

# Return of Organization Exempt From Income Tax

**2018**

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization** **PROSTATE CANCER FOUNDATION**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1250 FOURTH STREET 360**  
 City or town State ZIP code  
**SANTA MONICA CA 90401-1353**  
 Foreign country name Foreign province/state/county Foreign postal code

**D Employer identification number**  
**95-4418411**

**E Telephone number**  
**(310) 570-4700**

**G Gross receipts \$** **43,259,631**

**F Name and address of principal officer:**  
**JONATHAN W. SIMONS, M.D., SAME AS C ABOVE**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **www.pcf.org**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1993** **M State of legal domicile:** **CA**

**H(c) Group exemption number** ▶ **N/A**

Part I Summary		Prior Year	Current Year
Activities & Governance	<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</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>	30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	51
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	29
	<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 38	<b>7b</b>	29,200	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	43,187,355	41,744,618
	<b>9</b> Program service revenue (Part VIII, line 2g)	9,478	16,464
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,429	229,793
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,283,262	41,990,875
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,813,385	28,528,176
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,298,825	6,488,970
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,571,812</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,689,096	10,516,422
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	44,801,306	45,533,568	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,518,044	-3,542,693	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 54,615,713	End of Year 50,825,337
	<b>21</b> Total liabilities (Part X, line 26)	25,949,330	25,720,909
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	28,666,383	25,104,428

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Jonathan W. Simons M.D.* Date: **7/19/2019**  
 Name and title: **Jonathan W. Simons M.D. President/CEO**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Lizbeth G Nevarez** Preparer's signature: *[Signature]* Date: **7/9/2019** Check  if self-employed PTIN: **P01399868**  
 Firm's name: **Green Hasson & Janks, LLP** Firm's EIN: **95-1777440**  
 Firm's address: **10990 Wilshire Blvd., 16th Floor, Los Angeles, CA 90024** Phone no.: **(310) 873-1600**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Prostate Cancer Foundation (PCF) is the leading global biomedical research funding foundation committed to ending death and suffering from prostate cancer. PCF accelerates the world's most promising prostate cancer research with the goal of discovering and developing new precision prevention, earlier detection and genomic medicines for prostate cancer. Visit www.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 [X] 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 [X] 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 \$ 22,678,176 including grants of \$ 22,678,176 ) (Revenue \$ 0 ) PCF research enterprise is a peer-review research funding program that provides funding to innovative research projects to 2200 scientists at more than 220 leading cancer centers and university academics. This global enterprise now extends to 22 countries. Priority is given to higher risk-higher return 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 2018 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 2018, PCF funded 20 multi-year team research 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. See SCHEDULE O for more information.

4b (Code: ) (Expenses \$ 5,850,000 including grants of \$ 5,850,000 ) (Revenue \$ 0 ) PCF created the Young Investigator Award program with one goal: to build a gifted cohort of human capital supporting the next generation of prostate cancer researchers. 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. Mentorship is required for every PCF Young Investigator. Since 2007, PCF has awarded more than \$51.3 million and has supported or committed to fund the early careers of 251 PCF Young Investigators, ensuring a continued stream of human capital into our research community. Many have become major research program leaders. Federal funding for young scientists is challenging and declining. The PCF Young Investigator Program plays an integral role in championing, mentoring and identifying strong leadership potential in early-career human capital investments.

4c (Code: ) (Expenses \$ 4,156,757 including grants of \$ 0 ) (Revenue \$ 0 ) For more than 3 million American men and their families fighting prostate cancer and millions more globally, PCF is a primary source for new standard-of-care and research information. PCF educates the public about prostate cancer and its complications. We connect patients, loved ones, care providers and scientists to critical updates, the latest developments, best practices and news from the treatment pipeline. See SCHEDULE O for more information.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,684,788 including grants of \$ 0 ) (Revenue \$ 16,464 )

4e Total program service expenses 38,369,721

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
<b>4</b> <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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	

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

		Yes	No
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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2a</b> 51		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="checkbox"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . . <b>Note.</b> If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>Note.</b> If "Yes," complete Form 4720, Schedule O.		X

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. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a (30), 1b (28), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. See Attached Statement O.
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website, [ ] Another's website, [X] 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 J. Astrachan ----- Director	2.00	X					0	0	0	
(3) Emilio Bassini ----- Director	2.00	X					0	0	0	
(4) James C. Blair, Ph.D. ----- Director	2.00	X					0	0	0	
(5) Steven A. Burd ----- Director	2.00	X					0	0	0	
(6) Neil P. DeFeo ----- Director	2.00	X					0	0	0	
(7) David A. Ederer ----- Director	2.00	X					0	0	0	
(8) Jonathan P. Evans ----- Director	2.00	X					0	0	0	
(9) R. Christian B. Evensen ----- Director	2.00	X					0	0	0	
(10) Peter T. Grauer ----- Director	2.00	X					0	0	0	
(11) The Reverend Rosey Grier ----- Director	20.00	X					42,000	0	0	
(12) Stein Erik Hagen ----- Director	2.00	X					0	0	0	
(13) Stuart Holden, M.D. ----- Director/Medical Director	30.00	X					225,000	0	0	
(14) Clark Howard ----- 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) Arthur H. Kern Director	2.00	X					0	0	0	
(16) David H. Koch 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) Christopher Moran Director	2.00	X					0	0	0	
(21) Henry L. Nordhoff Director	2.00	X					0	0	0	
(22) David Drew Pinsky, M.D. Director	2.00	X					0	0	0	
(23) Lynda Resnick Director	2.00	X					0	0	0	
(24) Neal I. Rodin Director	2.00	X					0	0	0	
(25) Jason J. Safriet Director	2.00	X					0	0	0	
<b>1b Sub-total</b>							267,000	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,977,067	0	204,712	
<b>d Total (add lines 1b and 1c)</b>							3,244,067	0	204,712	

