

**AMENDMENT**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

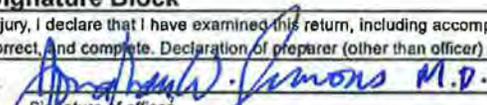
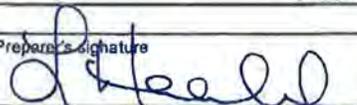
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning _____, and ending _____	
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>PROSTATE CANCER FOUNDATION</b>
<input type="checkbox"/> Address change	Doing business as _____
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1250 FOURTH STREET 360</b>
<input type="checkbox"/> Initial return	City or town State ZIP code <b>SANTA MONICA CA 90401-1353</b>
<input type="checkbox"/> Final return/terminated	Foreign country name Foreign province/state/county Foreign postal code
<input checked="" type="checkbox"/> Amended return	<b>F</b> Name and address of principal officer: <b>JONATHAN W. SIMONS, M.D., SAME AS C ABOVE</b>
<input type="checkbox"/> Application pending	<b>D</b> Employer identification number <b>95-4418411</b>
	<b>E</b> Telephone number <b>(310) 570-4700</b>
	<b>G</b> Gross receipts \$ <b>41,655,621</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: ▶ <b>www.pcf.org</b>	<b>H(c)</b> Group exemption number ▶ <b>N/A</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>CA</b>

Part I Summary				
<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The Prostate Cancer Foundation is the world's leading philanthropic organization funding and accelerating prostate cancer research. The innovative research funded since 1993 has helped lower the prostate cancer deaths by more than 50% in the United States.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	27
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	40
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	50,028,788	39,820,565
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,679	30,391
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,342	33,353
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,127,809	39,884,309
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	31,575,540	30,663,204
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	5,218,217	5,308,079
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,281,457</b>	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,856,679	9,271,730
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	45,650,436	45,243,013
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,477,373	-5,358,704	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	56,508,297	54,809,165
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	19,753,375	23,862,947
			36,754,922	30,946,218

<b>Part II Signature Block</b>				
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.				
<b>Sign Here</b>		Date <b>12/18/2015</b>		
	Jonathan W. Simons M.D.	President/CEO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Lauren Haverlock, CPA		12/18/2015	P00545829
	Firm's name ▶ Green Hasson & Janks, LLP	Firm's EIN ▶ 95-1777440	Phone no. (310) 873-1675	
Firm's address ▶ 10990 Wilshire Blvd., 16th Floor, Los Angeles, CA 90024				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

HTA

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

The Prostate Cancer Foundation (PCF) is a global biomedical research funding foundation committed to ending death and suffering from prostate cancer at every stage. PCF accelerates the world's most promising prostate cancer research with the goal of developing better nutritional, prevention, earlier detection and precision medicines for new cures of metastatic disease. Visit: pcf.org

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 25,226,704 including grants of \$ 25,226,704 ) (Revenue \$ 0 )

The PCF research enterprise is a venture style research funding program that provides financial support to innovative research projects at nearly 200 cancer centers and universities. This global enterprise now extends to 19 countries. Priority is given to projects with the greatest potential to improve survival and the overall quality of life for men with prostate cancer. The cornerstone of our research program in 2014 was our Challenge Awards program. Challenge Awards support cross-disciplinary teams of investigators conducting pioneering research to address critical unmet medical needs for prostate cancer patients. In 2014, PCF funded 25 multi-year projects that each offer high potential for improved detection, enhanced quality of life and higher survival rates. All PCF-funded researchers are required to openly share their unpublished findings on an annual basis with the entire global research community of PCF award recipients.

**4b** (Code: ) (Expenses \$ 3,826,000 including grants of \$ 3,826,000 ) (Revenue \$ 0 )

PCF's Dream Teams are multi-year, multi-disciplinary, global research programs aimed at advancing precision medicine in prostate cancer. First announced in 2012, this ambitious initiative funds projects that have immediate clinical relevance and stand to benefit all prostate cancer patients, even those with the worst form of the disease. As part of this effort, investigators seek to conduct whole genome sequencing in 750 patients. Data are publicly shared with the world's medical research community. The International Dream Team is led by Arul Chinnaiyan, MD, PhD (University of Michigan) and Charles Sawyers, MD (Memorial Sloan Kettering Cancer Center). The West Coast Dream Team is led by Eric Small, MD (UCSF) and Owen Witte, MD (UCLA). The total investment to date is \$11,900.00.

