

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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 for instructions and the latest information.

A For the 2019 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**

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

G Gross receipts \$ **47,281,210**

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

Activities & Governance	1	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>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	48
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0
	Revenue	8	Contributions and grants (Part VIII, line 1h)	41,744,618
9		Program service revenue (Part VIII, line 2g)	16,464	17,625
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,793	167,458
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,990,875	45,062,915
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,528,176	29,057,965
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,488,970	7,692,872
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	2,337
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,452,463		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,516,422	11,110,935
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	45,533,568	47,864,109
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-3,542,693	-2,801,194
	20	Total assets (Part X, line 16)	50,825,337	46,185,177
	21	Total liabilities (Part X, line 26)	25,720,909	24,547,642
	22	Net assets or fund balances. Subtract line 21 from line 20	25,104,428	21,637,535

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* Date: **8/15/2020**
 Jonathan W. Simons M.D. President/CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Lizbeth G Nevarez** Preparer's signature: *Lizbeth G Nevarez* Date: **8/15/2020** 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** 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 a 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.

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 \$ 23,238,235 including grants of \$ 23,238,235) (Revenue \$ 0) PCF research enterprise is a peer-review research funding program that provides funding to innovative research projects to 2333 scientists at more than 225 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 2019 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 2019, PCF funded 17 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 \$ 5,819,730 including grants of \$ 5,819,730) (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 \$57.1 million and has supported or committed to fund the early careers of 287 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 \$ 4,463,046 including grants of \$) (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 on Schedule O.) (Expenses \$ 6,175,742 including grants of \$ 0) (Revenue \$ 17,625)

4e Total program service expenses 39,696,753

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 Section 501(c)(3) organizations. 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? Note: 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
2a	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 2a 48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		X
4a	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)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	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? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	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 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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 on 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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower, and document retention policies.

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.
19 Describe on 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.

See instructions for the order in which to list the persons above.

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	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) Jonathan W. Simons, M.D. CEO & President	60.00			X			1,296,742	0	41,868	
(2) Howard Soule EVP, Chief Science Officer	50.00				X		458,553	0	40,684	
(3) Christine Jones Chief Operating Officer	50.00				X		373,886	0	26,003	
(4) Ben Engel Chief Development Officer	50.00					X	313,849	0	47,088	
(5) Helen Hsieh SVP, Finance and Administration	50.00					X	284,387	0	31,731	
(6) Stuart Holden, M.D. Director/Medical Director	30.00	X					225,000	0	0	
(7) Julie DiBiase VP, Original Content	50.00					X	192,891	0	23,359	
(8) Janet Haber VP, Events	50.00					X	197,356	0	16,248	
(9) Colleen McKenna VP Communications	50.00					X	164,231	0	26,591	
(10) The Reverend Rosey Grier Director	20.00	X					42,000	0	0	
(11) Michael Milken Founder & Chairman	15.00	X		X			0	0	0	
(12) Andrew Astrachan Director	2.00	X					0	0	0	
(13) Emilio Bassini Director	2.00	X					0	0	0	
(14) James C. Blair 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) Steven A. Burd Director	2.00	X					0	0	0	
(16) Neil P. DeFeo Director	2.00	X					0	0	0	
(17) David A. Ederer Director	2.00	X					0	0	0	
(18) Jonathan P. Evans Director	2.00	X					0	0	0	
(19) R. Christian B. Evensen Director	2.00	X					0	0	0	
(20) Peter T. Grauer Director	2.00	X					0	0	0	
(21) Stein Erik Hagen Director	2.00	X					0	0	0	
(22) Clark Howard Director	2.00	X					0	0	0	
(23) Arthur H. Kern (Retired 04/28/2019) Director	2.00	X					0	0	0	
(24) David H. Koch (Retired 04/28/2019) Director	2.00	X					0	0	0	
(25) The Honorable Earle I. Mack Director	2.00	X					0	0	0	
1b Subtotal							3,548,895	0	253,572	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							3,548,895	0	253,572	

