	465
200	Freddie Mac	4/30/2004	5/11/2004	11,530	11,733	(203)
1,000	Safeway	5/19/2004	5/21/2004	21,050	21,330	(281)
32	Kellwood	6/25/2004	6/25/2004	1,318	1,320	(2)
143	American International Group	7/3/2004	7/6/2004	10,100	10,229	(129)
1,500	Keryx Biopharmaceuticals	8/12/2004	8/13/2004	11,643	11,929	(287)
277	Laureate Education	8/17/2004	8/19/2004	8,523	9,207	(685)
3,541	Zenith	12/13/2004	12/14/2004	169,921	170,025	(104)
744	Microsoft	12/2/2004	12/6/2004	20,293	20,000	293
597	Investment Technology	12/1/2004	12/6/2004	9,783	10,101	(318)
100	Jefferes Group	12/3/2004	12/6/2004	4,091	4,126	(35)
147	Kellwood	11/29/2004	11/29/2004	5,117	5,154	(37)
55	Citigroup	12/7/2004	12/7/2004	2,515	2,530	(15)
150	American International Group	12/10/2004	12/14/2004	9,707	9,732	(25)
395	Amgen	12/22/2004	12/27/2004	25,108	25,072	36
186	Microsoft	12/23/2004	12/27/2004	4,986	5,000	(14)
1,000	Nextwave Telecom	12/21/2004	12/27/2004	7,325	7,350	(25)
8	Union Pacific	12/23/2004	12/27/2004	508	533	(25)
41	Starbucks	12/29/2004	12/31/2004	2,549	2,500	49
159	Microsoft	12/30/2004	12/31/2004	4,213	4,300	(87)
Total Gain/(Loss)				667,311	491,890	175,421

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION	AMOUNT
-----	-----
MAR-A-LAGO TENNIS TOURNAMENT	1,036,079.
INDIAN WELLS TENNIS TOURNAMENT	182,322.
BIGHORN GOLF TOURNAMENT	363,785.
CABO SAN LUCAS GOLF EVENT	352,847.
LA GOURMET GAMES	1,553,430.
E-BAY AUCTION	187,303.

TOTAL	3,675,766.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MAR-A-LAGO TENNIS TOURNAMENT	27,421.	27,421.	NONE
INDIAN WELLS TENNIS TOURNAMENT	10,203.	10,203.	NONE
BIGHORN GOLF TOURNAMENT	34,465.	34,465.	NONE
CABO SAN LUCAS GOLF EVENT	316,478.	316,478.	NONE
LA GOURMET GAMES	26,145.	26,145.	NONE
E-BAY AUCTION	NONE	63,477.	-63,477.
TOTALS	414,712.	478,189.	-63,477.