**4c** (Code: ) (Expenses \$ 1,575,000 including grants of \$ 1,575,000 ) (Revenue \$ 0 )

PCF created the Young Investigator Award program with one goal: to build a gifted cohort of investigators undertaking the next generation of prostate cancer research. Awards are made to early-career scientists working in a research environment capable of supporting high impact prostate cancer research drawn from a variety of medical research disciplines. The award funds may be used flexibly to advance the career and research efforts of the awardee. This, for example, includes funding "protected time" or direct costs for experiments. Mentorship is required for every PCF Young Investigator. Since 2007, PCF has supported or committed to fund the early careers of 153 PCF Young Investigators, ensuring a continued stream of human capital into our research community. In a period when federal funding for young scientists is declining, the PCF Young Investigator Program plays an integral role in championing early-career human capital investments to fast-forward innovative solutions to prostate cancer. Visit: www.pcf.org/young-investigators

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 7,763,967 including grants of \$ 35,500 ) (Revenue \$ 30,391 )

**4e** Total program service expenses **▶** 38,391,671

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), (29) organizations.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	29		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
	27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

	Yes	No
<b>10a</b>		X
<b>10b</b>		
<b>11a</b>	X	
<b>11b</b>		
<b>12a</b>	X	
<b>12b</b>	X	
<b>12c</b>	X	
<b>13</b>	X	
<b>14</b>	X	
<b>15a</b>	X	
<b>15b</b>	X	
<b>16a</b>		X
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 HELEN HSIEH (310) 570-4729  
 1250 4TH ST., SUITE 360, SANTA MONICA, CA 90401

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Milken ..... Founder & Chairman	15.00	X		X			0	0	0	
(2) Andrew Astrachan ..... Director	2.00	X					0	0	0	
(3) Emilio Bassini ..... Director	2.00	X					0	0	0	
(4) J. Darius Bikoff ..... Director	2.00	X					0	0	0	
(5) James C. Blair ..... Director	2.00	X					0	0	0	
(6) Steven A. Burd ..... Director	2.00	X					0	0	0	
(7) Neil P. DeFeo ..... Director	2.00	X					0	0	0	
(8) David A. Ederer ..... Director	2.00	X					0	0	0	
(9) R. Christian B. Evensen ..... Director	2.00	X					0	0	0	
(10) Peter R. Grauer ..... Director	2.00	X					0	0	0	
(11) The Reverend Rosey Grier ..... Director	20.00	X					42,000	0	124	
(12) Stuart Holden, M.D. ..... Director/Medical Director	30.00	X					225,000	0	0	
(13) Clark Howard ..... Director	2.00	X					0	0	0	
(14) Arthur H. Kern ..... Director	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) David H. Koch Director	2.00	X					0	0	0	
(16) Richard S. LeFrak Director	2.00	X					0	0	0	
(17) The Honorable Earle I. Mack Director	2.00	X					0	0	0	
(18) Shmuel Meitar Director	2.00	X					0	0	0	
(19) Lori Milken Director/VP	2.00	X		X			0	0	0	
(20) Glenn Myles Director	2.00	X					0	0	0	
(21) Henry L. Nordhoff Director	2.00	X					0	0	0	
(22) David Drew Pinsky Director	2.00	X					0	0	0	
(23) Lynda Resnick Director	2.00	X					0	0	0	
(24) Neal Rodin Director	2.00	X					0	0	0	
(25) Richard V. Sandler Director/VP	2.00	X		X			0	0	0	
<b>1b Sub-total</b>							267,000	0	124	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,455,315	0	155,395	
<b>d Total (add lines 1b and 1c)</b>							2,722,315	0	155,519	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Boulle Event Management 1835 Stallion Dr. Loxahatchee, FL 33470	Outreach Program Mgmt.	160,000
Kathryn Schwertfeger, Esq. 1250 4th Street, Suite 360 Santa Monica, CA 90401	Legal Services	154,410
Philip Kantoff 450 Brookline Ave. Boston, MA 02215	Medical Consultant	150,000
Barbara Parsky 1250 4th Street, Suite 360 Santa Monica, CA 90401	Marketing Services	114,568
		0