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 20

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	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
Vision Matrix Productions, Inc. 5627 Kanan Road, Ste 620 Agoura Hills, CA 91301	Event Productions	234,433
Boulle Event Management 1835 Stallion Dr. Loxahatchee, FL 33470	Outreach Program Mgmt.	205,000
Diaspark 515 Plainfield, Ste 1 Edison, NY 08817	Website Consultants	126,000
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	3,386,224				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,491,608				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,897,166				
	h Total. Add lines 1a-1f			44,877,832			
Program Service Revenue			Business Code				
	2a Educational Materials		900099	17,625	17,625		
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
g Total. Add lines 2a-2f			17,625				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			190,521		190,521	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	0	0			
	d Net rental income or (loss)				0		
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	1,874,103	0			
	b Less: cost or other basis and sales expenses	7b	1,897,166	0			
	c Gain or (loss)	7c	-23,063	0			
	d Net gain or (loss)				-23,063	-23,063	
	8a Gross income from fundraising events (not including \$ 3,386,224 of contributions reported on line 1c). See Part IV, line 18	8a		321,129			
	b Less: direct expenses	8b		321,129			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities. See Part IV, line 19	9a		0				
b Less: direct expenses	9b		0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	10a		0				
b Less: cost of goods sold	10b		0				
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue			Business Code				
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			45,062,915	17,625	0	167,458	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	23,351,024	23,351,024		
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	5,706,941	5,706,941		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,399,290	1,876,804	252,821	269,665
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	4,015,914	2,014,692	1,253,754	747,468
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	160,857	76,702	71,620	12,535
9 Other employee benefits	765,651	360,863	328,521	76,267
10 Payroll taxes	351,160	186,276	124,407	40,477
11 Fees for services (nonemployees):				
a Management	668,112	462,240	606	205,266
b Legal	109,235	64,300	44,935	0
c Accounting	44,760	0	44,760	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	2,337			2,337
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.)	511,561	290,961	215,612	4,988
12 Advertising and promotion	925,458	671,813	55,949	197,696
13 Office expenses	414,083	71,622	337,424	5,037
14 Information technology	486,805	174,797	286,823	25,185
15 Royalties	0	0	0	0
16 Occupancy	462,467	178,532	252,023	31,912
17 Travel	2,002,397	335,016	121,505	1,545,876
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	4,254,794	3,336,518	0	918,276
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	573,340	476,396	82,940	14,004
23 Insurance	88,133	40,286	47,847	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Postage & Shipping	569,790	20,970	193,346	355,474
b	0			
c	0			
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	47,864,109	39,696,753	3,714,893	4,452,463
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,949,853	1,120,530	39,693	789,630

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		
Assets	1	Cash—non-interest-bearing	1,000	1	1,000	
	2	Savings and temporary cash investments	21,201,696	2	13,665,457	
	3	Pledges and grants receivable, net	27,619,136	3	31,172,054	
	4	Accounts receivable, net	12,727	4	12,068	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	205,748	9	218,790	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,269,521			
		10a				
	b	Less: accumulated depreciation	3,153,713	1,660,132	10c	1,115,808
		10b				
	11	Investments—publicly traded securities	0	11	0	
	12	Investments—other securities. See Part IV, line 11	124,898	12	0	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
14	Intangible assets	0	14	0		
15	Other assets. See Part IV, line 11	0	15	0		
16	Total assets. Add lines 1 through 15 (must equal line 33)	50,825,337	16	46,185,177		
Liabilities	17	Accounts payable and accrued expenses	3,081,627	17	2,223,131	
	18	Grants payable	22,589,282	18	22,294,511	
	19	Deferred revenue	50,000	19	30,000	
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22		
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	25,720,909	26	24,547,642	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
	and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	7,729,428	27	3,029,535	
	28	Net assets with donor restrictions	17,375,000	28	18,608,000	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds	0	29		
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30		
31	Retained earnings, endowment, accumulated income, or other funds	0	31			
32	Total net assets or fund balances	25,104,428	32	21,637,535		
33	Total liabilities and net assets/fund balances	50,825,337	33	46,185,177		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,062,915
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,864,109
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,801,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,104,428
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) Asset Write-Off.	9	-665,699
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,637,535

Part XII Financial Statements and Reporting

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

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

2019

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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)							
Total						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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,571,035	41,180,363	43,187,355	41,744,618	44,877,832	211,561,203
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1 through 3	40,571,035	41,180,363	43,187,355	41,744,618	44,877,832	211,561,203
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,298,129
6 Public support. Subtract line 5 from line 4						192,263,074