**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 **16**

	Yes	No
<b>3</b> 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
<b>4</b> 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	
<b>5</b> 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.	151,667
The Alexander Group 3200 Kirby Dr., Ste 800 Houston, TX 77098	Executive Recruiting Service	143,000
Diaspark 515 Plainfield, Ste 1 Edison, NY 08817	Website Consultants	126,000
Kate Moulene 3828 Castle View Dr. Agoura Hill, CA 91301	Public Relations	110,000
Weisscomm Partners Inc. 50 Francisco St., Suite 400 San Francisco, CA 94133	Public Relations & Communi	108,200

**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 **5**



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 0					
	<b>b</b> Membership dues	<b>1b</b> 0					
	<b>c</b> Fundraising events	<b>1c</b> 3,331,765					
	<b>d</b> Related organizations	<b>1d</b> 0					
	<b>e</b> Government grants (contributions)	<b>1e</b> 0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 38,412,853					
	<b>g</b> Noncash contributions included in lines 1a-1f:	\$ 969,816					
	<b>h Total.</b> Add lines 1a-1f		41,744,618				
	<b>Program Service Revenue</b>	<b>Business Code</b>					
<b>2a</b> Educational Materials		900099	16,464	16,464			
<b>b</b>			0				
<b>c</b>			0				
<b>d</b>			0				
<b>e</b>			0				
<b>f</b> All other program service revenue			0				
<b>g Total.</b> Add lines 2a-2f		16,464					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		232,385			232,385	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties		0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss)			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		967,224	0				
		<b>b</b> Less: cost or other basis and sales expenses		969,816			
		<b>c</b> Gain or (loss)		-2,592			
	<b>d</b> Net gain or (loss)			-2,592		-2,592	
	<b>8a</b> Gross income from fundraising events (not including \$ 3,331,765 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	298,940				
		<b>b</b> Less: direct expenses	<b>b</b>	298,940			
<b>c</b> Net income or (loss) from fundraising events			0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	0					
	<b>b</b> Less: direct expenses	<b>b</b>	0				
	<b>c</b> Net income or (loss) from gaming activities		0				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	0					
	<b>b</b> Less: cost of goods sold	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>			0				
<b>b</b>			0				
<b>c</b>			0				
<b>d</b> All other revenue			0				
<b>e Total.</b> Add lines 11a-11d			0				
<b>12 Total revenue.</b> See instructions			41,990,875	16,464	0	229,793	

**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 . . . . .	24,599,335	24,599,335		
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 . . . . .	3,928,841	3,928,841		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,201,579	1,715,722	294,348	191,509
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 . . . . .	3,356,974	1,753,277	1,311,952	291,745
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	108,909	58,811	47,084	3,014
9 Other employee benefits . . . . .	515,227	276,014	214,959	24,254
10 Payroll taxes . . . . .	306,281	168,786	115,207	22,288
11 Fees for services (non-employees):				
a Management . . . . .	726,937	573,153	2,051	151,733
b Legal . . . . .	102,416	63,746	38,670	0
c Accounting . . . . .	41,650	0	41,650	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.) . . . . .	593,070	258,747	328,858	5,465
12 Advertising and promotion . . . . .	819,329	788,133	30,073	1,123
13 Office expenses . . . . .	488,168	54,307	429,281	4,580
14 Information technology . . . . .	410,452	130,993	261,201	18,258
15 Royalties . . . . .	0	0		0
16 Occupancy . . . . .	367,237	180,390	164,525	22,322
17 Travel . . . . .	1,517,650	335,641	72,596	1,109,413
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19 Conferences, conventions, and meetings . . . . .	4,333,706	2,973,619	0	1,360,087
20 Interest . . . . .	0	0	0	0
21 Payments to affiliates . . . . .	0	0	0	0
22 Depreciation, depletion, and amortization . . . . .	546,830	466,852	71,296	8,682
23 Insurance . . . . .	78,231	30,298	47,933	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 . . . . .	490,746	13,056	120,351	357,339
b . . . . .	0			
c . . . . .	0			
d . . . . .	0			
e All other expenses . . . . .	0			
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	45,533,568	38,369,721	3,592,035	3,571,812
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) . . . . .	2,161,506	1,284,962	24,377	852,167