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a 0				
	b Membership dues . . . . .	1b 0				
	c Fundraising events . . . . .	1c 4,817,401				
	d Related organizations . . . . .	1d 0				
	e Government grants (contributions) . . . . .	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 35,003,164				
	g Noncash contributions included in lines 1a-1f: \$	1,269,909				
	h <b>Total.</b> Add lines 1a-1f . . . . .	▶	39,820,565			
Program Service Revenue	<b>Business Code</b>					
	2a Educational Materials . . . . .	900099	30,391			
	b . . . . .		0			
	c . . . . .		0			
	d . . . . .		0			
	e . . . . .		0			
	f All other program service revenue . . . . .		0			
g <b>Total.</b> Add lines 2a-2f . . . . .	▶	30,391				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	35,751		35,751	
	4 Income from investment of tax-exempt bond proceeds . . . . .	▶	0			
	5 Royalties . . . . .	▶	0			
	6a Gross rents . . . . .	(i) Real				
		(ii) Personal				
		b Less: rental expenses . . . . .				
		c Rental income or (loss) . . . . .	0	0		
	d Net rental income or (loss) . . . . .	▶	0			
	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . . . .	1,269,909	0		
		c Gain or (loss) . . . . .	-2,398	0		
	d Net gain or (loss) . . . . .	▶	-2,398		-2,398	
	8a Gross income from fundraising events (not including \$ 4,817,401 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	501,403			
	b Less: direct expenses . . . . .	b	501,403			
c Net income or (loss) from fundraising events . . . . .	▶	0				
9a Gross income from gaming activities. See Part IV, line 19 . . . . .	a	0				
b Less: direct expenses . . . . .	b	0				
c Net income or (loss) from gaming activities . . . . .	▶	0				
10a Gross sales of inventory, less returns and allowances . . . . .	a	0				
b Less: cost of goods sold . . . . .	b	0				
c Net income or (loss) from sales of inventory . . . . .	▶	0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a . . . . .		0				
b . . . . .		0				
c . . . . .		0				
d All other revenue . . . . .		0				
e <b>Total.</b> Add lines 11a-11d . . . . .	▶	0				
12 <b>Total revenue.</b> See instructions . . . . .	▶	39,884,309	0	0	33,353	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	29,606,142	29,606,142		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,057,062	1,057,062		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,746,745	1,535,748	52,749	158,248
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	2,967,268	956,608	1,148,597	862,063
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	41,088	15,713	19,664	5,711
9	Other employee benefits . . . . .	305,025	119,699	147,526	37,800
10	Payroll taxes . . . . .	247,953	104,835	89,743	53,375
11	Fees for services (non-employees):				
a	Management . . . . .	636,281	466,212	293	169,776
b	Legal . . . . .	187,462	62,991	124,471	0
c	Accounting . . . . .	65,944	0	65,944	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	529,887	309,220	172,467	48,200
12	Advertising and promotion . . . . .	617,533	602,823	13,927	783
13	Office expenses . . . . .	341,615	74,959	246,184	20,472
14	Information technology . . . . .	293,004	128,143	130,981	33,880
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	362,606	133,389	188,120	41,097
17	Travel . . . . .	1,115,665	148,201	21,590	945,874
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	4,429,223	2,838,387	0	1,590,836
20	Interest . . . . .	0	0	0	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	155,750	114,496	31,654	9,600
23	Insurance . . . . .	105,699	59,841	45,858	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Postage & Shipping . . . . .	431,061	57,202	70,117	303,742
b	-----	0			
c	-----	0			
d	-----	0			
e	All other expenses . . . . .	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	45,243,013	38,391,671	2,569,885	4,281,457
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	1,324,046	618,640	10,486	694,920

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash—non-interest-bearing	1,000	1	1,000
	2 Savings and temporary cash investments	28,864,837	2	29,008,630
	3 Pledges and grants receivable, net	27,276,910	3	25,519,578
	4 Accounts receivable, net	5,285	4	5,248
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	117,176	9	117,804
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,904,645		
	b Less: accumulated depreciation	10b 1,747,740	243,089	10c 156,905
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	56,508,297	16	54,809,165	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,471,400	17	2,128,035
	18 Grants payable	17,781,975	18	21,334,912
	19 Deferred revenue	500,000	19	400,000
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	19,753,375	26	23,862,947
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	32,528,156	27	26,701,786
	28 Temporarily restricted net assets	4,226,766	28	4,244,432
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	36,754,922	33	30,946,218	
34 Total liabilities and net assets/fund balances	56,508,297	34	54,809,165	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,884,309
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,243,013
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,358,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,754,922
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O) <span style="float: right;">Bad Debts</span>	9	-450,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,946,218

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

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

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number 95-4418411
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations 1
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) NA						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,973,637	41,859,449	45,484,973	50,028,788	39,820,565	217,167,412
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1 through 3.	39,973,637	41,859,449	45,484,973	50,028,788	39,820,565	217,167,412
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						21,779,267
6 <b>Public support.</b> Subtract line 5 from line 4.						195,388,145

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4.	39,973,637	41,859,449	45,484,973	50,028,788	39,820,565	217,167,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	215,991	321,896	105,154	46,094	35,751	724,886
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10.						217,892,298
12 Gross receipts from related activities, etc. (see instructions).					12	1,620,595
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).	14	89.67%
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	89.25%
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

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

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	16	0.00%

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	18	0.00%

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2014**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the 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 boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> PROSTATE CANCER FOUNDATION	<b>Employer identification number</b> 95-4418411
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,166,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. _____ Country _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. _____ Country _____	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

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

Name of organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_ 0
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$ \_\_\_\_\_ 0
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) N/A			0	0
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	25,000	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	25,000	0												
<b>d</b>	Other exempt purpose expenditures	45,218,013	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	45,243,013	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	100,696	74,109	25,000	25,000	224,805
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0



**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	N/A	
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ N/A

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
1c	N/A
1d	
1e	
1f	0

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	N/A	N/A	N/A	N/A	N/A
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	246,891	246,891	0
d Equipment	0	510,124	416,673	93,451
e Other	0	1,147,630	1,084,176	63,454
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				156,905

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	41,226,999
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,342,690	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,342,690
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	39,884,309
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	39,884,309

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	47,258,545
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,565,532	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,565,532
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	45,693,013
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-450,000	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-450,000
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	45,243,013

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI Line 2D: Includes PCF's fundraising goods and services of \$501,403 and our sister

Canadian research funding organization, Coalition to Cure Prostate Cancer (CCPC) revenue

and foreign exchange loss of \$841,287.