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	40,571,035	41,180,363	43,187,355	41,744,618	44,877,832	211,561,203
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,093	39,891	88,590	232,385	190,521	602,480
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						212,163,683
12 Gross receipts from related activities, etc. (see instructions)					12	2,099,141
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.62%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	90.14%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0		0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	0	0	0	0		0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	0	0	0	0		0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0		0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0	0	0	0		0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0	0	0	0		0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0		0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0		0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0	0	0		0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0		0
13 Total support. (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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	15	0.00%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	0.00%

19a 33 1/3% support tests—2019. 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—2018. 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

OMB No. 1545-0047

2019

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

- | Filers of: | Section: | |
|--------------------|-------------------------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> | 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> | 527 political organization |
| Form 990-PF | <input type="checkbox"/> | 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> | 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,343,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,395,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,296,202	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,050,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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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		\$ 950,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov.	Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov.	Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov.	Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
For. Prov.	Country		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	15,000	0												
c	Total lobbying expenditures (add lines 1a and 1b)	15,000	0												
d	Other exempt purpose expenditures	44,217,156	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	44,232,156	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	15,000	25,000	15,000	15,000	70,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column(e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-A Line 2C: Travel related expenses.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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 (for example, 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 FASB 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 FASB 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 FASB 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 make 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 program
 - 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 |
|--|--------|
| c Beginning balance | N/A |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	N/A	N/A	N/A	N/A	N/A
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term 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 |
|------------------------------------|--------------------------|--------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- 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
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	1,072,626	211,675	860,951
d Equipment	0	626,025	575,874	50,151
e Other	0	2,570,870	2,366,164	204,706
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,115,808

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) _____		
Total. (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) _____		
Total. (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) _____	
Total. (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) _____	
Total. (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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements		1	44,719,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	322,223	
e	Add lines 2a through 2d		2e	322,223
3	Subtract line 2e from line 1		3	44,397,216
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	665,699	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	665,699
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	45,062,915

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.

1	Total expenses and losses per audited financial statements		1	48,334,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	321,129	
e	Add lines 2a through 2d		2e	321,129
3	Subtract line 2e from line 1		3	48,013,149
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-149,040	
c	Add lines 4a and 4b		4c	-149,040
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	47,864,109

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 \$321,129 and our sister

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

of \$1,094.

Part XII Line 2D: PCF's fundraising goods and services expenses of \$321,129.

Part XII Line 4B: Our sister Canadian research funding organization, Coalition to Cure

Prostate Cancer (CCPC) award expenses of \$149,040.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

**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) East Asia and the Pacific	0	0	Research Awards	Cancer Research	2,714,919
(2) Europe (Including Iceland and Greenland)	0	0	Research Awards	Cancer Research	2,692,022
(3) Middle East and North Africa	0	0	Research Awards	Cancer Research	225,000
(4) North America	0	0	Research Awards	Cancer Research	75,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			5,706,941
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,706,941

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)			East Asia and the Pacific	Cancer Research	2,714,919	Checks	0	N/A	Book
(2)			Europe (Including Iceland and Greenland)	Cancer Research	2,692,022	Checks	0	N/A	Book
(3)			Middle East and North Africa	Cancer Research	225,000	Checks	0	N/A	Book
(4)			North America	Cancer Research	75,000	Checks	0	N/A	Book
(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 10

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. 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).

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROSTATE CANCER FOUNDATION

Employer identification number
95-4418411

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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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	
		Hampton Tennis (event type)	Daniel Boulud Dinner (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,921,859	1,055,294	730,200	3,707,353
	2	Less: Contributions	1,807,227	935,732	643,265	3,386,224
	3	Gross income (line 1 minus line 2)	114,632	119,562	86,935	321,129
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	25,444	25,444
	7	Food and beverages	112,512	106,162	58,706	277,380
	8	Entertainment	0	13,400	0	13,400
	9	Other direct expenses	2,120	0	2,785	4,905
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					0

Part III Gaming. Complete if the organization answered "Yes" 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))	
		1	Gross revenue			
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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶
Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party:
Name ▶
Address ▶

