Fa	<u> 9</u>	90 ·	Return of Org	yanizatior	n Exemp	t From	Inco	me Tax	ŀ	OMB No. 1545-0	1047
	partment o	í lhe Treasury	Under section 501(c), 527, 6 Do not enter Socia Information about	or 4947(a)(1) of the	e Internal Rever pers on this for	ue Code (exe m as it may	cept priva be made	te foundation public.		201 Open to Pul Inspectio	
Α	For th	ne 2013 ca	lendar year, or tax year beginnin	រេជ		, and	ending				
В	Check if	applicable:	C Name of organization PROS	TATE CANCER	FOUNDATIO	N		D Employer	identific	ation number	
	Address	change	Doing Business As Number and street (or P.O. box If ma	11 (a		Room/suite		05 440 444			
	Name cl	nange	1250 FOURTH STREET		street address)	360		95-4418411 E Telephone			
	Initial ret	turn	City or town		State	ZIP code		neering vanies a			
			SANTA MONICA		CA	90401-13	53	(310) 570-4	700		
	Terminal	lea	Foreign country name	Foreign province/sta	ite/county	Foreign posta	al code				
	Amende	d return						G Gross rece	eipts \$	51,20	62,944
	Applicati	on pending	F Name and address of principal office	r:			H(a) is th	is a group return f	or subordi	nates? Yes	X No
			JONATHAN W. SIMONS, M.D.	, SAME A	S C ABOVE		H(b) Are	all subordinate	s include	d? Ves	No
4	Tax-exerr	npt status:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or 527	lf "	No," attach a lis	t, (see in:	structions)	
J	Nebsite	e: ► www	v.pcf.org				H(c) Gro	oup exemption r	umber 🖡	N/A	
		rganization		Association	Other 🕨	I Ye	ar of forma		1	ate of legal domicile:	
_	art I	-	nmary					1993	IVI Ole	ate of regai dofficite.	CA
	1		escribe the organization's missi	on or most sign	ificant activitio	e The	Prostate	Cancer Eo	undatio	on (PCF) is a glo	hal
S	· ·		cal research funding foundation	-							Ual
Activities & Governance			nost promising research on pro-								0.000
Veri	2		is box if the organization								
ŝ	3		of voting members of the gover						3	1 833613	26
්	4		of independent voting members						4		24
itie:	5		nber of individuals employed in						5		39
XIV.	6		nber of volunteers (estimate if r						6		
Ā	7a		elated business revenue from F					ত আ ত	7a		0
-	b	Net unre	lated business taxable income	from Form 990-	T, line 34	5	-		7b		0
		O a saturita sa		41.5				Prior Year		Current Year	
ILIE	8		tions and grants (Part VIII, line					45,484			28,788
Revenue	10		service revenue (Part VIII, line ent income (Part VIII, column (A					146	0 ,758		4,679
Re	11		/enue (Part VIII, column (A), line					140	0		54,342 0
	12		nue-add lines 8 through 11 (mus					45,631		50 12	27,809
	13		nd similar amounts paid (Part I)	the second se	the second s		1	29,127			5,540
	14	Benefits	paid to or for members (Part IX,	, column (A), lin	e4)				0		0
es	15	Salaries,	other compensation, employee be	nefits (Part IX, co	olumn (A), lines	5–10) .		5,481	260	5,21	8,217
Expenses	16a		nal fundraising fees (Part IX, co					47	520		0
ğ	b		traising expenses (Part IX, colu			4,235,563					
	17 18		penses (Part IX, column (A), line					7,833,			6,679
	19		enses. Add lines 13-17 (must e					42,489,		Contraction of the second s	0,436
58	13	revenue	less expenses. Subtract line 18		<u></u> .	<u></u>	Regine	3,142, ng of Current Y		4,4/ End of Year	7,373
lanc	20	Total ass	ets (Part X, line 16) .				Baginin	52,761,		56,50	8 207
d Ba		Total liabi	lities (Part X, line 26)					20,170,		19,75	
Net Assets or Fund Balances	22	Net asset	s or fund balances. Subtract lin	e 21 from line 2	20			32,591,		36,75	
Pa			ature Block								
Unde	r penaltie	s of perjury,	declare that I have examined this return	, including accompa	anying schedules a	and statements,	, and to the	best of my know	wiedge	12 S.H.	
and b	eller, it is	Iruo, correct	and complete/Declaration of preparer			mation of which	n preparer	nas any knowler		.12.14	
Sig			ignature of officer	morro	MD					130/2014	
Her	e	1 1	enathan W. Simons M.			050	/Dranida	Date			
			ype or print name and title			UEU	/Preside		_		
			ype preparer's name	Preparer's sig	gnature		Date	A 12 1	_	PTIN	
Paid	ł	Dist	and Dissistance	Vela	yd-		5/	10 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	eck	i i i	
Preparer Richard L. Ruvelson								and the second	f-employe	11 0010 1010	
Use Only Firm's name Green Hasson & Janks, LLP Firm's EIN 95-1777440 Firm's address 10990 Wilshire Blvd., 16th Floor, Los Angeles, CA 90024 Phone no. (310) 873-1600											
							F	hone no.	310) 87	73-1600	
May	the IRS	o discuss	this return with the preparer sh	own above? (se	e instructions)	a an with the	a na a	is on the works	8.0.1	X Yes	No