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,000	<b>1</b>	1,000
	<b>2</b> Savings and temporary cash investments . . . . .	24,382,313	<b>2</b>	21,201,696
	<b>3</b> Pledges and grants receivable, net . . . . .	27,596,425	<b>3</b>	27,619,136
	<b>4</b> Accounts receivable, net . . . . .	4,752	<b>4</b>	12,727
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	493,993	<b>9</b>	205,748
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,240,506		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,580,374	1,865,740	<b>10c</b> 1,660,132
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	271,490	<b>12</b>	124,898
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	54,615,713	<b>16</b>	50,825,337	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,236,484	<b>17</b>	3,081,627
	<b>18</b> Grants payable . . . . .	22,612,846	<b>18</b>	22,589,282
	<b>19</b> Deferred revenue . . . . .	100,000	<b>19</b>	50,000
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,949,330	<b>26</b>	25,720,909
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	17,833,049	<b>27</b>	7,729,428
	<b>28</b> Temporarily restricted net assets . . . . .	10,833,334	<b>28</b>	17,375,000
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	28,666,383	<b>33</b>	25,104,428	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	54,615,713	<b>34</b>	50,825,337	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	41,990,875
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	45,533,568
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,542,693
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	28,666,383
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) Asset Write-Off, Grant Refunds & NPV	<b>9</b>	-19,262
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	25,104,428

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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

**2018**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1–10 above (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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,820,565	40,571,035	41,180,363	43,187,355	41,744,618	206,503,936
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
<b>4 Total.</b> Add lines 1 through 3	39,820,565	40,571,035	41,180,363	43,187,355	41,744,618	206,503,936
<b>5</b> 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)						19,960,836
<b>6 Public support.</b> Subtract line 5 from line 4						186,543,100

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	39,820,565	40,571,035	41,180,363	43,187,355	41,744,618	206,503,936
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,751	51,093	39,891	88,590	232,385	447,710
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						206,951,646
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,292,181
<b>13 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 <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	90.14%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	15	90.05%
<b>16a 33 1/3% support test—2018.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2017.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</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 <b>stop here.</b> 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—2017.</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 <b>stop here.</b> 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>18 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<b>b</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	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
<b>13 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	0.00%

**19a 33 1/3% support tests—2018.** 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—2017.** 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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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**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		\$ 2,502,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number 95-4418411
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**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
7		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 957,199	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.)
-----	----- ----- 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 <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number <b>95-4418411</b>
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**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 <b>PROSTATE CANCER FOUNDATION</b>	Employer identification number 95-4418411
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**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>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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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. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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)	15,000	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	15,000	0												
<b>d</b>	Other exempt purpose expenditures	41,997,829	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	42,012,829	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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	25,000	15,000	25,000	15,000	80,000
<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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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" on 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? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" on 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 on 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 on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization 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 |
|---|--------|
| <b>1c</b> Beginning balance             | N/A    |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                | 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 on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	N/A	N/A	N/A	N/A	N/A
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     |    |
| <b>(ii)</b> related organizations  |     |    |
- b** If "Yes" on line 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" on 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
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	1,057,247	104,311	952,936
<b>d</b> Equipment	0	612,389	537,988	74,401
<b>e</b> Other	0	2,570,870	1,938,075	632,795
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,660,132

**Part VII Investments—Other Securities.**

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

(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" on 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" on 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" on 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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	42,026,793
<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>	307,408	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 307,408
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 41,719,385
<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>	271,490	
<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> 271,490
<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> 41,990,875

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	45,580,280
<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>	298,940	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 298,940
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 45,281,340
<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>	252,228	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 252,228
<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> 45,533,568

**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 \$298,940, our sister

Canadian research funding organization, Coalition to Cure Prostate Cancer (CCPC) revenue of \$8,466 and other \$2.

Part XII Line 2D: PCF's fundraising goods and services expenses of \$298,940.

Part XII Line 4B: Prior year grant refunds and discounted grants net present value.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) Europe (Including Iceland and Greenland)	0	0	Research Awards	Cancer Research	3,928,841
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			3,928,841
<b>b</b> Total from continuation sheets to Part I . . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			3,928,841

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and	Cancer Research	3,928,841	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. 11

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 noncash assistance	(g) Description of noncash 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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't 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 high risk-high return 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 universities and their cancer centers. To date, the foreign medical universities and research institutes 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.

Part I Line 2: The Foundation applies the same NIH 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 each foreign institution 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.

Part IV Line 1: Form 926 is not required to be filed because the transfer to a foreign corporation does not meet the reporting requirements in IRC Sec. 6038(A)(1)(A).