PROSTATE CANCER FOUNDATION
 FEIN: 95-4418411
 FYE: DECEMBER 31, 2004

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

<u>Date</u>	<u>Description</u>	<u>Amount</u>
4/21/2004	American Urological Assoc.	3,000
10/6/2004	Baylor College of Medicine	350,000
1/16/2004	Ben-Gurion University of Negev	50,000
1/23/2004	Brigham and Women's Hospital	75,000
2/19/2004	Cedars-Sinai Prostate Cancer Ctr	100,000
7/1/2004	Cedars-Sinai Prostate Cancer Ctr	100,000
10/19/2004	Cedars-Sinai Prostate Cancer Ctr	100,000
12/2/2004	Cedars-Sinai Prostate Cancer Ctr	50,000
12/2/2004	Cedars-Sinai Prostate Cancer Ctr	50,000
10/19/2004	Dana - Farber Institute	100,000
2/19/2004	Dana-Farber Cancer Institute	100,000
7/1/2004	Dana-Farber Cancer Institute	100,000
7/16/2004	Dana-Farber Cancer Institute	25,000
8/18/2004	Friend of Cancer Reasearch	10,000
1/16/2004	Hadassah University	12,500
7/16/2004	Hadassah University	12,500
10/19/2004	Hadassah University	12,500
10/29/2004	Hadassah University	1,000
1/22/2004	Hebrew University	25,000
7/16/2004	Hebrew University	25,000
7/29/2004	Hebrew University	50,000
10/19/2004	Hebrew University	25,000
2/19/2004	Johns Hopkins University	33,333
2/19/2004	Johns Hopkins University	33,333
2/19/2004	Johns Hopkins University	33,333
7/1/2004	Johns Hopkins University	33,333
7/1/2004	Johns Hopkins University	33,333
7/1/2004	Johns Hopkins University	33,333
10/19/2004	Johns Hopkins University	33,333
10/19/2004	Johns Hopkins University	33,333
10/19/2004	Johns Hopkins University	33,333
2/19/2004	M.D. Anderson Cancer Center	100,000
7/1/2004	M.D. Anderson Cancer Center	100,000
10/19/2004	M.D. Anderson Cancer Center	100,000
2/19/2004	Memorial Sloan-Kettering Cancer Center	100,000
7/1/2004	Memorial Sloan-Kettering Cancer Center	100,000
2/5/2004	Memorial Sloan-Kettering Cancer Center	10,000
2/19/2004	Memorial Sloan-Kettering Cancer Center	50,000
10/19/2004	Memorial Sloan-Kettering Cancer Center	100,000
2/12/2004	New York University	100,000
9/15/2004	Nothern California Institute	2,000
7/21/2004	Oncology Research Fund	10,000
11/24/2004	A Place Called Home	15,000
3/12/2004	Research America	300
9/1/2004	Safe at Home Foundation	50,000

PROSTATE CANCER FOUNDATION
 FEIN: 95-4418411
 FYE: DECEMBER 31, 2004

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

<u>Date</u>	<u>Description</u>	<u>Amount</u>
6/10/2004	Sheba Medical Center	50,000
7/29/2004	Technion Israel Institute	50,000
1/16/2004	Technion R&DFoundation, Ltd.	25,000
7/16/2004	Technion R&DFoundation, Ltd.	25,000
10/19/2004	Technion, Israel Institute of Technology	25,000
4/21/2004	The Paget Foundation	10,000
9/15/2004	UC Regents, SF	6,500
9/15/2004	University of California, SF	6,500
10/19/2004	University of CA, SF	100,000
2/19/2004	Regents of the University of CA	100,000
7/1/2004	Regents of the University of CA	100,000
4/9/2004	Regents of the University of CA	50,000
7/16/2004	Regents of the University of CA	50,000
7/16/2004	Regents of the University of CA	10,000
1/16/2004	University of California, Los Angeles	250,000
2/19/2004	University of Michigan	100,000
7/1/2004	University of Michigan	100,000
10/19/2004	University of Michigan	100,000
10/8/2004	University of Michigan	(39)
3/12/2004	University of Pittsburgh	(1,668)
2/19/2004	University of Wisconsin	100,000
7/1/2004	University of Wisconsin	100,000
10/19/2004	University of Wisconsin	100,000
3/11/2004	University of Wisconsin, Madison	98,188
7/7/2004	Vista Del Mar Child & Family	10,000
1/16/2004	Weizmann Institute of Science	25,000
7/16/2004	Weizmann Institute of Science	25,000
7/29/2004	Weizmann Institute of Science	50,000
8/18/2004	Weizmann Institute of Science	50,000
10/19/2004	Weizmann Institute of Science	25,000
10/15/2004	Scientific Retreat Award - 2004	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000
Accrued	Baylor College of Medicine	100,000
Accrued	Cedars-Sinai Prostate Cancer Ctr	100,000
Accrued	Dana-Farber Cancer Institute	100,000
Accrued	Dana-Farber Cancer Institute	75,000
Accrued	Duke University Medical C	75,000
Accrued	Hadassah University	60,000
Accrued	Hadassah University Hosp.	12,500
Accrued	Harvard School of Public Health	100,000
Accrued	Hebrew University-Hadassah Medical Sch	25,000
Accrued	John Hopkins University	33,333