Part XII Line 2D: Includes PCF's fundraising goods and services of \$501,403 and our sister

Canadian research funding organization, Coalition to Cure (CCPC) award expenses of

\$1,064,129.

Part XII Line 4B: Bad debts write-off.

# Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**PROSTATE CANCER FOUNDATION**

Employer identification number  
**95-4418411**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe (Including Iceland and Greenland)	0	0	Research Awards	Cancer Research	1,057,062
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total	0	0			1,057,062
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			1,057,062

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and	Cancer Research	1,057,062	Checks	0	N/A	Book
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 3

3 Enter total number of other organizations or entities ▶ 0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) . . . . .  Yes  No

**Part V**

**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I Line 2 The Foundation supports leading prostate cancer research globally. PCF makes

awards to foreign institutions which are comparable to those that are traditionally deemed

not-for-profit in the United States (i.e. universities). To date, the foreign institutions

to which the Foundation has made awards have been sufficiently renowned in cancer research

productivity that the Foundation has relied on the general public information to verify

that the institutions are comparable to United States not-for-profit entities. The

Foundation applies the same peer review standards to foreign research which it applies to

domestic research. Progress reports for evaluating research proposals and summaries of

final results are required and reviewed. In addition, the Foundation conducts site visits

to foreign institutions to review research funding. Other than verifying the legitimacy

and caliber of the institutions' research, these site visits also help to identify

potential future areas of research collaboration between United States and research teams

around the world.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

**Part I**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 None				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	0	0

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

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, NC, ND, NH, NJ, NM, NY, OH  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Dinners (event type)	Sport Events (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	3,510,592	1,808,212	0	5,318,804
	2	Less: Contributions . . . . .	3,209,236	1,608,165	0	4,817,401
	3	Gross income (line 1 minus line 2) . . . . .	301,356	200,047	0	501,403
Direct Expenses	4	Cash prizes . . . . .			0	0
	5	Noncash prizes . . . . .			0	0
	6	Rent/facility costs . . . . .		20,000	0	20,000
	7	Food and beverages . . . . .	277,963	179,256	0	457,219
	8	Entertainment . . . . .	12,000		0	12,000
	9	Other direct expenses . . . . .	11,393	791	0	12,184
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				(
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					0

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue . . . . .			0		
Direct Expenses	2	Cash prizes . . . . .			0		
	3	Noncash prizes . . . . .			0		
	4	Rent/facility costs . . . . .			0		
	5	Other direct expenses . . . . .			0		
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				(	0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Johns Hopkins University Baltimore, MD 21287	52-0595110	501 (C)(3)	5,544,993	0	Book	N/A	Cancer Research
(2) Stand Up 2 Cancer Los Angeles, CA 90067	95-1644609	501 (C)(3)	3,826,000	0	Book	N/A	Cancer Research
(3) Weill Cornell Medical College New York, NY 10065	13-1623978	501 (C)(3)	2,562,938	0	Book	N/A	Cancer Research
(4) University of Wisconsin Madison, WI 53705	39-6006492	501 (C)(3)	2,500,000	0	Book	N/A	Cancer Research
(5) Dana-Farber Cancer Institute Boston, MA 02115	04-2263040	501 (C)(3)	1,699,774	0	Book	N/A	Cancer Research
(6) University of Pennsylvania Philadelphia, PA 19104	21-1352685	501 (C)(3)	1,600,000	0	Book	N/A	Cancer Research
(7) University of California, SF San Francisco, CA 94143	94-6036493	501 (C)(3)	1,500,000	0	Book	N/A	Cancer Research
(8) Memorial Sloan-Kettering New York, NY 10064	13-1924236	501 (C)(3)	1,305,000	0	Book	N/A	Cancer Research
(9) Duke University Durham, NC 27708	56-0532129	501 (C)(3)	1,172,572	0	Book	N/A	Cancer Research
(10) Cleveland Clinic Foundation Cleveland, OH 44195	34-0714585	501 (C)(3)	1,015,132	0	Book	N/A	Cancer Research
(11) University of Chicago Chicago, IL 60611	36-2177139	501 (C)(3)	1,000,000	0	Book	N/A	Cancer Research
(12) Washington University of School of Saint Louis, MO 63112	43-0653611	501 (C)(3)	1,000,000	0	Book	N/A	Cancer Research