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Hamptons Tennis (event type)	Daniel Boulud Dinner (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	2,373,519	906,186	351,000	3,630,705
	2	Less: Contributions . . . . .	2,251,209	782,352	298,204	3,331,765
	3	Gross income (line 1 minus line 2) . . . . .	122,310	123,834	52,796	298,940
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	0	0	0	0
	6	Rent/facility costs . . . . .	0	0	28,410	28,410
	7	Food and beverages . . . . .	120,699	110,634	23,246	254,579
	8	Entertainment . . . . .	0	13,200	0	13,200
	9	Other direct expenses . . . . .	1,611	0	1,140	2,751
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 298,940)
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				0

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

		(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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PROSTATE CANCER FOUNDATION

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) Memorial Sloan-Kettering Cancer Center New York, NY 10064	13-1924236	501 (C)(3)	1,949,856		Book	N/A	Cancer Research
(2) Dana-Farber Cancer Institute Boston, MA 2115	04-2263040	501 (C)(3)	1,843,575		Book	N/A	Cancer Research
(3) Johns Hopkins University School of Medicine Baltimore, MD 21287	52-0595110	501 (C)(3)	1,734,464		Book	N/A	Cancer Research
(4) University of California, San Francisco San Francisco, CA 94143	94-6036493	501 (C)(3)	1,705,000		Book	N/A	Cancer Research
(5) Duke University Durham, NC 27708	56-0532129	501 (C)(3)	1,686,600		Book	N/A	Cancer Research
(6) Beth Israel Deaconess Medical Center Boston, MA 2215	04-2103881	501 (C)(3)	1,225,000		Book	N/A	Cancer Research
(7) Portland VA Research Foundation Portland, OR 97239	94-3090170	501 (C)(3)	1,000,000		Book	N/A	Cancer Research
(8) University of Minnesota Minneapolis, MN 55414	41-6007513	Government	1,053,963		Book	N/A	Cancer Research
(9) University of Texas Southwestern Medical Center Dallas, TX 75390	75-6002868	Government	1,000,000		Book	N/A	Cancer Research
(10) University of Wisconsin Madison, WI 53705	39-6006492	Government	1,000,000		Book	N/A	Cancer Research
(11) Cleveland Clinic Foundation Cleveland, OH 44195	34-0714585	501 (C)(3)	950,004		Book	N/A	Cancer Research
(12) University of Michigan Ann Arbor, MI 48109	38-6006309	Government	893,923		Book	N/A	Cancer Research

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **37**
- 3 Enter total number of other organizations listed in the line 1 table **1**

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

HTA

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 and practices 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 voting in a jury format with selection for funding. All funding recommendations are subject to the approval of PCF Board of Directors' Discovery and Translation Committee.

Part I Line 2: The Foundation monitors the progress of research through scheduled site visits by the Chief Science Officer and CEO and written progress reports submitted by the research institutions. Every funded PCF investigator participates in power point formatted video conferences sharing unpublished data and data submitted for publications.

# Continuation Sheet for Schedule I (Form 990)

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

## 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) Columbia University Medical Center New York, NY 10032	13-5598093	501 (C)(3)	850,000		Book	N/A	Cancer Research
(14) Seattle Institute for Biomedical and Clinical Research Seattle, WA 98108	91-1452438	501 (C)(3)	850,000		Book	N/A	Cancer Research
(15) Veterans Education and Research Association Ann Arbor, MI 48105	38-3060217	501 (C)(3)	621,625		Book	N/A	Cancer Research
(16) UCLA Foundation Los Angeles, CA 90024	95-2250801	501 (C)(3)	535,467		Book	N/A	Cancer Research
(17) New York University New York, NY 10016	13-5562308	501 (C)(3)	528,104		Book	N/A	Cancer Research
(18) Bronx Veterans Medical Research Foundation New York, NY 10468	13-3699250	501 (C)(3)	500,000		Book	N/A	Cancer Research
(19) Institute for Medical Research Inc. Durham, NC 27705	56-1655431	501 (C)(3)	500,000		Book	N/A	Cancer Research
(20) Philadelphia Research and Education Foundation Philadelphia, PA 19104	23-3066002	501 (C)(3)	500,000		Book	N/A	Cancer Research
(21) The Narrows Institute for Biomedical Research Brooklyn, NY 11209	11-3059470	501 (C)(3)	500,000		Book	N/A	Cancer Research
(22) West Side Institute for Science and Education Chicago, IL 60612	36-3712391	501 (C)(3)	500,000		Book	N/A	Cancer Research
(23) Harvard School of Public Health Cambridge, MA 2138	04-2103580	501 (C)(3)	474,884		Book	N/A	Cancer Research
(24) Bay Pines Foundation Bay Pines, FL 33744	59-3018477	501 (C)(3)	250,000		Book	N/A	Cancer Research
(25) Tampa Veterans and Research Education Center Temple Terrace, FL 33617	59-3444354	501 (C)(3)	250,000		Book	N/A	Cancer Research
(26) Thomas Jefferson University Philadelphia, PA 19107	23-1352651	501 (C)(3)	249,500		Book	N/A	Cancer Research
(27) Baylor College of Medicine Houston, TX 77030	74-1613878	501 (C)(3)	225,000		Book	N/A	Cancer Research
(28) Broad Institute of MIT & Harvard Cambridge, MA 2142	04-2103594	501 (C)(3)	225,000		Book	N/A	Cancer Research
(29) University of Pennsylvania Philadelphia, PA 19104	21-1352685	501 (C)(3)	225,000		Book	N/A	Cancer Research