Charles De Constituires

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 9	PROSTATE CANCER FOUNDATION	<u>95-4418411</u>	Page 2
Pa	Image: 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 end		
	suffering from prostate cancer. PCF accelerates the world's most promising prostate cancer research with the developing better prevention, earlier detection, treatments and cures for metastatic disease. The PCF's goal		and a second
	death from prostate cancer. Visit www.pcf.org		******
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$18,086,040 including grants of \$18,086,040) (Revenue	\$	0)
	The PCE Research Enterprise is an innovative, competitive venture-style research funding program		
	that provides financial support to game-changing research projects in 18 countries and territories		
	with the greatest potential to improve survival and reduce side effects and death for men with		
	prostate cancer. The cornerstone of our research program in 2013 was our Challenge Awards program, which issued and sustained multi-year awards to 24 cross-disciplinary teams of scientist with bold	· · · · · · · · · · · · · · · · · · ·	
	approaches to the most challenging and perplexing problems in prostate cancer basic and	nana anta ala da anta - Angelana a a	e egenye en al la la contra la
	translational research. Through PCF's Creativity Award mechanism, PCF also provided funding for 8	and and a set of the s	
	high-risk, high-reward, creative research investigations of new ideas in man with near-term		
	patient benefit. In addition, the fulfillment of PCF multi-year award commitments through our		استناس فيساجل
	Nanotherapeutics research program was also accomplished in 2013. All PCF-funded researchers are required to openly share their findings on an annual basis with the community of PCF award	ې پې يې د اول و يې	
_	recipients		مىسىرىم ب ى ب ىرىم يەركى
4b	(Code:) (Expenses \$ 10,275,000 including grants of \$ 10,275,000) (Revenue	\$	0)
	PCF created the Young Investigator Award program with one goal: to build a gifted cohort of	و و و و و و و و و و و و و و و و و و و	
	investigators undertaking the next generation of prostate cancer research. Awards are made to early-career scientists working in a research environment capable of supporting high impact		
	prostate cancer research drawn from a variety of medical research disciplines. The award funds		
	may be used flexibly to advance the career and research efforts of the awardee. This, for		
	example, includes funding "protected time" or direct costs for experiments. Mentorship is	an a	
	required for every PCF Young Investigator. Since 2007, PCF has supported or committed to fund the early careers of 146 PCF Young Investigators, ensuring a continued stream of human capital into	la a a a a construir de la cons	an a
	our research community. In a period when federal funding for young scientists is declining, the		
	PCF Young Investigator Program plays an integral role in championing early-career human capital		
	investments to fast-forward innovative solutions to prostate cancer. Visit: www.pcf.org/young	e en angelen a Transmissionen angelen a	antrevenee
4c	investigators (Code:) (Expenses \$ 3,200,000 including grants of \$ 3,200,000) (Revenue	. ¢	0)
40	In the year 2013, men with late-stage prostate cancer had access to a 6 new medicines brought to	Ψ watering and the set of a set of a set of the set of	<u> </u>
	market in the last four years: namely, Zytiga (abiraterone), Xtandi (enzalutamide), Xgeva		
	(denosumab), Jevtana (cabazitaxel), Provenge (sipulceucel-T) and Xofigo (Radium Ra 233 Dichloride).		
	PCF helped to bring these drugs to market in large part through its annual \$3.2 million support		a na ana ang na na na na na
	for the Prostate Cancer Clinical Trials Consortium (PCCTC), which is funded through a public-private partnership between PCF and the U.S. Department of Defense. Funding for the PCCTC	چې <u>د کامانۍ مېروم</u>	
	supports a robust infrastructure of 13 prostate cancer centers of excellence that collaborate on		ىلى ئۆلۈچىلەت <u>مە</u> ت
	early clinical trials. By collaborating, the institutions have drastically reduced the time it	n a felin mineria de la reserva en el secondo de la seconda de la seconda de la seconda de la seconda de la se Nomena de la seconda de la s	
	takes to move a drug candidate from discovery to clinical investigation to bedside. Since October		
	2005, the PCCTC has enrolled more than 4,137 patients in clinical trials, including 545 patients this year. In 2013, there were at least 17 active clinical trials at all stages of disease	antara se	in produce and
	presentation. Visit: www.pcf.org/PCCTC	andre de la la la comune de la comune A comu	and the second secon
4d	Other program services. (Describe in Schedule O.)		
		14,679)	
4e	Total program service expenses > 38,881,830		

Form 990 (2013) PROSTATE CANCER FOUNDATION

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Part	V 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,"	ŀ		
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ľ
	candidates for public office? If "Yes," complete Schedule C, Part I 🧝 🤖 🦿 👘 👘 👘 👘 👘 👘 👘 👘	3		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. State Complete Schedule C, Part II.	4	. X.	ļ.
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l.
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			-
	Part III	5		<u> X </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		-
	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		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			
40	negotiation services? If "Yes," complete Schedule D, Part IV. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	9	. <u></u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		~
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Andreas Andreas Andreas Andreas Andreas Andreas Andreas Andreas Andreas Andreas		
_	VII, VII, IX, or X as applicable	Canada Constanting	ų — 1979. L	1891 PR
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114	^	
Ň	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		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.	11c		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.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		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,,	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	:	Х
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	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	8.	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	·	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	14b	X	ļ
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	15	<u>, X</u>	
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.	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		: :	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
70-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u> ^-
<u>u</u>	in the to the zua, did the organization attach a copy of its address infancial statements to this return? The zua was a	1444		ļ ⁱ