PROSTATE CANCER FOUNDATION
 FEIN: 95-4418411
 FYE: DECEMBER 31, 2004

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

<u>Date</u>	<u>Description</u>	<u>Amount</u>
Accrued	John Hopkins University	33,333
Accrued	John Hopkins University	33,333
Accrued	Johns Hopkins University	100,000
Accrued	Johns Hopkins University	100,000
Accrued	Johns Hopkins University	100,000
Accrued	Johns Hopkins University	100,000
Accrued	M.D. Anderson Cancer Center	1,250,000
Accrued	M.D. Anderson Cancer Center	50,000
Accrued	M.D. Anderson Cancer Center	100,000
Accrued	M.D. Anderson Cancer Center	75,000
Accrued	M.D. Anderson Cancer Center	100,000
Accrued	M.D. Anderson Cancer Center	75,000
Accrued	M.D. Anderson Cancer Center	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	1,250,000
Accrued	Memorial Sloan- Kettering Cancer Center	50,000
Accrued	Roger Williams Hospital	100,000
Accrued	Stichting Medicina International	100,000
Accrued	Technion R&D Foundation	25,000
Accrued	UCSF Medical Center	500,000
Accrued	University of CA, SF	100,000
Accrued	University of CA, SF	100,000
Accrued	University of California, Los Angeles	250,000
Accrued	University of California, Los Angeles	75,000
Accrued	University of California, Los Angeles	100,000
Accrued	University of California, San Diego	100,000
Accrued	University of Maryland	100,000
Accrued	University of Michigan	100,000
Accrued	University of Michigan	75,000
Accrued	University of Missouri	75,000
Accrued	University of Virginia	100,000
Accrued	University of Washington	404,035
Accrued	University of Wisconsin	100,000
Accrued	University of Wisconsin	100,000
Accrued	Weizmann Institute of Science	25,000
Total Grants and Allocations		<u>11,309,814</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	577,353.	476,960.	3,786.	96,607.
CONSULTING	504,200.	257,895.	2,055.	244,250.
INSURANCE	19,941.	6,381.	6,381.	7,179.
OFFICE EXPENSES	18,779.	7,076.	4,039.	7,664.
OUTSIDE SERVICES	38,145.	19,212.	17,255.	1,678.
PROFESSIONAL FEES	401,083.	70,110.	41,393.	289,580.
PUBLIC RELATIONS	158,218.	156,718.	NONE	1,500.
TAXES AND LICENSES	29,196.	NONE	29,196.	NONE
PROMOTIONAL MATERIAL	132,744.	10,360.	2,729.	119,655.
DUES AND SUBSCRIPTIONS	22,086.	5,180.	15,279.	1,627.
MEALS AND ENTERTAINMENT	131,884.	29,313.	17,470.	85,101.
PARKING	32,222.	23,844.	5,926.	2,452.
LODGING AND HOTELS	708,443.	309,639.	6,442.	392,362.
MISCELLANEOUS	22,301.	NONE	472.	21,829.
COMPUTER EXPENSE	337,293.	232,924.	43,180.	61,189.
TEMPORARY HELP	27,754.	20,003.	936.	6,815.
GRAPHIC DESIGN	6,655.	3,318.	NONE	3,337.
RELOCATION AND MOVING	119,488.	106,850.	5,947.	6,691.
VISUAL MATERIALS & SERVICES	13,183.	522.	13.	12,648.
RESEARCH MATERIALS & SERVICES	10,262.	10,003.	229.	30.
BAD DEBTS	38,300.	NONE	38,300.	NONE
DIRECT FUNDRAISING EXP RECLASS	-478,189.	NONE	NONE	-478,189.
SCIENTIFIC & OTHER CONFERENCES				
RECLASS	-296,091.	-296,091.	NONE	NONE
AMORTIZATION	89,849.	64,417.	12,716.	12,716.
TOTALS	2,665,099.	1,514,634.	253,744.	896,721.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