# Continuation Sheet for Schedule I (Form 990)

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

## 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) University of Washington Seattle, WA 98195	94-3079432	Government	225,000		Book	N/A	Cancer Research
(31) Weill Cornell Medical College New York, NY 10065	13-1623978	501 (C)(3)	188,829		Book	N/A	Cancer Research
(32) University of Southern California Los Angeles, CA 90033	95-4540991	501 (C)(3)	150,000		Book	N/A	Cancer Research
(33) M.D. Anderson Cancer Center Houston, TX 77030	74-6000203	501 (C)(3)	97,823		Book	N/A	Cancer Research
(34) American Society for Radiation Oncology Arlington, VA 22202	42-0943164	501 (C)(6)	37,500		Book	N/A	Cancer Research
(35) Discovery Land Company Foundation Beverly Hills, CA 90210	22-4420241	501 (C)(3)	35,468		Book	N/A	Public Awareness
(36) Joe Torre Safe At Home Foundation New York, NY 10018	03-0442514	501 (C)(3)	16,750		Book	N/A	Public Awareness
(37) Crohn's and Colitis Foundation New York, NY 10017	13-6193105	501 (C)(3)	10,000		Book	N/A	Public Awareness
(38) Research America Chantilly, VA 20153	52-1609875	501 (C)(3)	6,000		Book	N/A	Public Awareness
(39) -----							
(40) -----							
(41) -----							
(42) -----							
(43) -----							
(44) -----							
(45) -----							
(46) -----							



# Continuation Sheet for Schedule I (Form 990)

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

## 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

**2018**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** 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 checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>	X	
<b>9</b>	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Stuart Holden, M.D. Director/Medical Director	(i) 0 (ii) 0	0 0	225,000 0	0 0	0 0	225,000 0	0 0
2 Jonathan W. Simons, M.D. CEO & President	(i) 654,503 (ii) 0	620,000 0	0 0	8,250 0	26,477 0	1,309,230 0	0 0
3 Howard Soule, Ph.D. EVP, Chief Science Officer	(i) 418,364 (ii) 0	10,000 0	0 0	8,250 0	26,763 0	463,377 0	0 0
4 Christine N. Jones, Esq. Chief Operating Officer	(i) 130,842 (ii) 0	0 0	97,178 0	4,009 0	3,131 0	235,160 0	0 0
Helen Hsieh SVP, Finance and Administration	(i) 260,910 (ii) 0	15,000 0	0 0	8,250 0	18,123 0	302,283 0	0 0
5 Julie DiBiase VP, Content	(i) 165,533 (ii) 0	66,000 0	0 0	7,330 0	13,630 0	252,493 0	0 0
6 Ben Engel VP, Development	(i) 178,435 (ii) 0	10,000 0	0 0	5,862 0	35,309 0	229,606 0	0 0
7 Jan Haber VP, Events	(i) 180,433 (ii) 0	0 0	0 0	0 0	13,335 0	193,768 0	0 0
8 Colleen McKenna VP Communications	(i) 161,869 (ii) 0	8,000 0	0 0	5,276 0	20,717 0	195,862 0	0 0
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(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 the discretionary bonuses to the officers and employees based on exceptional individual performance.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

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				
2				
3				
4				
5				
6				
7				
8				
9	X	16	969,816	Market Price
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		X
31		X
32a		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 nonstandard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Part I Line 9: The publicly traded securities are valued using the mean price on the day  
of receipt. Goods and services if any, are mailed to the donors. A total of 12 donors  
contributed 16 separate securities during the year.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Employer identification number

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PROSTATE CANCER FOUNDATION

Form 990, Part III, Line 4A: In 2018, as part of our \$50 million Veterans Health Initiative,

PCF provided \$3 million to kickstart a precision oncology network for prostate cancer

treatment for veterans by launching six Centers of Precision Oncology Excellence at VA Medical

Centers in Seattle, Los Angeles, the Bronx, Chicago, and Ann Arbor.

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

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

to the Foundation as a source of new 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 2018, [www.pcf.org](http://www.pcf.org) had more

than 1.6 million visits. It also distributes electronic monthly newsletters to an online

subscriber base of nearly 130,000 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 III, Line 4D: PCF facilitates various online forums where those touched by

prostate cancer can tell their stories and seek solace in the shared experiences of others. We

want men and women alike to talk about this disease, to understand its urgency and to have

information-driven hope. Through [PCF.org](http://PCF.org), we provide unique resources that help men on their

critical day of need. In 2018, PCF also reached a greater number of patients and families

through the distribution of the PCF Prostate Cancer Patient Guide, a must-have resource.