Part IV Checklist of Required Schedules (continued): Ive No. 21 Did the organization report more than \$5,000 of grans or other assistance to any domestic organization or government on Part IX, column (A), line 17 M* stress 'complete Schedule I, Parts I and II. 21 X 22 Did the organization report more than \$5,000 of grans or other assistance to individuals in the United States on Part IX. Column (A), line 17 M* res, 'complete Schedule I, Parts' and III. 21 X 23 Did the organization answer 'Yes' to Fart VII, Section A, line 3.4, or 6 about compensation of the organization inves a trans of the organization inves at part was issued after December 31, 2002 /f 'Yes,' answer lines 2.24 a X. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parcied exception? 24a 25 Did the organization mishal an escrew account other than a refunding escrew at any time during the year? 24d 26 Section 50(1(3) and 50(1(c)(4) organization. Bouth a complexition engage in an excess breft its insection with a disqualified person in a prior year, and that the regoged in a no-coss breft its complexition aware that lengaged in a not bescen tepoted or any of the organization's prior Forms 500 or 500-221 /f 'Yes,' complete Schedule L, Part I. 25a X 26 Did the organization ware that the regoged in an outhor any amount on Part X, line 5.6, or 22 for receivables from or payables to any current or former officer, dithecor, tustase, key employees.1 25a			1418411	P	age 4
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or part IX, column (A), line 27 if Yes," complete Schedule I, Parts I and II. 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization asset "Yes" to Part IV, isceton A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outsianding principal amount of more than \$100,000 as of the last day of the year, if Yus, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos, "complete Schedule I, If Yos," complete Schedule I, If Yos," complete Sc	Par	t IV Checklist of Required Schedules (continued)		1	r
government on Part IX, column (A), line 71 // Yes, "complete Schedule (, Parts i and II. 21 X 20 Did the organization report more than 55,000 of grants or there assistance to individuals in the United States on Part IX, column (A), line 27 // Yes, "complete Schedule I, Parts i and III. 22 X 23 Did the organization nerver "Yes" to Part VI, 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? // Yes, "complete Schedule I, 'No,' go to line 256. 23 X 24 Did the organization nerver the Yes, 'Long 2 and 'No,' go to line 256. 24 X 24 Did the organization nerver the Yes, 'Long 2 and 'No,' go to line 256. 24 X 24 Did the organization nerver the Yes,' complete Schedule I, 'No,' go to line 256. 24 24 25 Did the organization and 'no head of 'Issuer for bonds cutstanding at any time during the year? 24 25 School State(X) and SD1(c)(4) organizations. Did the organization with a disqualified person in a pror year, and that the rangedin an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5.9, or 22 for receivables from or payables to any our current former officer, director, trustee, key employee, substantiat contributor or employee. Schedule L, Part II. 25 26 Did the organization material schedule schedule L, Part II. 26 27	~		r	Yes	No
22 Did the organization regort more than 50,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes, "complete Schedule I, Parts I and III. 22 X. 23 Did the organization regort more than 50,000 of grants or other assistance to individuals in the United States 22 X. 24 Did the organization regort man former officers, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule I, If No, Yoo of Imese Yanow Interes 246 Introduct A and complete Schedule I, If No, Yoo of Ime 25e. 24e X 24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 24e X 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 24e X 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 24e X 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 24e X 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 24e X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for recelvables from or payables to any courtent or former officers, director, trustee, or key employee, substanital contributor or emplo	21		04		ĺ
on Petr IX, column (A), line 27 if "res" complete Schedule I, Parts I and III. 22 X 21 Did the organization assume "West to Part VI. Backin A, line 3 4, or 6 about compensation of the organization haves its complete Schedule II. 23 X 24 Did the organization assume "West to Part VI. Backin A, line 3 4, or 6 about compensation of the organization haves 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? If "Nes," answer lines 24a X 24 Did the organization naives any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Did the organization naives any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Did the organization as an orb obehalf of "issue for conds outstanding at any time during the year? 24d 24d 26 Did the organization as an orb obehalf of "issue for conds outstanding at any time during the year? 24d 24d 27 X b is the organization aware that it engaged in an excess bacefit transaction with a disqualified person in a prior year, and that the transaction have any of the organization organization approx of predice 2. 25b X 28 Did the organization region any amount on Part X, line 5, 6, or 22 for recolvables from or payables to any ourrent or former officer, director, trustee, key employee, substantial contributor or employse Exclude L, Part II. 26b X 29 Did the or	22		. <u>41</u>	<u> </u>	<u> </u>
 23 Did the organization answer "Yes" to Part VII. Section A, line 3.4, or 5 about compensation of the organization reverts and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bord 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? If "Yes," answer lines 246 bithough 24d and complete Schedule K. If "No," go to line 256. 24a Did the organization meintain an escow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds beyond a temporary period exception?. 25b Oid the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 25c Section 501(c)(3) and 501(c)(6) organizations. Did the organization angge in an excess benefit transaction with a disqualified person that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been roperted on any of the organization report of Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b Did the organization provide a grant or other assistance to an officer, director, trustee, cor melosyse transaction with a disqualified person in a prior year, omplete Schedule L, Part I. 27b Did the organization provide a grant or other assistance to an officer, director, trustee, ror sequeltes from or psyables to any current or former officer, director, trustee, or key employees. The 3.5% controlled employees, or disqualified persons) if no complete Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A current or former officer, director, trustee, or key employee? If "Yes,"	~~		22		X
organization's current and former officers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exampt 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? If "Yes," answer lines 24a X 24b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24a X 250 Did the organization aminian en escrows account other than a refunding escrow at any time during the year? 24a X 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage in an excess benefit transaction with a disqualified person fung the year? if "Yes," complete Schedule L, Part I. 25a X 25b X I dit de organization aver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified persons? If so, complete Schedule L, Part I. 25b X 250 Did the organization aver engloves there(1, a grant selection committee member, or to a 35% controlled entry or any anount on Fart X, lines 5, 6, or 22 for raceivables from or paryables to any current or former officer, director, trustee, or key employee, if "Yes," complete Schedule L, Part II. 25b X 27 W the organization reaving a grant selection committee member, or to a 3	23		/ <u> </u>		
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Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 29c X 31 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 32 Did the organization receive and neutry disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 33 Did the organization neutry disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? 33a X 34 Was the organization neare than 525% of its and the acontrolled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization. Sold the organization mareceive any payment from or engage in any t		entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. 29 X 31 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 nf "kes," complete Schedule R, Part I. 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization nealing of section 512(b)(13)? 34 X 35a Did the organization solut or equalization releive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X <td< th=""><td>28</td><td></td><td></td><td></td><td></td></td<>	28				
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Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 X 30 Did the organization receive contributions? If "Yes," complete Schedule M. 29 X 30 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 X 31 X 32 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 31 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? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a 36 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 34 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 35a Did the organization conduct more than 5% of its activities through an entity that is not a re	а		, <u>28a</u>		<u>: X</u>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization soli, exchange, dispose of, or transfer more than 25% of its net assets? 32 X 33 Did the organization neality disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 32 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nease ontrolled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership or federal income tax purposes? If "Yes," complete Schedule R, P	b			1	
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VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Image: Complete Schedule O for Part VI,				l	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			. 37		X
	38		-		
			, 38	¹ X .	

Form (90 (2013) PROSTATE CANCER FOUNDATION	95-4418411	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<u>.</u>		
	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	137		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	 A set of the last of the last		
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	 And Andrewski, and Andr		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	39		
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 in Schedule O.			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			J
	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
ъ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	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			I
	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	1		ŀ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	And the second s		
а	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	
С	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 years and a second s			
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	1.	Х
ĝ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	1? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	8-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?		[·	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	 As a support of a local design of the support of the		
а	Initiation fees and capital contributions included on Part VIII, line 12.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			11.123
11	Section 501(c)(12) organizations. Enter:			and a second sec
а	Gross income from members or shareholders 2			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
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	A share of a second sec		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 Second as a second as a secon		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	[<u>[</u>
	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	a prime and a prime an		
C	Enter the amount of reserves on hand,			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b	Ł	<u> </u>

Form 9		18411		age 6			
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	lee ins	tructio				
	Check if Schedule O contains a response or note to any line in this Part VI		• • ·	X			
Sect	tion A. Governing Body and Management		r				
4.0	Extend the number of units members of the equations have $at the and of the targues 1 da 2$	- Containe	Yes	No			
12	Enter the number of voting members of the governing body at the end of the tax year	2					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b		4	0.1	And a second second			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			A market in the page of the pa			
-	any other officer, director, trustee, or key employee?	2	Х	a new prove			
3	Did the organization delegate control over management duties customarily performed by or under the direct		<u> </u>				
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			 			
	one or more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>			
	stockholders, or persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?	8a	X	а.			
b							
9							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)				
		I	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>	ļ	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		uter e				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		1			
42	describe in Schedule O how this was done	120					
13 14	Did the organization have a written whistleblower policy?	13	X	<u> </u>			
14	Did the process for determining compensation of the following persons include a review and approval by	14					
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official.	15a	X				
b	Other officers or key employees of the organization	15b	X	<u>†</u>			
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Martin Street		*			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	And a second sec					
	with a taxable entity during the year?	16a	1.000 · . 400 ·	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard						
	the organization's exempt status with respect to such arrangements?	16b	1				
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed See Attached Statement						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	/)				
	available for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain in Schedule O						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, ar	ld				
	financial statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	1700					
	organization: HELEN HSIEH (310) 570-4 1250 4TH ST. SUITE 360. SANTA MONICA, CA 90401	1.29		*******			