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 35
- 3 Enter total number of other organizations listed in the line 1 table ▶ 11

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

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I Line 1: The Prostate Cancer Foundation (PCF) has a transparent and competitive process for selection of research awards. A Request for Applications (RFA) is emailed to potential applicants around the world and posted publicly on the PCF website. The RFA lists the award expectations, detailed instructions and deadline. Complete applications are submitted electronically to PCF. Each application is sent to 2 or more scientific experts for peer review. The Foundation employs all the principles of NIH peer reviews. The reviewers assign scores to the applications and adhere to strict confidentiality and conflict of interest policies. The final scores allow PCF to rank the applications for priority of funding. The ranked proposals are then presented to an expert panel of prostate cancer researchers for final selection for funding. All funding recommendations are subject to the approval of the Discovery and Translation Committee on behalf of the PCF Board of Directors.

Part I Line 2: The Foundation monitors the progress of research through progress reports submitted by the research institutions. PCF also periodically conducts site visits to these institutions.

## Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) M.D. Anderson Cancer Center Houston, TX 77030	74-6000203	501 (C)(3)	901,799	0	Book	N/A	Cancer Research
(14) University of Washington Seattle, WA 98195	94-3079432	Government	559,061	0	Book	N/A	Cancer Research
(15) University of Maryland Baltimore, MD 21250	52-6002033	Government	501,028	0	Book	N/A	Cancer Research
(16) Columbia University Medical Center New York, NY 10032	13-5598093	501 (C)(3)	405,000	0	Book	N/A	Cancer Research
(17) Emory University Atlanta, GA 30322	58-0566256	501 (C)(3)	314,995	0	Book	N/A	Cancer Research
(18) Mount Sinai School of Medicine New York, NY 10029	13-6171197	501 (C)(3)	227,000	0	Book	N/A	Cancer Research
(19) Beth Israel Deaconess Medical Center Boston, MA 02115	04-2103881	501 (C)(3)	225,000	0	Book	N/A	Cancer Research
(20) President and Fellows of Harvard College Cambridge, MA 02138	04-2103580	501 (C)(3)	225,000	0	Book	N/A	Cancer Research
(21) Roswell Park Cancer Institute Buffalo, NY 14263	16-1391608	501 (C)(3)	225,000	0	Book	N/A	Cancer Research
(22) University of Michigan Ann Arbor, MI 48109	38-6006309	Government	202,000	0	Book	N/A	Cancer Research
(23) Ohio State University Columbus, OH 43210	31-6025986	Government	142,910	0	Book	N/A	Cancer Research
(24) Thomas Jefferson University Philadelphia, PA 19107	23-1352651	501(C)(3)	125,000	0	Book	N/A	Cancer Research
(25) Delaware Valley Urology Marlton, NJ 08053	27-0110791	LLC	105,808	0	Book	N/A	Cancer Research
(26) Mayo Clinic Rochester, MN 55902	41-6011702	501(C)(3)	100,000	0	Book	N/A	Cancer Research
(27) Institute of Medical Research Durham, NC 27705	56-1655431	501(C)(3)	68,554	0	Book	N/A	Cancer Research
(28) Urology of Virginia Research, PLLC Virginia Beach, VA 23452	27-4848565	PLLC	65,875	0	Book	N/A	Cancer Research
(29) University of Mississippi Jackson, MS 69216	64-6008520	Government	61,609	0	Book	N/A	Cancer Research

## Continuation Sheet for Schedule I (Form 990)

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) The Urology and Prostate Institute San Antonio, TX 78249	45-4069492	S Corporation	52,753	0	Book	N/A	Cancer Research
(31) Sepulveda Research Corporation North Hills, CA 91343	95-4246275	501(C)(3)	50,836	0	Book	N/A	Cancer Research
(32) Science Exchange, Inc. Palo Alto, CA 94301	45-2177494	C Corporation	50,000	0	Book	N/A	Cancer Research
(33) Associated Urologists of North Carolina Raleigh, NC 27612	27-2528143	C Corporation	34,800	0	Book	N/A	Cancer Research
(34) Urology Clinics of North Texas Dallas, TX 75231	75-2788839	PLLC	30,160	0	Book	N/A	Cancer Research
(35) Associated Medical Professionals Syracuse, TX 13210	20-8928235	PLLC	26,400	0	Book	N/A	Cancer Research
(36) City of Hope Duarte, CA 91010	95-3435919	501(C)(3)	25,000	0	Book	N/A	Public Awareness
(37) Cedars-Sinai Medical Center Los Angeles, CA 90048	95-1644600	501(C)(3)	25,000	0	Book	N/A	Cancer Research
(38) Urology Center Research Institute, LLC Englewood, NJ 07631	41-2257491	LLC	23,400	0	Book	N/A	Cancer Research
(39) Baylor College of Medicine Houston, TX 77030	74-1613878	501(C)(3)	20,000	0	Book	N/A	Cancer Research
(40) University Urology New York, NY 10016	13-3569106	S Corp	18,000	0	Book	N/A	Cancer Research
(41) American Association for Cancer Resear Philadelphia, PA 19130	23-6251648	501(C)(3)	15,858	0	Book	N/A	Public Awareness
(42) Premier Urology Group, LLC Cranford, NJ 07016	51-0605562	Partnership	14,000	0	Book	N/A	Cancer Research
(43) Stop Cancer Los Angeles, CA 90064	95-4167790	501(C)(3)	10,000	0	Book	N/A	Cancer Research
(44) Virginia Mason Foundation Seattle, WA 98101	91-0565539	501(C)(3)	8,926	0	Book	N/A	Cancer Research
(45) Southeastern Research Group, Inc. Tallahassee, FL 32308	59-3673588	S Corp	8,400	0	Book	N/A	Cancer Research
(46) Erlanger Health System Chattanooga, TN 37403	62-6000101	501(C)(3)	7,800	0	Book	N/A	Cancer Research