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 10

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>
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		
4/21/2004	American Urological Assoc	3,000	3,000
10/6/2004	Baylor College of Medicine	350,000	350,000
1/16/2004	Ben-Gurion University of Negev	50,000	50,000
1/23/2004	Brigham and Women's Hospital	75,000	75,000
2/19/2004	Cedars-Sinai Prostate Cancer Ctr	100,000	100,000
7/1/2004	Cedars-Sinai Prostate Cancer Ctr	100,000	100,000
10/19/2004	Cedars-Sinai Prostate Cancer Ctr	100,000	100,000
12/2/2004	Cedars-Sinai Prostate Cancer Ctr	50,000	50,000
12/2/2004	Cedars-Sinai Prostate Cancer Ctr	50,000	50,000
10/19/2004	Dana - Farber Institute	100,000	100,000
2/19/2004	Dana-Farber Cancer Institute	100,000	100,000
7/1/2004	Dana-Farber Cancer Institute	100,000	100,000
7/16/2004	Dana-Farber Cancer Institute	25,000	25,000
8/18/2004	Friend of Cancer Research	10,000	10,000
1/16/2004	Hadassah University	12,500	12,500
7/16/2004	Hadassah University	12,500	12,500
10/19/2004	Hadassah University	12,500	12,500
10/29/2004	Hadassah University	1,000	1,000
1/22/2004	Hebrew University	25,000	25,000
7/16/2004	Hebrew University	25,000	25,000
7/29/2004	Hebrew University	50,000	50,000
10/19/2004	Hebrew University	25,000	25,000
2/19/2004	Johns Hopkins University	33,333	33,333
2/19/2004	Johns Hopkins University	33,333	33,333
2/19/2004	Johns Hopkins University	33,333	33,333
7/1/2004	Johns Hopkins University	33,333	33,333
7/1/2004	Johns Hopkins University	33,333	33,333
7/1/2004	Johns Hopkins University	33,333	33,333
10/19/2004	Johns Hopkins University	33,333	33,333
10/19/2004	Johns Hopkins University	33,333	33,333
10/19/2004	Johns Hopkins University	33,333	33,333
2/19/2004	M D Anderson Cancer Center	100,000	100,000
7/1/2004	M D Anderson Cancer Center	100,000	100,000
10/19/2004	M D Anderson Cancer Center	100,000	100,000
2/19/2004	Memorial Sloan-Kettering Cancer Center	100,000	100,000
7/1/2004	Memorial Sloan-Kettering Cancer Center	100,000	100,000
2/5/2004	Memorial Sloan-Kettering Cancer Center	10,000	10,000
2/19/2004	Memorial Sloan-Kettering Cancer Center	50,000	50,000
10/19/2004	Memorial Sloan-Kettering Cancer Center	100,000	100,000
2/12/2004	New York University	100,000	100,000
9/15/2004	Nothern California Institute	2,000	2,000
7/21/2004	Oncology Research Fund	10,000	10,000
11/24/2004	A Place Called Home	15,000	15,000
3/12/2004	Research America	300	300
9/1/2004	Safe at Home Foundation	50,000	50,000
6/10/2004	Sheba Medical Center	50,000	50,000
7/29/2004	Technion Israel Institute	50,000	50,000