Form 990 (2013)	PROSTATE CANCER FOUNDATION	95-4418411	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending w tax year.	ith or within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unle: er an	neck ss pe	ition more rson	than o is both off employee	an	(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
(1) Michael Milken	15.00	4								
Chairman		<u>[X</u>		X	<u></u>	i			···	···
(2) Emilio Bassin	2.00	1		ĺ	:	i.].):	
Director	0.00	X			<u> </u>				3 <u></u>	
(3) J. Darius Bikoff Director	2.00									
(4) James C. Blair	2.00	<u> </u>		-					an Anna anna anna anna anna anna anna an	
Director	2.00	X								
(5) Steven A, Burd	2.00				ļ					· · · · · · · · · · · · · · · · · · ·
Director		X								
(6) Neil P. DeFeo	2,00									:
Director		X						· · · · · · · · · · · · · · · · · · ·	- 	
(7) David A. Ederer	2.00					· 1				
Director	فستعشيش وزور وتعاصيه معصبه مع	X	ŀ.					2	20 20 20	
(8) R. Christian B. Evensen	2.00	1								
Director		X								
(9) Peter R. Grauer	2.00					5145				
Director		X	الم الم					<u></u>	- 	
(10) The Reverend Rosey Grier	20.00	1	l							
Director/Consultant		X	<u> </u>	-				42,000		152
(11) Stuart Holden, M.D.	30.00								5	
Director/Medical Director		X						225,000	<u>.</u>	·
(12) Arthur H. Kern Director	2.00	v								
(13) David H. Koch	2.00	X							<u> </u>	<u> </u>
Director	2.00	x								
(14) Richard S. LeFrak	2,00		F						<u></u>	<u></u>
Director	2,00	x			-					

Form	990 (2013)	PROSTA	TE CANCER FOUND	ATION								95-44	18411	Page 8
P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
		Name and title Average box, uni hours per <u>officer</u> a			unles er an	(C) Position check more than one ass person is both an nd a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	·		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) or a	npensation from the ganization nd related ganizations	
(15) Dire		able Earle I. M	ack	2.00	x									
	Clark How	ard	ي ي ي ي ي ي ي ي ي ي ي ي ي ي ي ي ي ي ي	2.00	x									
Dire		والارادية بالمتحاط بالمتحاط مرعا		2.00	X		,		·. :					
Dire				2.00	X		x				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Dire		·····	२० इ.स.२२ संग ्रिकान् के अपने के अपने का स्वाहत के स	2.00	X									
Dire				2.00	X				: 		:			
Dire	Neal Rodir ctor Richard V.			2.00	X						· · · · · · · · · · · · · · · · · · ·	···	-	
Dire	ctor	J. Stupski (Dec		2.00	X		X		, ; b					
Dire	ctor			2,00	X	 						······································		
Dire	ctor	von Eschenba	······································	2.00	X			nen land		-				
Dire 1b	ctor Sub-total	· · · · · ·			<u> x</u>	<u>.</u>				•	267,000	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	152
c d	Total (add	lines 1b and 1	sheets to Part VII, Se Ic).	<u></u>	1 5		•	• •	<u></u>	•	2,213,477 2,480,477	-	0	159,427 159,579
2			s (including but not lin from the organization		sted a	abov	e) v 7	/ho	recei	ved	more than \$100	,000 of		
3			ny former officer, dire Yes, " complete Sched				oye	e, o:	-		compensated	,	3	Yes No
4	the organiz	ation and relat	n line 1a, is the sum o ed organizations grea	ter than \$150,0		f "Ye	's, "	com	plete	Sc	hedule J for suc			
5	Did any pe	rson listed on I	ine 1a receive or accr	ue compensatio	n froi	m ai	чу и	nrel	ated	org	anization or indiv		4	
- Sec		pendent Cont	ne organization? If "Ye	s, complete st	meau	ne J	TOP.	suc	n per	son			5	<u> </u>
1	Complete I	his table for yo	ur five highest compe ganization. Report co										s tax	
	······································		(A) Name and business add	ress							(B) Description of ser	vices		C) Insation
	le Event Ma p Kantoff	nagement	1835 Stallion D 450 Brookline A				0				treach Program dical Consultant			160,000
	ryn Schwert	feger	1250 Fourth Str				040	1	·····	-1	gal Services			149,000
2		•	ent contractors (inclue	-	ed to	tho	se li	stec	i abo	ve)	who received			

Form 990 (2013) PROSTATE CANCER FOUNDATION						95-4418411 Page 9		
Par	t VIII							
		Check if Schedule O contains	a response or r	tote to any line in		<u> </u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হী হা	1a	Federated campaigns .		0				Control of the second secon
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0				A share a second
Am A	C L	Fundraising events . Provide the second seco		5,286,444				
ailar, Git	d e	Related organizations		0				
ions r Sir	f	All other contributions, gifts, gran	· · · · ·	[¥				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		44,742,344				Andreas and a second
ontr D	q	Noncash contributions included in li		627,419				
S R	h				50,028,788			A second se
e		· ··· ··· ··· ··· ··· ··· ··· ··· ···	······································	Business Code				
Program Service Revenue	2a	Educational Materials	*******	900099	44,679		-	
e Re	Ь				0			
Zic	C				0			
n Se	d	والمراجع والمراجع والمرجع والمراجع المراجع المراجع والمراجع والمراجع والمراجع والمراجع والمرجوع والمرجوع والمرجو	ومرموض مالغ والمراجع		0	· · · · · · · · · · · · · · · · · · ·		
gran	f	All other program service revenu			0			
0 d		Total. Add lines 2a-2f		<u>.</u>	44,679			
	3	Investment income (including div	idends, interest,	and		And a second	· · ·	and and an an and a set of the se
		other similar amounts)		la a ging ng ►	46,094			46,094
	4	Income from investment of tax-ex			0			
	5	Royalties The contract of the second			0			
	_		(i) Real	(ii) Personal				
	6a	Gross rents						
	b c	Less: rental expenses	0					All Control and
	d	Net rental income or (loss)	<u> </u>		0	An and a second se		
	r	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory $_{e^{-y}}$	0	635,667				C. S.
	b	Less: cost or other basis	· · · · · · · · · · · · · · · · · · ·					
		and sales expenses .	0		An and a second	A set of the set of	A. S.	
. :	C d	Gain or (loss)	0		0.040			0.49
	d	Net gain or (loss)			8,248			8,248
Other Revenue	8a			507,716				
)the	b	Less: direct expenses		507,716				
0		Net income or (loss) from fundrai		▶	0			
	9a	Gross income from gaming activi						
	i.	See Part IV, line 19.		0	 Second Street, S. S.			
	а 5	Less: direct expenses		0				
		Gross sales of inventory, less					Art Law manufactures and a start of the second	
	100	returns and allowances	a	0				
	b	Less: cost of goods sold		0				
		Net income or (loss) from sales c			0	· · · · · · · · · · · · · · · · · · ·		
		Miscellaneous Revenue		Business Code				
/	11a				0			
	b	and a survey of the second state of the second			0		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	с Ь	All other revenue			0			
	d e	Total. Add lines 11a-11d	kakaka j nana s		0			
	12	Total revenue. See instructions.			50,127,809	0	0	54,342
							-1	