# Continuation Sheet for Schedule I (Form 990)

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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**Part III** Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>1b</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	X	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>4a</b>	Receive a severance payment or change-of-control payment?		X
<b>4b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
<b>4c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		X
<b>5</b>	<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>5a</b>	The organization?		X
<b>5b</b>	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>6a</b>	The organization?		X
<b>6b</b>	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	X	
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	X	
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	X	

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

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

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael Milken	(i)						0	
1 Founder & Chairman	(ii)						0	
Andrew Astrachan	(i)						0	
2 Director	(ii)						0	
Emilio Bassini	(i)						0	
3 Director	(ii)						0	
J. Darius Bikoff	(i)						0	
4 Director	(ii)						0	
James C. Blair	(i)						0	
5 Director	(ii)						0	
Steven A. Burd	(i)						0	
6 Director	(ii)						0	
Neil P. DeFeo	(i)						0	
7 Director	(ii)						0	
David A. Ederer	(i)						0	
8 Director	(ii)						0	
R. Christian B. Evensen	(i)						0	
9 Director	(ii)						0	
Peter R. Grauer	(i)						0	
10 Director	(ii)						0	
The Reverend Rosey Grier	(i)	42,000			124		42,124	
11 Director	(ii)						0	
Stuart Holden, M.D.	(i)			225,000			225,000	
12 Director/Medical Director	(ii)						0	
Clark Howard	(i)						0	
13 Director	(ii)						0	
Arthur H. Kern	(i)						0	
14 Director	(ii)						0	
David H. Koch	(i)						0	
15 Director	(ii)						0	
Richard S. LeFrak	(i)						0	
16 Director	(ii)						0	

## Continuation Sheet for Schedule J (Form 990)

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

**Part II** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
17	The Honorable Earle I. Mack Director	(i)					0	
		(ii)					0	
18	Shmuel Meitar Director	(i)					0	
		(ii)					0	
19	Lori Milken Director/VP	(i)					0	
		(ii)					0	
20	Glenn Myles Director	(i)					0	
		(ii)					0	
21	Henry L. Nordhoff Director	(i)					0	
		(ii)					0	
22	David Drew Pinsky Director	(i)					0	
		(ii)					0	
23	Lynda Resnick Director	(i)					0	
		(ii)					0	
24	Neal Rodin Director	(i)					0	
		(ii)					0	
25	Richard V. Sandler Director/VP	(i)					0	
		(ii)					0	
26	Jeff C. Tarr Director	(i)					0	
		(ii)					0	
27	Paul Villanti Director	(i)					0	
		(ii)					0	
28	Andrew C. von Eschenbach, M.D. Director	(i)					0	
		(ii)					0	
29	Stanley R. Zax Director	(i)					0	
		(ii)					0	
30	Jonathan W. Simons, M.D. CEO & President	(i)	571,710	445,000	5,200	33,077	1,054,987	
		(ii)					0	
31	Ralph Finerman Treasurer/CFO	(i)					0	
		(ii)					0	
32	Howard Soule EVP, Chief Scientific Officer	(i)	362,310	33,000	5,200	24,124	424,634	
		(ii)					0	
33	Gary Dicovitsky EVP, Development	(i)	260,294	15,000	5,200	23,510	304,004	
		(ii)					0	

## Continuation Sheet for Schedule J (Form 990)

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

**Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
34 SVP, Finance and Administration Helen Hsieh	(i)	228,604	6,000		4,692	27,434	266,730	
	(ii)						0	
35 VP, Development Roger Castle	(i)	199,112	4,000			9,331	212,443	
	(ii)						0	
36 VP, Events Janet Haber	(i)	163,095	8,000			11,234	182,329	
	(ii)						0	
37 VP, Movember Initiatives Janis Wolterstorff	(i)	148,190	11,000			6,393	165,583	
	(ii)						0	
38	(i)							
	(ii)							
39	(i)							
	(ii)							
40	(i)							
	(ii)							
41	(i)							
	(ii)							
42	(i)							
	(ii)							
43	(i)							
	(ii)							
44	(i)							
	(ii)							
45	(i)							
	(ii)							
46	(i)							
	(ii)							
47	(i)							
	(ii)							
48	(i)							
	(ii)							
49	(i)							
	(ii)							
50	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I Line 1A: The Foundation allows first class transcontinental travel for the CEO, Dr. Jonathan W. Simons due to medical reasons. This travel accommodation was approved by the Compensation Committee on behalf of the Board of Directors.