PROSTATE CANCER FOUNDATION
 FEIN 95-4418411
 FYE DECEMBER 31, 2004

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>
1/16/2004	Technion R&D Foundation, Ltd	25,000	25,000
7/16/2004	Technion R&D Foundation, Ltd	25,000	25,000
10/19/2004	Technion, Israel Institute of Technology	25,000	25,000
4/21/2004	The Paget Foundation	10,000	10,000
9/15/2004	UC Regents, SF	6,500	6,500
9/15/2004	University of California, SF	6,500	6,500
10/19/2004	University of CA, SF	100,000	100,000
2/19/2004	Regents of the University of CA	100,000	100,000
7/1/2004	Regents of the University of CA	100,000	100,000
4/9/2004	Regents of the University of CA	50,000	50,000
7/16/2004	Regents of the University of CA	50,000	50,000
7/16/2004	Regents of the University of CA	10,000	10,000
1/16/2004	University of California, Los Angeles	250,000	250,000
2/19/2004	University of Michigan	100,000	100,000
7/1/2004	University of Michigan	100,000	100,000
10/19/2004	University of Michigan	100,000	100,000
10/8/2004	University of Michigan	(39)	(39)
3/12/2004	University of Pittsburgh	(1,668)	(1,668)
2/19/2004	University of Wisconsin	100,000	100,000
7/1/2004	University of Wisconsin	100,000	100,000
10/19/2004	University of Wisconsin	100,000	100,000
3/11/2004	University of Wisconsin, Madison	98,188	98,188
7/7/2004	Vista Del Mar Child & Family	10,000	10,000
1/16/2004	Weizmann Institute of Science	25,000	25,000
7/16/2004	Weizmann Institute of Science	25,000	25,000
7/29/2004	Weizmann Institute of Science	50,000	50,000
8/18/2004	Weizmann Institute of Science	50,000	50,000
10/19/2004	Weizmann Institute of Science	25,000	25,000
10/15/2004	Scientific Retreat Award - 2004	5,000	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000	5,000
10/15/2004	Scientific Retreat Award - 2004	5,000	5,000
Accrued	Baylor College of Medicine	100,000	100,000
Accrued	Cedars-Sinai Prostate Cancer Ctr	100,000	100,000
Accrued	Dana-Farber Cancer Institute	100,000	100,000
Accrued	Dana-Farber Cancer Institute	75,000	75,000
Accrued	Duke University Medical C	75,000	75,000
Accrued	Hadassah University	60,000	60,000
Accrued	Hadassah University Hosp	12,500	12,500
Accrued	Harvard School of Public Health	100,000	100,000
Accrued	Hebrew University-Hadassah Medical School	25,000	25,000
Accrued	John Hopkins University	33,333	33,333
Accrued	John Hopkins University	33,333	33,333
Accrued	John Hopkins University	33,333	33,333
Accrued	Johns Hopkins University	100,000	100,000
Accrued	Johns Hopkins University	100,000	100,000
Accrued	Johns Hopkins University	100,000	100,000
Accrued	Johns Hopkins University	100,000	100,000
Accrued	M D Anderson Cancer Center	1,250,000	1,250,000

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>
Accrued	M D Anderson Cancer Center	50,000	50,000
Accrued	M D Anderson Cancer Center	100,000	100,000
Accrued	M D Anderson Cancer Center	75,000	75,000
Accrued	M D Anderson Cancer Center	100,000	100,000
Accrued	M D Anderson Cancer Center	75,000	75,000
Accrued	M D Anderson Cancer Center	100,000	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	100,000	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	100,000	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	100,000	100,000
Accrued	Memorial Sloan- Kettering Cancer Center	1,250,000	1,250,000
Accrued	Memorial Sloan- Kettering Cancer Center	50,000	50,000
Accrued	Roger Williams Hospital	100,000	100,000
Accrued	Stichting Medicina International	100,000	100,000
Accrued	Technion R&D Foundation	25,000	25,000
Accrued	UCSF Medical Center	500,000	500,000
Accrued	University of CA, SF	100,000	100,000
Accrued	University of CA, SF	100,000	100,000
Accrued	University of California, Los Angeles	250,000	250,000
Accrued	University of California, Los Angeles	75,000	75,000
Accrued	University of California, Los Angeles	100,000	100,000
Accrued	University of California, San Diego	100,000	100,000
Accrued	University of Maryland	100,000	100,000
Accrued	University of Michigan	100,000	100,000
Accrued	University of Michigan	75,000	75,000
Accrued	University of Missouri	75,000	75,000
Accrued	University of Virginia	100,000	100,000
Accrued	University of Washington	404,035	404,035
Accrued	University of Wisconsin	100,000	100,000
Accrued	University of Wisconsin	100,000	100,000
Accrued	Weizmann Institute of Science	25,000	25,000