	Form	990	(2013)
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PROSTATE CANCER FOUNDATION

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 t			·····	
Do 7b,	not include amounts reported on lines 6b, 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 governments and	20 700 5 40			
2	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the	29,700,540	29,700,540		
2	United States, See Part IV, line 22,	0	o		
3	Grants and other assistance to governments,	<u>v</u>			
-	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	1,875,000	1,875,000		A second se
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,043,087	1,487,352	50,607	505,128
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	<u> </u>
7	Other salaries and wages	2,534,851	1,066,130	1,127,084	341,637
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	46,730	22,844	18,786	5,100
9	Other employee benefits	356,945	146,873	151,484	58,588
10	Payroll taxes	236,604	113,419	83.210	39,975
11	Fees for services (non-employees):		400.070	4.057	470.000
a		599,329	428,072	1,257	170,000
b		155,984	55,000	100,984	
ر ا	Accounting	68,634	0	68,634	
d	Lobbying Professional fundraising services. See Part IV, line 17	0			
e f	Investment management fees	0	0	0	C
g	Other_(If line 11g amount exceeds 10% of line 25, column		<u>v</u>		· · · · · · · · · · · · · · · · · · ·
a	(A) amount, list line 11g expenses on Schedule O.)	304,971	140,053	164,586	332
12	Advertising and promotion	190,599	167,506	23,093	C
13	Office expenses	301,005	49,246	233,177	18,582
14	Information technology	261,405	82,552	147,952	30,901
15	Royalties	0	0	0	C
16	Occupancy.	305,693	129,818	132,559	43,316
17	Travel	1,354,815	164,487	16,427	1,173,901
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0	0	0	C
19	Conferences, conventions, and meetings	4,557,409	3,006,559	0	1,550,850
20	Interest	0	0	0	C
21	Payments to attillates	0	0	0	C
22	Depreciation, depletion, and amortization	260,732	208,868	41,928	9,936
23	Insurance.	95,054	0	95,054	C
24	Other expenses, Itemize expenses not covered			And a second sec	
	above (List miscellaneous expenses in line 24e, If		And the second of the second s		
	line 24e amount exceeds 10% of line 25, column		A Design of the second		
~	(A) amount, list line 24e expenses on Schedule O.)	404 040	37,511	70 004	287,317
a b	Postage & Shipping	401,049		76,221	207,317
		0	<u> </u>	<u></u>	·· <u></u> .
c d		0	<u> </u>	<u> </u>	• <u></u>
e	All other expenses	0			· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	45,650,436	38,881,830	2,533,043	4,235,563
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				
	following SOP 98-2 (ASC 958-720)	1,221,096	594,921	20,686	605,489

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Part X	Balance Sheet			9-4418411 Page 11
	Check if Schedule O contains a response or note to any line in this Part	Х		
	· · · · · · · · · · · · · · · · · · ·	(A)		(B)
1.4	Cook new (starst) beguine	Beginning of year		End of year
1	Cash—non-interest-bearing		1	1,000
3	Savings and temporary cash investments	the second se	3	28,864,83
	Pledges and grants receivable, net	27,170,065		27,276,91
4	Accounts receivable, net	117,119	4	5,28
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section	A. Marked and M. B. Marked and M. Sandara and M. Sandara. A state of the second sta		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
_	organizations (see instructions). Complete Part II of Schedule L ,	0	6	
7	Notes and loans receivable, net as a constant of a set of the constant of the	0	7	
ð	Inventories for sale or use.		8	
9	Prepaid expenses and deferred charges	144,433	9	117,17(
10a	Land, buildings, and equipment: cost or	And A. S.		
6	other basis. Complete Part VI of Schedule D 10a 1,835,07			
b	Less: accumulated depreciation			243,08
11	Investmentspublicly traded securities	0		
12	Investments-other securities. See Part IV, line 11.	0	12	
13	Investments-program-related: See Part IV, line 11. Investments-program-related: See Part IV, line 11. Investments	0	<u>13</u> 14	
14	Intangible assets			
15	Other assets. See Part IV, line 11		15	
16	Total assets, Add lines 1 through 15 (must equal line 34)			56,508,29
17	Accounts payable and accrued expenses .			1,471,40
18 19		18,483,379		17,781,97
20	Deferred revenue,,	600,000	20	500,00
20	Tax-exempt bond liabilities		20	
			- 41	
22	Loans and other payables to current and former officers, directors,	Weiner, M. M. & Martin M. M. Martin M. M. Martin, M. M. Martin, M.		
	trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Schedule L. A. B. A. A. B. A.		22	
23	Secured mortgages and notes payable to unrelated third parties	0	the second s	
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities (including federal income tax, payables to related third	· · · · · · · · · · · · · · · · · · ·	24	····
27	parties, and other liabilities not included on lines 17-24). Complete			
1	Part X of Schedule D	0	25	,
26	Total liabilities. Add lines 17 through 25	20,170,381		19,753,37
<u> </u>		The second se		
	Organizations that follow SFAS 117 (ASC 958), check here X and	Ward A., Marana M., Marana M., La Marana M., San Kana, Y. & Kana M., Wang Y. & Wang		
	complete lines 27 through 29, and lines 33 and 34.	10 S.		
27		28,657,684	27	32,528,150
28	Temporarily restricted net assets	3,933,333		4,226,760
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC958), check here			
30	-	The second se	30	
30	Capital stock or trust principal, or current funds		30	. <u> </u>
32	Paid-in or capital surplus, or land, building, or equipment fund		<u>31</u> 32	
33			33	00 754 000
34	Total net assets or fund balances when the process of the second	32,591,017		36,754,922
1.34	Total liabilities and net assets/fund balances	52,761,398		56,508,297 Form 990 (2013)

Form	990 (2013) PROSTATE CANCER FOUNDATION	95	-4418411	Page 12
Par	t 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	50	127,809
2	Total expenses (must equal Part IX, column (A), line 25)	2	45	650,436
3	Revenue less expenses. Subtract line 2 from line 1	3	4	477,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32	<u>,591,017</u>
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		<u> </u>
9	Other changes in net assets or fund balances (explain in Schedule O). Refund	9		313,468
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
		10	-36	754,922
Part	XIII Financial Statements and Reporting			
5-0	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	•	<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2 a	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:	њ ф •		
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?			
	Separate basis X Consolidated basis Both consolidated and separate basis		A Development of the second se	
С	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?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		 The second second	
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?	i	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	•. · <u>·</u>	3b	
				00