Part I Line 7: The Committee awarded discretionary bonuses to the officers and employees based on exceptional individual performance.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	24	1,269,909	Market Price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Form 990, Part III, Line 4D: While funding game changing medical research for prostate cancer

is the primary mission of the PCF, tens of thousands of patients and their families turn to

the Foundation as a source of health information on the disease, prevention and treatment

options as well as the latest developments enabled by PCF's support of basic translational and

clinical research. The Foundation regularly publishes and distributes informational

publications and maintains an active website ([www.pcf.org](http://www.pcf.org)) for patients, caregivers and other

audiences engaged with prostate cancer. In 2014, [www.pcf.org](http://www.pcf.org) had more than 1.8 million visits.

It also distributes electronic monthly newsletters to an online subscriber base of nearly

53,000 and communicates with audiences daily via social media. PCF also hosts and funds an

annual scientific conference/forum where all the leading global prostate cancer scientists and

researchers convene and share the latest unpublished new findings in the field. The

proceedings of the PCF Scientific Retreat are shared with the world's cancer research

community on [www.pcf.org](http://www.pcf.org).

Form 990, Part VI, Section A, Line 2: Michael Milken (Chairman) – family and business

relationship; Lori Milken (Director/VP) – family and business relationships; Ralph Finerman

(Treasurer/CFO) – business relationship; Richard Sandler (Director) – business relationship.

Form 990, Part VI, Section B, Line 11A: Form 990 is reviewed by the Foundation's CEO, CFO and

Senior VP Finance and Administration before distributing to the audit committee for review and

final approval on behalf of PCF's board of directors. The board also gets a copy of Form 990

prior to being filed.

Form 990, Part VI, Section B, Line 12C: The Foundation's Board of Directors adopted a conflict

of interest policy which applies to all directors and officers consistent with the model

suggested by the Internal Revenue Service. The policy requires that directors and officers

disclose any transactions in which they have a financial interest to the Foundation's legal

counsel. Counsel is responsible for gathering information and preparing a report regarding the

proposed transaction and determining whether or not the transaction reasonably could be

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

determined to meet the Foundation's standards for approving a transaction, in which an officer

or director has a financial interest (i.e. the best interests of the Foundation for the

Foundation's benefit and fair and reasonable as to the Foundation). If PCF's General Counsel

determines the transaction may meet the approval standard, the transaction is reviewed by and

either approved or disapproved by a Committee of the Board of Directors or the entire Board of

Directors consistent with applicable state corporate law requirements. As part of the review

process, the Committee of Board of Directors is required to identify and evaluate potential

alternative transactions which do not involve a foundation officer or director. The interested

officer or director is allowed to present information to the Committee of Board of Directors

but must leave the meeting at which the transaction is considered prior to the final vote.

Form 990, Part VI, Section B, Line 12C: The Foundation's conflict of interest policy also

requires officers and directors to complete annual questionnaires wherein they are asked to

identify all transactions where they may have an actual or perceived conflict of interest. As

part of the questionnaire, each officer and director is required to confirm their

understanding that the Foundation is a tax exempt entity and must engage primarily in

activities which further its mission.

Form 990, Part VI, Section B, Line 12 C: The Foundation's scientific review panels determine

which research projects or types of projects will be funded by the Foundation, and also has a

conflict of interest policy. Panelists are required to abstain from discussions and votes

regarding funding for research projects in which they have a financial or professional

interest or institutional affiliation.

Form 990, Part VI, Section B, Line 15A & 15B: Staff compensation including officers and key

employees listed on Schedule J are reviewed and approved by the Board of Directors'

Compensation Committee based on qualifications and market comparability in similar industry.

The last compensation review occurred in February 2015.

Form 990, Part VI, Section C, Line 19: The Foundation posts its annual report, audited

financial statements and Form 990 on its website [www.pcf.org](http://www.pcf.org) (go to "About PCF/Where your

money goes"). The Foundation's governing documents and conflict of interest policy are also

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

posted on the website [www.pcf.org](http://www.pcf.org).