11,309,814 11,309,814

DESCRIPTION

B Scientific Conferences - 2,077,709

C Public Awareness and Advocacy - 1,564,723

TOTAL 11,309,814 14,952,246

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.
=====

BORROWER: LESLIE MICHELSON - TRAVEL ADVANCE

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	6,444.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.	NONE
	=====

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC.	6,444.
	=====

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

BEGINNING BALANCE DUE	10,000.
ENDING BALANCE DUE	NONE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	10,000.
--	---------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	NONE
--	------

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEPOSITS	15,000.	NONE
PREPAID EXPENSES	39,106.	555,149.
	-----	-----
TOTALS	54,106.	555,149.
	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SAGENT TECHNOLOGY:1,000 SHARES	125.	20.
PRUDENTIAL FINANCIAL	418.	NONE
YOUTHSTREAM MEDIA NETWORKS: 908,958 SHARES BEG; 100,000 SHARES ENDING	36,358.	4,000.
CASH IN SECURITIES ACCOUNT	27,084.	90,481.
	-----	-----
TOTALS	63,985.	94,501.
	=====	=====

PROSTATE CANCER FOUNDATION
 FEIN: 95-4418411
 FYE: DECEMBER 31, 2004

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

<u>DESCRIPTION</u>	<u>BALANCE 12/31/2003</u>	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>BALANCE 12/31/2004</u>
<u>FIXED ASSETS</u>				
FURNITURE & FIXTURES	392,521	-	-	392,521
OFFICE EQUIPMENT	599,789	21,381	-	621,170
LEASEHOLD IMPROVEMENTS	346,377	20,366	-	366,743
TOTAL FIXED ASSETS	1,338,687	41,747	-	1,380,434

<u>DESCRIPTION</u>	<u>BALANCE 12/31/2003</u>	<u>ADDITIONS</u>	<u>DISPOSALS</u>	<u>BALANCE 12/31/2004</u>
<u>ACCUMULATED DEPRECIATION</u>				
FURNITURE & FIXTURES	357,596	17,802	-	375,398
OFFICE EQUIPMENT	444,569	59,563	-	504,132
LEASEHOLD IMPROVEMENTS	233,605	26,928	-	260,533
TOTAL ACCUM. DEPRECIATION	1,035,770	104,293	-	1,140,063

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
OTHER ASSETS	8,392.	8,392.
COMPUTER SOFTWARE	180,637.	136,594.
	-----	-----
TOTALS	189,029.	144,986.
	=====	=====

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

DESCRIPTION -----	AMOUNT -----
RECLASS OF SPECIAL EVENT EXP	478,189.
TOTAL	----- 478,189. =====

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

DESCRIPTION -----	AMOUNT -----
RECLASS OF SPECIAL EVENT EXP	478,189.
TOTAL	----- 478,189. =====

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 CASCHELLS 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

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 -----
SEATTLE, WA 98134				
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 2 HRS/MO	NONE	NONE	NONE
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	449,000.	23,865.	4,488.
RALPH FINERMAN 1250 FOURTH ST., SUITE 360	CFO 15 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
SANTA MONICA, CA 90401				
DEBBIE BOHNETT 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	COO 50 HRS/WK	309,138.	23,617.	NONE
GREGORY BRITT 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	210,333.	20,254.	NONE
SCOTT HARVEY 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	SENIOR VP 40 HRS/WK	193,376.	20,011.	NONE
CRAIG DIONNE ** 1250 FOURTH ST., SUITE 360 SANTA MONICA, CA 90401	EXECUTIVE VP 40 HRS/WK	55,750.	14,735.	100,903. *
GRAND TOTALS		1,459,597.	102,482.	105,391.