Continuation Sheet for Form 990

Name of the Organization						E	mpl	oyer identification n	Page	<u>1 of 1</u>	
PROSTATE CANCER FOUNDATION								18411	·····	·····	
		ficers, Directors, Trustees, Key Employees, and Highest									
(A) Name and title	I Employees (B) Average hours per week (list any hours for related organizations below dotted line)	Poi Individual trustee Por director	1			a Highest compensated		(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	
(26) Paul Villanti	2.00				<u> </u>	 					
Director		X				İ.					
(27) Stanley R. Zax Director	2.00	x									
(28) Jonathan W. Simons, M.D.	60.00		1		İ—			ind the second second second second second second second second second second second second second second second			
CEO & President		1		X				973,761		38,382	
(29) Ralph Finerman	15.00	ľ	1		l -	1					
Treasurer/CFO	in a ser men i de ser de ser de ser de la composition de la composition de la composition de la composition de La composition de la c	1		x							
(30) Howard Soule	50.00	1	1				<u> </u>				
EVP, Chief Scientific Officer		1			X			381,375		29,109	
(31) Gary Dicovitsky	50.00	1	Γ								
EVP Development]	<u> </u>		X			315,992		<u>37,314</u>	
(32) Helen Hsieh	50,00	1	1								
SVP, Finance and Administration						X		226,134		32,453	
(33) Janet Haber VP, Events	50.00		ŀ	1. 17 P. 19		x		163,134		11,051	
(34) Janis Wolterstorff	50.00	1	1	ſ	f						
VP, Movember Initiatives		1	1			x		153,081		<u>11,118</u>	
(35)			1		t –				1	······································	
		1			[]				n an	<u> </u>	
(36)							5				
(37)			 								
(38)			 					· · · ·			
(39)											
(40)			-					<u></u>	2 <u> </u>	<u></u>	
(41)								n verd farm afte		·	
(42)								····	1. 	······································	
(43)			1					<u></u>		•	
(44)											
(45)		<u> </u>	<u> </u>			 ;;					
<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>	 	ļ:	<u> </u>	· ·			
(46)											

Page 1 of 1

SCHEDUI (Form 990		Pu	blic Charity S	Status	and F	Public	Supp	ort		OMB No. 1545-0047
v	,	Compl	ete if the organization 4947(a)(1)				ition or a	section		2013
Department of	the Treasury		Attach to							Open to Public
Internal Reven		Information	about Schedule A (Form 99	0 or 990-EZ) and its inst	ructions is a	at www.irs.g		r identificati	Inspection
	-	OUNDATION						Linploye		18411
	ation is not	a private founda	arity Status (All or tion because it is: (For	lines 1 th	rough 11,	check onl	y one box	(.)	and the second second second second second second second second second second second second second second second	
	-		ches, or association of			i in sectio	n 170(b)(1)(A)(I).		
			n 170(b)(1)(A)(ii). (Atta ospital service organiza		-	nation 17	\/h\/d\/ A\			
4 🗍 A	A medical re	•	ion operated in conjun	ction with	a hospitai	describe	d in secti	on 170(b)	(1)(A)(iii).	Enter the
5 🗌 A	An organizat	ion operated for	the benefit of a college Complete Part II.)						ntal unit d	escribed
6 🗌 A	A federal, sta	ite, or local gove	rnment or government	al unit de	scribed in	section 1	70(b)(1)(/	4)(v).		
			receives a substantial 1)(A)(vi). (Complete Pa		s support f	rom a gov	ernmenta/	al unit or fr	om the ge	eneral public
	•		in section 170(b)(1)(A		•	•				
r	eceipts from support from	activities relate gross investmer	receives: (1) more that d to its exempt function nt income and unrelate after June 30, 1975. S	ns—subje d busines	ct to certa is taxable	in exception income (la	ons, and (ess sectio	(2) no mor on 511 tax)	e than 33	1/3% of its
وتستنسع		-	id operated exclusively		• • •					
11 A	An organizat	ion organized an one or more pub teck the box that	d operated exclusively licly supported organiz t describes the type of	for the b ations de supportin	enefit of, to scribed in	o perform section 50 ation and 6	the functi 09(a)(1) o complete	ions of, or r section t lines 11e t	509(a)(2). through 11	See section
ې ۲	By checking persons other	this box, I certify	that the organization in managers and other	is not con	trolled dire	ctly or inc	lirectly by	one or mo	ore disqua	alified
f li c	f the organiz organization,	ation received a check this box .	written determination				• * <u>*</u> • •		l supporti	ng A an - car a la
	ollowing per		he organization accept	ed any gi	n or contri	DULION ITO	m any or	(ne		
(((i) A pers and (iii ii) A fami iii) A 35%	on who directly () below, the gov y member of a p controlled entity	or indirectly controls, e erning body of the sup person described in (i) of a person described	ported org above? . I in (i) or (ii) above?	?	• • • •	 <u>.</u> .	ала 	Yes No 11g(i)
· · · · · · · · · · · · · · · · · · ·			tion about the support					1		Lan
(i) Name of organi		(il) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	in col. (i) li	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col, zed in the S.?	(vii) Amount of monetary support
			· ·	Yes	No	Yes	No	Yes	No	
(A)							· ·			
NA(B)				· · · · · · · ·						·····
(C)	· · · · · ·				· · · · · · · · · · · · · · · · · · ·					
(D)							3			· · · · · · · · · · · · · · · · · · ·
(E)										
Total	1									<u> </u>
For Paperwo	ork Reductio	n Act Notice, se	e the Instructions for				· · · · · · · · · · · · · · · · · · ·	Sc	hedule A (Fe	orm 990 or 990-EZ) 2013