Compiled with the contributions of top-tier doctors and researchers in prostate cancer, it

focuses all of the information available about contemporary prostate cancer research,

treatment, and lifestyle factors into one consolidated document. PCF also advocates for

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

Schedule O (Form 990 or 990-EZ) (2018)

HTA

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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greater awareness of prostate cancer. This past year, our work raising awareness and funds for medical research progress against prostate cancer was accomplished by our Many vs Cancer initiative, which is a crowd-driven movement harnessing the collective power of those touched by prostate cancer with the scientists working to defeat. On Father's Day weekend, through PCF's annual Home Run Challenge, baseball players, managers, coaches, trainers, umpires and groundskeepers wear blue-infused uniforms, blue wristbands, and blue ribbon uniform decals to raise awareness. In 2018, NIH and Prostate Cancer Foundation also partnered to launch the large study on aggressive prostate cancer in African-American men. During National Minority Health Month initiative, we also raised awareness about the significant disparities that exist between men of African descent and other ethnicities. Actor, comedian and humanitarian Chris Tucker (Rush Hour) joined PCF for our campaign "Know the Numbers" which provided public education on important stats and vital information every man of African descent should know. During National Prostate Cancer Awareness Month, PCF also focuses on elevating critical issues to inspire, energize, and accelerate actions that lead to greater awareness, new therapies, and fewer deaths from prostate cancer. In 2018, this was accomplished by premiering a new public service announcement (PSA) starring actor Dax Shepard titled, "Dax Shepard Would Rather DO WHAT Than Get A Prostate Exam?" This comedic public service announcement (PSA) for the Prostate Cancer Foundation used humor to raise awareness and education in the fight against this disease. Additionally, in recognition of PCF's 25th Anniversary, more than 40 popular U.S. city landmarks joined our September National Prostate Cancer Awareness Months efforts by 'doing blue' to help raise prostate cancer awareness. We also launched the PCF Pushup Challenge, a campaign to raise funds and awareness during the month of September. PCF also raises awareness for the unique burden faced by Veterans and their families battling prostate cancer through the ongoing precision medicine partnership between PCF and the VA. Over the next several years, this PCF and VA partnership will expand research into prostate cancer precision oncology treatment options. The partnership will increase the number of precision oncology clinical trials conducted at Veterans Health Administration hospitals, and will encourage veterans to participate in these studies so they can help bring new treatment



Name of the organization

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PROSTATE CANCER FOUNDATION

95-4418411

options to millions of men with prostate cancer around the world.

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 distribution to the Audit Committee for review and

final approval. The entire board also receives a copy of Form 990 and has an opportunity to

raise issues 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 General

Counsel. The General Counsel is responsible for gathering information and preparing a report

regarding any proposed transaction where there is a disclosed financial interest and

determining whether or not the transaction reasonably could be 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,

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 or 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

Name of the organization

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PROSTATE CANCER FOUNDATION

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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 12C: 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 industries.

The last compensation review occurred in February 2019.

Form 990, Part VI, Section C, Line 17: 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

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 (go to "About PCF/Where your money goes"). The Foundation's governing documents and conflict of interest policy are also posted on the website www.pcf.org

Form 990, Part V, Line 15: During the filing year, compensation for Jonathan W. Simons, M.D., CEO and President, exceeded \$1 million in remuneration. The Form 4720 is not required to be filed by the organization as a portion of his compensation qualifies as exempt income under I.R.C. 4960(c)(3)(b) Exemption for remuneration for medical services.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number  
95-4418411

PROSTATE CANCER FOUNDATION

**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 400-725 Granville Street Vancouver, BC V7Y 1G5, 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
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**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

(Rev. December 2018)

► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **1/1/2018** and ending **12/31/2018**

Attachment  
Sequence No. **121**

Name of person filing this return <b>PROSTATE CANCER FOUNDATION</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>1250 FOURTH STREET, Room No. 360</b> City or town, state, and ZIP code <b>SANTA MONICA CA 90401-1353</b>	<b>A Identifying number</b> 95-4418411  <b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input 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> _____ %
--	--

Filer's tax year beginning **1/1/2018** and ending **12/31/2018**

**D** Check box if this is a final Form 5471 for the foreign corporation.

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions).

**F** 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</b> Name and address of foreign corporation  Name <b>Coalition to Cure Prostate Cancer</b> Address <b>400 - 725 Granville Street</b> City <b>Vancouver</b> State <b>BC</b> Zip <b>V7Y 1G5</b> Country <b>Canada</b>		<b>b(1)</b> Employer identification number, if any N/A <b>b(2)</b> Reference ID number (see instructions) <b>805883600RR0001</b> <b>c</b> Country under whose laws incorporated Canada		
<b>d</b> Date of incorporation	<b>e</b> Principal place of business	<b>f</b> Principal business activity code number	<b>g</b> Principal business activity	<b>h</b> Functional currency
6/15/2011	Canada	541700	Cancer Research	Canadian Dollar

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

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States  Name <b>Prostate Cancer Foundation</b> ID Num <b>95-4418411</b> Address <b>1250 Fourth Street, Suite 360</b> City <b>Santa Monica</b> ST <b>CA</b> Zip <b>90401</b>	<b>b</b> If a U.S. income tax return was filed, enter: <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 style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)	N/A	N/A
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
N/A	N/A				
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation  Name <b>N/A</b> Address City ST Zip Country	<b>d</b> 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  Name <b>Helen Hsieh</b> Address <b>1250 Fourth Street, Suite 360</b> City <b>Santa Monica</b> State <b>CA</b> Zip <b>90401</b> Country Location of Books/Records if different				

Schedule A Stock of the Foreign Corporation		
(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
Canadian Public Benefit Corporation - Board of Directors	None	None

For Paperwork Reduction Act Notice, see instructions.