Form 990, Part VII, Section A, The return is amended to show no compensation as zeros.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**PROSTATE CANCER FOUNDATION**

Employer identification number  
**95-4418411**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Coalition to Cure Prostate Cancer 1000-840 Howe Street Vancouver Canada	Cancer Research Funding	Canada	N/A	N/A - Foreign	N/A	X	
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
  - b** Gift, grant, or capital contribution to related organization(s) . . . . .
  - c** Gift, grant, or capital contribution from related organization(s) . . . . .
  - d** Loans or loan guarantees to or for related organization(s) . . . . .
  - e** Loans or loan guarantees by related organization(s) . . . . .
  
  - f** Dividends from related organization(s) . . . . .
  - g** Sale of assets to related organization(s) . . . . .
  - h** Purchase of assets from related organization(s) . . . . .
  - i** Exchange of assets with related organization(s) . . . . .
  - j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
  - k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
  - l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
  - m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
  - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
  - o** Sharing of paid employees with related organization(s) . . . . .
  
  - p** Reimbursement paid to related organization(s) for expenses . . . . .
  - q** Reimbursement paid by related organization(s) for expenses . . . . .
  
  - r** Other transfer of cash or property to related organization(s) . . . . .
  - s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



# Information Return of U.S. Persons With Respect To Certain Foreign Corporations

OMB No. 1545-0704

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 1/1/2014 and ending 12/31/2014

Attachment Sequence No. **121**

Name of person filing this return <b>PROSTATE CANCER FOUNDATION</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>1250 FOURTH STREET, Room No. 360</b> <small>City or town, state, and ZIP code</small> <b>SANTA MONICA CA 90401-1353</b> <small>Filer's tax year beginning</small> <u>1/1/2014</u> and ending <u>12/31/2014</u>	<b>A Identifying number</b> <u>95-4418411</u> <b>B Category of filer</b> (See instructions. Check applicable box(es)). 1 (repeated) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> _____ %
--	--

**D Person(s) on whose behalf this information return is filed:**

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b>  Name <u>Coalition to Cure Prostate Cancer</u> Address <u>1000-840 Howe Street</u> City <u>Vancouver</u> State <u>BC</u> Zip <u>V6Z2M1</u> Country <u>Canada</u>	<b>b(1) Employer identification number, if any</b> <u>N/A</u> <b>b(2) Reference ID number (see instructions)</b> <u>805883600RR0001</u> <b>c Country under whose laws incorporated</b> <u>Canada</u>			
<b>d Date of incorporation</b> <u>6/15/2011</u>	<b>e Principal place of business</b> <u>Canada</u>	<b>f Principal business activity code number</b> <u>541700</u>	<b>g Principal business activity</b> <u>Cancer Research</u>	<b>h Functional currency</b> <u>Canadian Dollar</u>

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b>  Name _____ ID Num _____ Address _____ City _____ ST _____ Zip _____	<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(i) Taxable income or (loss)</td> <td style="width:50%; text-align: center;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  Name _____ Address _____ City _____ ST _____ Zip _____ Country _____	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  Name _____ Address _____ City _____ State _____ Zip _____ Country _____ Location of Books/Records if different _____				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued** (see instructions)

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			0

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	390,577	819,258
2 a	Trade notes and accounts receivable	934,850	575,568
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement)		
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8 a	Buildings and other depreciable assets		
b	Less accumulated depreciation	( )	( )
9 a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement)		
13	Total assets	1,325,427	1,394,826
Liabilities and Shareholders' Equity			
14	Accounts payable		
15	Other current liabilities (attach statement)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement)	280,455	572,694
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	1,044,972	822,132
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	1,325,427	1,394,826

**Schedule G Other Information**

- |   |   |                          |                                     |
|---|---|--------------------------|-------------------------------------|
|   |   | <b>Yes</b>               | <b>No</b>                           |
| 1 | During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?<br>If "Yes," see the instructions for required statement.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | During the tax year, did the foreign corporation own an interest in any trust?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?<br>If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | During the tax year, was the foreign corporation a participant in any cost sharing arrangement?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?<br>If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 | During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits** (see instructions)

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

1	Current year net income or (loss) per foreign books of account		-166,232
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	a Capital gains or losses		
	b Depreciation and amortization		
	c Depletion		
	d Investment or incentive allowance		
	e Charges to statutory reserves		
	f Inventory adjustments		
	g Taxes		
	h Other (attach statement)		
3	Total net additions	0	
4	Total net subtractions		0
5a	Current earnings and profits (line 1 plus line 3 minus line 4)		-166,232
5b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		
5c	Combine lines 5a and 5b		-166,232
5d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) Enter exchange rate used for line 5d ▶		-222,840 0.8599

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

1	Name of U.S. shareholder ▶	Identifying number ▶	
1	Subpart F income (line 38b, Worksheet A in the instructions)	1	N/A
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	0
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| • Was any income of the foreign corporation blocked?                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input type="checkbox"/>            |
- If the answer to either question is "Yes," attach an explanation.