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

PROSTATE CANCER FOUNDATION

95-4418411 Page 2

Par	Support Schedule for Organizat	ions Describ	ed in Sectio	ns 170(b)(1)(A)(iv) and 17	70(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 liste	d below, plea	se complete	Part III.)	
	ion A. Public Support	······································	·····			· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.").	33,048,928	39,973,637	41,859,449	45,484,973	50,028,788	210,395,775
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				i a		
	organization without charge	0		0	0	0	0
4	Total. Add lines 1 through 3	33,048,928	39,973,637	41,859,449	45,484,973	50,028,788	210,395,775
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%					Windows An annual of an and a segment of the second	
	of the amount shown on line 11,						21,705,933
6	column (f) . Public support, Subtract line 5 from line 4.						188,689,842
	ion B. Total Support						100,009,042
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
						the second second second second second second second second second second second second second second second s	
7 8	Amounts from line 4	33,048,928	39,973,637	41,859,449	45,484,973	50,028,788	210,395,775
o	payments received on securities loans,			· .			
	rents, royalties and income from similar						
	sources	329,244	215,991	321,896	105,154	46,094	1,018,379
9	Net income from unrelated business	523,244	210,031	521,000	100,104	40,034	1,010,078
•	activities, whether or not the business is						
	regularly carried on	0	0	0	Ő	0	0
10	Other income. Do not include gain or				······································		
	loss from the sale of capital assets						
·	(Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10.						211,414,154
12	Gross receipts from related activities, etc. (se	e instructions).		in the second second second second second second second second second second second second second second second	e e Reise e	12	1,408,503
13	First five years. If the Form 990 is for the org	janization's first	, second, third,	, fourth, or fifth	tax year as a se		
	organization, check this box and stop here .	· · · · · · ·			* • • • • •		-
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2013 (line 6, co		d by line 11, co	lumn (f)).		14	89,25%
15	Public support percentage from 2012 Schedu					15	84.92%
16a	33 1/3% support test-2013. If the organizat					or more, check	this box
	and stop here. The organization qualifies as	a publicly suppo	orted organizat	ion. 🥿 🚛 📖		a s s s y y	> X
b	33 1/3% support test-2012. If the organizat						
	box and stop here. The organization qualifies	s as a publicly s	upported organ	nization 🦲 👝			a a a 🗚 🚺
17a	10%-facts-and-circumstances test-2013. I	f the organizati	on did not chec	k a box on line	13, 16a, or 16	b, and line 14	· · -
	is 10% or more, and if the organization meets	the "facts-and-	circumstances	" test, check thi	is box and stop	here. Explain	in
	Part IV how the organization meets the "facts						
	organization.	×4					- e - sa - sa 🕨 🗖
b	10%-facts-and-circumstances test-2012. I	f the organizati	on did not chec	k a box on line	13, 16a, 16b, o	or 17a, and line	
	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts						<u></u>
	supported organization					• • • • • <i>• •</i>	>
18	Private foundation. If the organization did no	t check a box c	on line 13, 16a,	16b, 17a, or 17	7b, check this b	ox and see	<u></u>
	instructions		و و و و و و		. و رو و و و و		
							······································

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

PROSTATE CANCER FOUNDATION

95-4418411 Page 3

Par							
	(Complete only if you checked the						Part II.
	If the organization fails to qualify u	nder the tests	listed below,	please comp	lete Part II.)		<u></u>
	tion A. Public Support					<u></u>	
Cale	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	O.	0	o	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 and a second second	0	0	0.	0	0	0
3	Gross receipts from activities that are not an				······		······
	unrelated trade or business under section 513.						<u> </u>
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf.	0	0	0	0	0	0
5	The value of services or facilities					1 1 1	
	furnished by a governmental unit to the			_			
•	organization without charge	0	0	0	0	0	0
.6	Total. Add lines 1 through 5.		0	<u> </u>	<u> </u>	U	.0
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	· · · · · · · · · · · · · · · · · · ·		<u> </u>	·		5. XX Married	0
u	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		1. 1.				0
с	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	tion B. Total Support				······································		
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
~	Amarinia francisca C	o	0	0	0	0	0
∙9 10a	Amounts from line 6.		<u> </u>	V	<u></u>	<u> </u>	<u> </u>
iva	payments received on securities loans,						
	rents, royalties and income from similar sources	r i					0
b	Unrelated business taxable income (less	······	······	·····		·	
	section 511 taxes) from businesses						
	acquired after June 30, 1975					·	0
с	Add lines 10a and 10b.	0	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b, whether			· ·			
	or not the business is regularly carried on					·	. 0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	- 1					
	(Explain in Part IV.)	0		0		0	0
13	Total support. (Add lines 9, 10c, 11,	and in the second	,	· ····· · · · · · · · · ·			
	and 12.).	0		0	0	0	0
14	First five years. If the Form 990 is for the organization			•			
	organization, check this box and stop here	<i></i>	<u>.</u>		· · · <u>· ·</u> · · ·		• • • • • L
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column	(f) divided by line	13, column (f))	rika yana d	e de la serie de	15	0.00%
16	Public support percentage from 2012 Schedule A. F	Part III, line 15	<u>al la stratuta se de</u>	<u></u>	ra <u>raa</u>	16	0.00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2013 (line 10c, c			៣៣ (f))្ន 🚬 💷 🗸	and draw at 1	17	0.00%
18	Investment income percentage from 2012 Schedule	e A, Part III, line 1	7		aa ah e Se a 🗍	18	0.00%
1 9 a	33 1/3% support tests-2013. If the organization						······································
	not more than 33 1/3%, check this box and stop he						- a - a - a - 🕨 🛄 -
b	33 1/3% support tests-2012. If the organization						F1
	line 18 is not more than 33 1/3%, check this box an						· · ∠ · · ► · []
20	Private foundation. If the organization did not che	ck a box on line '	14, 19a, or 19b,	check this box ar	nd see instruction	ns. 🖄	s, i i i ⊳ []

Schedule A (Form 990 or 990-EZ) 2013

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Schedule B

Filers of:

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2013

Internal I	(evi	enue	Service	-
Name	of	the	organiz	ation

Organization type (check one

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs	gov/form990.	
	Employer Identi	fication numb
DATION	05 4	440444

PROSTATE	CANCER FOUNDATION		

ALION		which a second second second second second second second second second second second second second second second	_	30-44 104 11
);				
Section:				
X 501(c)(3) (enter number) organization		

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.2

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

NOT FOR PUBLIC INSPECTION

Schedule B	(Form 990	, 990-EZ, or	990-PF)	(2013)
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Page 2

	rganization E CANCER FOUNDATION		Employer Identification number 95-4418411
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>3,066,667</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2625.000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 1,150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,010,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1000.000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (F	form 990, 990-EZ, or 990-PF) (2013)		Page 3
Name of or PROSTATI	ganization E CANCER FOUNDATION		Employer identification number 95-4418411
Part II	Noncash Property (see instructions). Use duplicate co	opies 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	**
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ganga ganganjarin		\$	
(a) No. from Part i	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
ta a a se se se se se se se se se se se se se		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization Employer identification PROSTATE CARCER FOUNDATION 9-6-44841 Part III Exclusively religious, charitable, etc., individual contributions to section \$91(c)(7), (8) or (10) organization total more than \$1,000 for the year. 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 the year. (Enter this information once. See instructions.) > \$ (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (c) Prove Country (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. For. Prov. Country (e) Transfer of gift (d) Description of how gift (a) No. For. Prov. Country (e) Transfer of gift (d) Description of how gift (a) No. For. Prov. Country (e) Transfer of gift (d) Description of how gift (e) Non For. Prov. Country (e) Transfer of gift (d) Description of how gift (e) Non For. Prov. Country (e) Transfer of gift	Page 4								
Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)7), (8), or (10) organization total more than \$1,000 for the year. Complete columns (a) through (a) and the following line entry. For organizations completing Part III, entre the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$	umber								
contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (c) Transfer of gift For. Prov. Country (d) Description of how gift (g) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift (c) No									
Use duplicate copies of Part III if additional space is needed. International space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (e) Transfer of gift (e) Transfer of gift (f) Description of how gift (a) No. For. Prov. Country (e) Transfer of gift (d) Description of how gift (a) No. For. Prov. Country (e) Transfer of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift (a) No. For. Prov. Country (e) Transfer of gift (a) No. For. Prov. Country (e) Transfer of gift (from (b) Purpose of gift (c) Use of gift (d) Description of how gift (e) Transfer of gift (e) Transfer of gift (d) Description of how gift (from (b) Purpose of gift (c) Use of gift (d) Description of how gift (from (b) Purpose of gift (c) Use of gift <									
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For. Prov. Country Schedule B (Form 990, 990-EZ, or	90-PE\ (2012)								