**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1 a</b> Gross receipts or sales . . . . .	<b>1a</b> 10,266	8,110
	<b>b</b> Returns and allowances . . . . .	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a . . . . .	<b>1c</b> 10,266	8,110
	<b>2</b> Cost of goods sold . . . . .	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) . . . . .	<b>3</b> 10,266	8,110
	<b>4</b> Dividends . . . . .	<b>4</b>	
	<b>5</b> Interest . . . . .	<b>5</b> 451	356
	<b>6 a</b> Gross rents . . . . .	<b>6a</b>	
	<b>b</b> Gross royalties and license fees . . . . .	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets . . . . .	<b>7</b>	
<b>8 a</b> Foreign currency transaction gain or loss—unrealized . . . . .	<b>8a</b>		
	<b>b</b> Foreign currency transaction gain or loss—realized . . . . .	<b>8b</b>	
<b>9</b> Other income (attach statement) . . . . .	<b>9</b>		
<b>10</b> Total income (add lines 3 through 9) . . . . .	<b>10</b> 10,717	8,466	
<b>Deductions</b>	<b>11</b> Compensation not deducted elsewhere . . . . .	<b>11</b>	
	<b>12 a</b> Rents . . . . .	<b>12a</b>	
	<b>b</b> Royalties and license fees . . . . .	<b>12b</b>	
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere . . . . .	<b>14</b>	
	<b>15</b> Depletion . . . . .	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)) . . . . .	<b>16</b>	
	<b>17</b> Other deductions (attach statement—exclude income tax expense (benefit)) . . . . .	<b>17</b>	
<b>18</b> Total deductions (add lines 11 through 17) . . . . .	<b>18</b> 0	0	
<b>Net Income</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . . . . .	<b>19</b> 10,717	8,466
	<b>20</b> Unusual or infrequently occurring items . . . . .	<b>20</b>	
	<b>21 a</b> Income tax expense (benefit)—current . . . . .	<b>21a</b>	
	<b>b</b> Income tax expense (benefit)—deferred . . . . .	<b>21b</b>	
<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b)	<b>22</b> 10,717	8,466	
<b>Other Comprehensive Income</b>	<b>23 a</b> Foreign currency translation adjustments . . . . .	<b>23a</b>	
	<b>b</b> Other . . . . .	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income . . . . .	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) . . . . .	<b>24</b> 0	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.

<b>Assets</b>		(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>1</b> Cash . . . . .	<b>1</b>	149,353	157,819
<b>2 a</b> Trade notes and accounts receivable . . . . .	<b>2a</b>		
<b>b</b> Less allowance for bad debts . . . . .	<b>2b</b>	( )	( )
<b>3</b> Derivatives . . . . .	<b>3</b>		
<b>4</b> Inventories . . . . .	<b>4</b>		
<b>5</b> Other current assets (attach statement) . . . . .	<b>5</b>		
<b>6</b> Loans to shareholders and other related persons . . . . .	<b>6</b>		
<b>7</b> Investment in subsidiaries (attach statement) . . . . .	<b>7</b>		
<b>8</b> Other investments (attach statement) . . . . .	<b>8</b>		
<b>9 a</b> Buildings and other depreciable assets . . . . .	<b>9a</b>		
<b>b</b> Less accumulated depreciation . . . . .	<b>9b</b>	( )	( )
<b>10 a</b> Depletable assets . . . . .	<b>10a</b>		
<b>b</b> Less accumulated depletion . . . . .	<b>10b</b>	( )	( )
<b>11</b> Land (net of any amortization) . . . . .	<b>11</b>		
<b>12</b> Intangible assets:			
<b>a</b> Goodwill . . . . .	<b>12a</b>		
<b>b</b> Organization costs . . . . .	<b>12b</b>		
<b>c</b> Patents, trademarks, and other intangible assets . . . . .	<b>12c</b>		
<b>d</b> Less accumulated amortization for lines 12a, 12b, and 12c . . . . .	<b>12d</b>	( )	( )
<b>13</b> Other assets (attach statement) . . . . .	<b>13</b>		
<b>14</b> Total assets . . . . .	<b>14</b>	149,353	157,819
<b>Liabilities and Shareholders' Equity</b>			
<b>15</b> Accounts payable . . . . .	<b>15</b>		
<b>16</b> Other current liabilities (attach statement) . . . . .	<b>16</b>		
<b>17</b> Derivatives . . . . .	<b>17</b>		
<b>18</b> Loans from shareholders and other related persons . . . . .	<b>18</b>		
<b>19</b> Other liabilities (attach statement) . . . . .	<b>19</b>		
<b>20</b> Capital stock:			
<b>a</b> Preferred stock . . . . .	<b>20a</b>		
<b>b</b> Common stock . . . . .	<b>20b</b>		
<b>21</b> Paid-in or capital surplus (attach reconciliation) . . . . .	<b>21</b>		
<b>22</b> Retained earnings . . . . .	<b>22</b>	149,353	157,819
<b>23</b> Less cost of treasury stock . . . . .	<b>23</b>	( )	( )
<b>24</b> Total liabilities and shareholders' equity . . . . .	<b>24</b>	149,353	157,819