* RELOCATION EXPENSES

** IF MR. DIONNE IS TERMINATED FOR ANY REASON OTHER THAN CAUSE PRIOR TO JANUARY 1, 2006, HE IS ENTITLED TO A SEVERANCE EQUAL TO 12 MONTHS SALARY AND BENEFITS. IF MR. DIONNE IS TERMINATED FOR ANY REASON OTHER THAN CAUSE ON OR AFTER JANUARY 1, 2006, MR. DIONNE IS ENTITLED TO SEVERANCE EQUAL TO 6 MONTHS SALARY AND BENEFITS.

PROSTATE CANCER FOUNDATION
FEIN: 95-4418411
FYE: DECEMBER 31, 2004

FORM 990, PART VI, LINE 90A - STATES WHERE COPY OF 990 IS FILED

ALABAMA
ALASKA
ARIZONA
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT
DISTRICT OF COLUMBIA
FLORIDA
GEORGIA
ILLINOIS
KANSAS
KENTUCKY
MAINE
MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSOURI
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROLINA
NORTH DAKOTA
OHIO
OKLAHOMA
OREGON
PENNSYLVANIA
RHODE ISLAND
SOUTH CAROLINA
TENNESSEE
UTAH
VIRGINIA
WASHINGTON
WEST VIRGINIA
WISCONSIN

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

RALPH FINERMAN, CFO OF PROSTATE CANCER FOUNDATION, IS ALSO AFFILIATED WITH RFG FINANCIAL. RFG FINANCIAL WAS PAID \$14,264 FOR ACCOUNTING SERVICES PROVIDED TO PROSTATE CANCER FOUNDATION DURING 2004.

RICHARD SANDLER, A MEMBER OF THE BOARD OF DIRECTORS, IS ALSO AFFILIATED WITH MARON & SANDLER. MARON & SANDLER WAS PAID \$2,602 FOR LEGAL SERVICES PROVIDED TO PROSTATE CANCER FOUNDATION DURING 2004.

RAPLH FINERMAN AND RICHARD SANDLER BOTH CONTRIBUTED AMOUNTS THAT MORE THAN OFFSET THESE PAYMENTS FOR SERVICES DURING 2004.

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	2003	2002	2001	2000	TOTAL
OTHER REVENUE	NONE	845.	4,351.	NONE	5,196.
TOTALS	NONE	845.	4,351.	NONE	5,196.

BYLAW AMENDMENT
Adopted April 17, 2005
Prostate Cancer Foundation

RESOLVED, that Section 3 of Article III. of the Foundation's Bylaws shall be amended to read as follows:

Section 3. Selection and Term of Office. Directors shall be elected at annual meetings of the Board. Each director shall be elected to a term of up to three (3) years, with each director's term of service to be determined by the Board upon his or her election. Each director shall serve until the annual meeting of the Board at which his or her designated term expires.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization PROSTATE CANCER FOUNDATION	Employer Identification number 95-4418411
	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 FOURTH STREET, SUITE 360	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90401-1353	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ HELEN HSIEH, VICE PRESIDENT FINANCE & ADMINISTRATION

Telephone No. ▶ 310 570-4700 FAX No. ▶ 310 570-4701

- 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2004 or
▶ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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 \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
c Balance Due. Subtract line 3b from line 3a. 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 \$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 FOURTH STREET, SUITE 360	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90401-1353	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

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

- The books are in the care of **HELEN HSIEH**
Telephone No. **310 570-4700** FAX No. **310 570-4701**
- 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.

- I request an additional 3-month extension of time until **11/15/2005**
- For calendar year **2004**, or other tax year beginning _____ and ending _____
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 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.

- 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 \$ _____
- 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 \$ _____
- 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 **Ka Al** Title **CPA OF ERNST & YOUNG** Date **7-27-05**

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 extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

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.

Type or print	Name ERNST & YOUNG LLP - 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