16 Gaming manager information:
Name ▶
Gaming manager compensation ▶ \$ _____ 0
Description of services provided ▶
 Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

PROSTATE CANCER FOUNDATION

Go to 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) Northwestern University Evanston, IL 60208	36-2167817	501 (C)(3)	2,200,000		Book	N/A	Cancer Research
(2) University of Washington Seattle, WA 98195	94-3079432	Government	1,833,714		Book	N/A	Cancer Research
(3) Johns Hopkins University School of Baltimore, MD 21287	52-0595110	501 (C)(3)	1,475,000		Book	N/A	Cancer Research
(4) Columbia University Medical Center New York, NY 10032	13-5598093	501 (C)(3)	1,450,000		Book	N/A	Cancer Research
(5) Fred Hutchinson Cancer Research Seattle, WA 98109	23-7156071	501 (C)(3)	1,450,000		Book	N/A	Cancer Research
(6) University of California, San Francisco San Francisco, CA 94143	94-6036493	501 (C)(3)	1,289,260		Book	N/A	Cancer Research
(7) Thomas Jefferson University Philadelphia, PA 19107	23-1352651	501 (C)(3)	1,225,000		Book	N/A	Cancer Research
(8) Baylor College of Medicine Houston, TX 77030	74-1613878	501 (C)(3)	1,000,000		Book	N/A	Cancer Research
(9) University of California, Los Angeles Los Angeles, CA 90024	95-6006143	501 (C)(3)	1,000,000		Book	N/A	Cancer Research
(10) Duke University Durham, NC 27708	56-0532129	501 (C)(3)	997,782		Book	N/A	Cancer Research
(11) Dana-Farber Cancer Institute Boston, MA 2115	04-2263040	501 (C)(3)	812,550		Book	N/A	Cancer Research
(12) Memorial Sloan Kettering Cancer C New York, NY 10064	13-1924236	501 (C)(3)	730,000		Book	N/A	Cancer Research

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36**
- 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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

Part I Line 1: The Prostate Cancer Foundation (PCF) has a transparent and competitive process for selection of research awards. A Request for Applications (RFA) is emailed to potential applicants around the world and posted publicly on the PCF website. The RFA lists the award expectations, detailed instructions and deadline. Complete applications are submitted electronically to PCF. Each application is sent to 2 or more scientific experts for peer review. The Foundation employs all the principles 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) <u>UCLA Foundation</u> Los Angeles, CA 90024	95-2250801	501 (C)(3)	575,000		Book	N/A	Cancer Research
(14) <u>Bronx Veterans Medical Research Found</u> New York, NY 10468	13-3699250	501 (C)(3)	500,000		Book	N/A	Cancer Research
(15) <u>H. Lee Moffitt Cancer Center & Research</u> Tampa, FL 33612	59-2451713	501 (C)(3)	500,000		Book	N/A	Cancer Research
(16) <u>Philadelphia Research and Education Fo</u> Philadelphia, PA 19104	23-3066002	501 (C)(3)	500,000		Book	N/A	Cancer Research
(17) <u>Seattle Institute for Biomedical and Clinical</u> Seattle, WA 98108	91-1452438	501 (C)(3)	500,000		Book	N/A	Cancer Research
(18) <u>The George Washington University Canc</u> Washington, DC 20052	53-0196584	501 (C)(3)	500,000		Book	N/A	Cancer Research
(19) <u>The Narrows Institute for Biomedical Res</u> Brooklyn, NY 11209	11-3059470	501 (C)(3)	500,000		Book	N/A	Cancer Research
(20) <u>Veterans Education and Research Assoc</u> Ann Arbor, MI 48105	38-3060217	501 (C)(3)	500,000		Book	N/A	Cancer Research
(21) <u>West Side Institute for Science and Educ</u> Chicago, IL 60612	36-3712391	501 (C)(3)	500,000		Book	N/A	Cancer Research
(22) <u>University of Michigan</u> Ann Arbor, MI 48109	38-6006309	Government	450,000		Book	N/A	Cancer Research
(23) <u>Stanford University of Medicine</u> Palo Alto, CA	94-11563365	501 (C)(3)	391,286		Book	N/A	Cancer Research
(24) <u>Emory University</u> Atlanta, GA 30322	58-0566256	501 (C)(3)	375,000		Book	N/A	Cancer Research
(25) <u>University of Wisconsin</u> Madison, WI 53705	39-6006492	Government	375,000		Book	N/A	Cancer Research
(26) <u>Weill Cornell Medical College</u> New York, NY 10065	13-1623978	501 (C)(3)	231,001		Book	N/A	Cancer Research
(27) <u>Beckman Research Institute of the City o</u> Duarte, CA 91010	95-3435919	501 (C)(3)	225,000		Book	N/A	Cancer Research
(28) <u>Brigham and Women's Hospital</u> Boston, MA 2115	04-2312909	501 (C)(3)	225,000		Book	N/A	Cancer Research
(29) <u>University of North Carolina At Chapel H</u> Chapel Hill, NC 27599	56-6001383	501 (C)(3)	225,000		Book	N/A	Cancer Research