**Schedule G Other Information**

	Yes	No
<b>1</b> During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? . . . . . If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> During the tax year, did the foreign corporation own an interest in any trust? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from its owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branch (see instructions)? . . . . . If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 a</b> During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? . . . . . If "Yes," complete lines 4b and 4c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Enter the total amount of the base erosion payments . . . . . ▶ \$ _____		
<b>c</b> Enter the total amount of the base erosion tax benefit . . . . . ▶ \$ _____		
<b>5 a</b> During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? . . . . . If "Yes," complete line 5b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Enter the total amount of the disallowed deductions (see instructions) . . . . . ▶ \$ _____		

Schedule G Other Information (continued)

		Yes	No
<b>6 a</b>	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? If "Yes," complete lines 6b, 6c, and 6d.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) . . . . . ▶ \$ _____		
<b>c</b>	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) . . . . . ▶ \$ _____		
<b>d</b>	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) . . . . . ▶ \$ _____		
<b>7</b>	During the tax year, was the foreign corporation a participant in any cost sharing arrangement? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	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"/>
<b>9</b>	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars . . . . . ▶ \$ _____		
<b>12</b>	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s): <input type="checkbox"/> Comparable uncontrolled transaction method <input type="checkbox"/> Income method <input type="checkbox"/> Acquisition price method <input type="checkbox"/> Market capitalization method <input type="checkbox"/> Residual profit split method <input type="checkbox"/> Unspecified methods		
<b>13</b>	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b>	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? . . . . . If "Yes," go to line 14b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year . . . . . ▶ \$ _____		
<b>15</b>	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? . . . . . If "Yes," see instructions and attach statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b>	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? . . . . . 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"/>
<b>17</b>	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"/>
<b>18</b>	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"/>
<b>19</b>	Did you answer "Yes" to any of the questions in the instructions for line 19? . . . . . If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) . . . . . ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

If item F 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:

Name of U.S. shareholder ▶	Identifying number ▶		
<b>1 a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) . . . . .		<b>1a</b>	N/A
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions) . . . . .		<b>1b</b>	
<b>c</b> Other Subpart F income (enter the result from Worksheet A in the instructions) . . . . .		<b>1c</b>	
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B in the instructions) . . . . .		<b>2</b>	
<b>3</b> Previously excluded export trade income withdrawn from investment in export trade assets (enter the result from Worksheet C in the instructions) . . . . .		<b>3</b>	
<b>4</b> Factoring income . . . . . See instructions for reporting amounts on lines 1 through 4 on your income tax return.		<b>4</b>	
<b>5</b> Dividends received (translated at spot rate on payment date under section 989(b)(1)) . . . . .		<b>5</b>	
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed income . . . . .		<b>6</b>	

- Was any income of the foreign corporation blocked? . . . . . Yes  No
  - Did any such income become unblocked during the tax year (see section 964(b))? . . . . . Yes  No
- If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J  
(Form 5471)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 Prostate Cancer Foundation	Identifying number 95-4418411
Name of foreign corporation Coalition to Cure Prostate Cancer	Reference ID number (see instructions)
EIN (if any)	

Separate Category (Enter code—see instructions).  
If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions).

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)–(e)(iv) and (e)(vii)–(ix) (see instructions).

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre- 2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	(ii) Section 965(a) Inclusion (section 959(c)(1)(A))
<b>1a</b> Balance at beginning of year (as reported on prior year Schedule J)		149,353				
<b>1b</b> Beginning balance adjustments (attach statement)						
<b>1c</b> Adjusted beginning balance (combine lines 1a and 1b)	0	149,353	0	0	0	0
<b>2a</b> Reduction for taxes unsuspended under anti-splitter rules						
<b>2b</b> Disallowed deduction for taxes suspended under anti-splitter rules						
<b>3</b> Current year E&P (or deficit in E&P)		8,466				
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
<b>5a</b> E&P carried over in nonrecognition transaction						
<b>5b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
<b>6</b> Other adjustments (attach statement)						
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6)	0	157,819	0	0	0	0
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
<b>9</b> Actual distributions						
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b> Other adjustments (attach statement)						
<b>13</b> Hovering deficit offset of undistributed posttransaction E&P (see instructions)						
<b>14</b> Balance at beginning of next year (combine lines 7 through 13)	0	157,819	0	0	0	0

**Part I Accumulated E&P of Controlled Foreign Corporation (continued)**

		(e) Previously Taxed E&P (see instructions)					(f)	
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(e) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
1a								149,353
1b								0
1c	0	0	0	0	0	0	0	149,353
2a								
2b								
3								
4								0
5a								
5b								
6								
7	0	0	0	0	0	0	0	
8								
9								
10								
11								
12								
13								
14	0	0	0	0	0	0	0	157,819

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Enter amounts in functional currency.

1	Balance at beginning of year	▲
2	Additions (amounts subject to future recapture)	▲
3	Subtractions (amounts recaptured in current year)	▲
4	Balance at end of year (combine lines 1 through 3)	0