Continuation Sheet for Schedule I (Form 990)

Employer identification number
95-4418411

Name of the organization
PROSTATE CANCER FOUNDATION

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) M.D. Anderson Cancer Center Houston, TX 77030	74-6000203	501 (C)(3)	184,115		Book	N/A	Cancer Research
(31) American Society for Radiation Oncology Arlington, VA 22202	42-0943164	501 (C)(6)	150,000		Book	N/A	Cancer Research
(32) Sepulveda Research Corporation North Hills, CA 91343	95-4246275	501 (C)(3)	150,000		Book	N/A	Cancer Research
(33) Baltimore Research Education Foundation Baltimore, MD 21201	52-1705976	501 (C)(3)	142,080		Book	N/A	Cancer Research
(34) Massachusetts Institute of Technology Cambridge, MA 2139	04-2103594	501 (C)(3)	100,000		Book	N/A	Cancer Research
(35) Keep Memory Alive Las Vegas, NV 89106	88-0515534	501 (C)(3)	40,000		Book	N/A	Public Awareness
(36) Joe Torre Safe At Home Foundation New York, NY 10018	03-0442514	501 (C)(3)	25,000		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) -----							
(39) -----							
(40) -----							
(41) -----							
(42) -----							
(43) -----							
(44) -----							
(45) -----							
(46) -----							

Continuation Sheet for Schedule I (Form 990)

Name of the organization

PROSTATE CANCER FOUNDATION

Part III Continuation of Grants and Other Assistance to Individuals in the United States

8	(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
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

Compensation Information

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

2019

- ▶ 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 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 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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	
9	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 Michael Milken Founder & Chairman	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
2 Andrew Astrachan Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
3 Emilio Bassini Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
4 James C. Blair Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
5 Steven A. Burd Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
6 Neil P. DeFeo Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
7 David A. Ederer Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
8 Jonathan P. Evans Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
9 R. Christian B. Evensen Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
10 Peter T. Grauer Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
11 The Reverend Rosey Grier Director	(i)	0	42,000	0	0	42,000	0
	(ii)	0	0	0	0	0	0
12 Stein Erik Hagen Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
13 Stuart Holden, M.D. Director/Medical Director	(i)	0	225,000	0	0	225,000	0
	(ii)	0	0	0	0	0	0
14 Clark Howard Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
15 Arthur H. Kern (Retired 04/28/2019) Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0
16 David H. Koch (Retired 04/28/2019) Director	(i)	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0

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.

Continuation Sheet for Schedule J (Form 990)

Name of the organization
PROSTATE CANCER FOUNDATION

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
17 The Honorable Earle I. Mack Director	(i) 0 (ii) 0	0	0	0	0	0	0
Shmuel Meitar	(i) 0 (ii) 0	0	0	0	0	0	0
18 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Lori Milken	(i) 0 (ii) 0	0	0	0	0	0	0
19 Director/VP	(i) 0 (ii) 0	0	0	0	0	0	0
Christopher Moran	(i) 0 (ii) 0	0	0	0	0	0	0
20 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Henry L. Nordhoff	(i) 0 (ii) 0	0	0	0	0	0	0
21 Director	(i) 0 (ii) 0	0	0	0	0	0	0
David Drew Pinsky	(i) 0 (ii) 0	0	0	0	0	0	0
22 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Lynda Resnick (Retired 04/28/2019)	(i) 0 (ii) 0	0	0	0	0	0	0
23 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Neal Rodin	(i) 0 (ii) 0	0	0	0	0	0	0
24 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Jason Safriet	(i) 0 (ii) 0	0	0	0	0	0	0
25 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Richard V. Sandler	(i) 0 (ii) 0	0	0	0	0	0	0
26 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Thomas S. "Tad" Smith, Jr.	(i) 0 (ii) 0	0	0	0	0	0	0
27 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Roxann Taylor	(i) 0 (ii) 0	0	0	0	0	0	0
28 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Paul Villanti	(i) 0 (ii) 0	0	0	0	0	0	0
29 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Andrew C. von Eschenbach, M.D.	(i) 0 (ii) 0	0	0	0	0	0	0
30 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Kneeland Youngblood	(i) 0 (ii) 0	0	0	0	0	0	0
31 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Jeff Zisk	(i) 0 (ii) 0	0	0	0	0	0	0
32 Director	(i) 0 (ii) 0	0	0	0	0	0	0
Jonathan W. Simons, M.D.	(i) 676,742 (ii) 0	620,000	0	11,200	30,668	1,338,610	0
33 CEO & President							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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 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 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	24	1,897,166	Market Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

	29
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Form 990, Part III, Line 4A: In 2019, as part of our \$50 million Veterans Health Initiative,

PCF added four new centers to PCF's dedicated network of centers executing the ambitious

mission of improving the care for U.S. Veterans with prostate cancer. Located in Philadelphia,

PA, Washington, DC, Durham, NC and Tampa Bay, FL, these new COEs join six other established

Centers in cities across the U.S. in delivering cutting-edge precision treatments to save the

lives of Veterans battling prostate cancer. The other centers are based in Seattle, WA,

Chicago, IL, Bronx, NY, Los Angeles, CA, Manhattan, NY and Ann Arbor, MI. More than 15,000 men

in the Veterans Affairs (VA) are newly diagnosed with prostate cancer each year, making it the

most frequently diagnosed cancer among Veterans. One in nine men and one in seven

African-American men will be diagnosed with prostate cancer in his lifetime.

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 for 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) for patients and

caregivers and other audiences engaged with prostate cancer. In 2019, www.pcf.org had more

than 2.1 million visits. It also distributes electronic monthly newsletters to an online

subscriber base of nearly 172,000 and communicates with audiences daily via social media. PCF

also hosts and funds an annual scientific conference/forum where all the leading 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.

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

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

information-driven hope. Through PCF.org, we provide unique resources that help men on their critical day of need. In 2019, 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 greater awareness of prostate cancer. This past year, our work raising awareness and funds for medical research progress against prostate cancer was accomplished by several initiatives and movements harnessing the collective power of those touched by prostate cancer with the scientists working to defeat it. 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 blueribbon uniform decals to raise awareness. In 2019, NIH and Prostate Cancer Foundation continued to partner on the largest study on aggressive prostate cancer in African-American men. PCF is committed to solving disparities and raising awareness about prostate cancer in the African-American community. In recognition of this commitment and Black History Month, PCF partnered with the Atlanta Hawks to kick off the Black History Month Assist Challenge, a campaign in which the Hawks pledged to donate \$250 per assist during the month of February from the Hawks Foundation to PCF. During National Minority Health Month initiative, we also raised awareness about the significant disparities that exist between men of African descent and other ethnicities. Prostate Cancer Foundation Ambassadors Harry Lennix, Chris Tucker, Randy Jackson, Rev. Rosey Grier, Brian Custer and Others 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 2019, this was accomplished by premiering a new public service announcement (PSA) starring actor Dax Shepard titled, "Dax Don't DIY Your Health?" using humor to raise awareness and education in the fight against this disease. Additionally,

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

in 2019, for the first time in American history, U.S. landmarks in all 50 states (and the District of Columbia) were lit blue on September 3 to kick-off September National Prostate Cancer Awareness Month. 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 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 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

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

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. The

Foundation's conflict of interest policy also requires officers and directors to complete

annual questionnaires wherein they are asked to identify all transactions where they may have

an actual or perceived conflict of interest. As part of the questionnaire, each officer and

director is required to confirm their understanding that the Foundation is a tax exempt entity

and must engage primarily in activities which further its mission. 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 2020.

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.