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SCHEDULE C (Form 990 or 990-EZ)	Political Cam				OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For Organizations Exempt ► Complete if the organization i ► See separate instructions.	s described below. Information about and its instruction	Attach to Form 990 of Schedule C (Form 990 is at www.irs.gov/form	or Form 990-E or 990-EZ) <u>n990.</u>	Inspection
If the organization answ	ered "Yes," to Form 990, Part IV, I	ine 3, or Form 990-EZ,	Part V, line 46 (Politica	al Campaign A	ctivities), then
···· , •	nizations: Complete Parts I-A and B.	•			
	nan section 501(c)(3)) organizations:	Complete Parts I-A and	C below. Do not comple	te Part I-B.	
=	ons: Complete Part I-A only.				
-	ered "Yes," to Form 990, Part IV, I				
	nizations that have filed Form 5768 (
	nizations that have NOT filed Form 5				
	ered "Yes," to Form 990, Part IV, I		orm 990-EZ, Part V, line	35C (Proxy 1a	ax), then
 Section 501(c)(4), (5), Name of organization 	or (6) organizations: Complete Part I	<u> </u>		Employer	dentification number
PROSTATE CANCER F				Entployer	95-4418411
	ete if the organization is exe	mnt under sectio		tion 527 or	
	on of the organization's direct and				yanzeron.
		•	-		
	· · · · · · · · · · · · · · · · · · ·				
Part I-B Comple	ete if the organization is exe	mpt under section	n 501(c)(3).	······································	
1 Enter the amount of	of any excise tax incurred by the c	organization under sec	tion 4955	• • • • •	0
2 Enter the amount of	of any excise tax incurred by orga	nization managers un	der section 4955	🕨 💲 🔄	0
	incurred a section 4955 tax, did it				
4a Was a correction n	nade?	de la servición de las de	ing na sing pang ang ang ang ang ang ang ang ang ang	n a se na an	Yes No
b If "Yes," describe in					, , , , , , , , , , , , , , , , , , ,
	ete if the organization is exe	mot under sectio	n 501(c), except se	ction 501(c	1(3).
1 Enter the amount of	directly expended by the filing org	anization for section 5	27 exempt function		
2 Enter the amount of	of the filing organization's funds or empt function activities	ontributed to other org	anizations	• •	
3 Total exempt funct line 17b	ion expenditures. Add lines 1 and	2. Enter here and on	Form 1120-POL,		0
4 Did the filing organ	ization file Form 1120-POL for th	is year?		المعربي به يک محمد اس او	Yes No
5 Enter the names, a organization made	ddresses and employer identifica payments. For each organization	tion number (EIN) of a listed, enter the amo	all section 527 politica unt paid from the filing	l organization: organization	s to which the filing s funds. Also enter
	ical contributions received that we				
as a separate segr	egated fund or a political action o	ommittee (PAC). If ad	ditional space is need	ea, provide ini	
(a) Name	(b) Address	(c) EIA	(d) Amount p filing organi funds, lf none,	zation's	(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)	an an an an Sin an An An Sin Sin an An Sin Sin an An An Sin Sin An				·····
(4)			· · · · · · · · · · · · · · · · · · ·		······
(5)		**Laforation			
(6)			· · · · · · · · · · · · · · · · · · ·		

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

Schedule C (Form 990 or 990-EZ) 2013

PROSTATE CANCER FOUNDATION

Schedule C (Form 990 or 990-EZ) 2013

95-4418411

Sch	chedule C (Form 990 or 990-EZ) 2013						
P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and filed	Form 5768 (elec	ction			
Α	Check ► if the filing organization bel	ongs to an affiliated group (and list in Part IV e	ach affiliated grou	up member's			
	name, address, EIN, exper	ses, and share of excess lobbying expenditur	es).				
в	Check ► if the filing organization che	cked box A and "limited control" provisions ap	ply.	· · · · · · · · · · · · · · · · · · ·			
		ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totats	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence publi	c opinion (grass roots lobbying)	0	<u> 0</u>			
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	25,000	0			
С	Total lobbying expenditures (add lines 1a and	1b)	25,000	0			
d			45,625,436	0			
e		;1cand 1d)	45,650,436	0			
f	Lobbying nontaxable amount, Enter the amou						
	columns,		1,000,000	0			
1. A.	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.	1. C. M.				
	Over \$17,000,000	\$1,000,000					
g		line 11)	250,000	<u> </u>			
h	Subtract line 1g from line 1a. If zero or less, e	nter-O-s s s e or en sis sous s o e e e	0				
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-, , , , , , , , , , , , , , , , , ,	0	0			
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 472	0 reporting				
	section 4911 tax for this year?			Yes 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 instructions for lines 2a through 2f on page 4.)

	Lob	bying Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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	95,900	100,696	74,109	25,000	295,705
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768		E CANCER FOUNDATION 95 1990 or 990-EZ) 2013	-4418	411			n. :
For each "Yes," response to lines 1 a through 11 below, provide in Part IV a detailed description of the lobbying activity. (a) (b) 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: (b) 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislative matter or referendum, through the use of: (c) 2 Paid staff or management (include compensation in expenses reported on lines 1c through 10)? (c) 4 Mailings to members, legislators, or the public? (c) 9 Direct contact with legislators, their staffs, government officials, or a regislative body? (c) 9 Direct contact with legislators, their staffs, government officials, or a regislative body? (c) 10 Other activities? (c) (c) 11 Total. Add lines 1c through 11. (c) (c) (c) 20 If "Yes," enter the amount of any tax incurred under section 501(c)(d); (c) (c) 21 Total. Add lines 1c through 11. (c) (c) (c) 20 If "Yes," enter the amount of any tax incurred under section 501(c)(d); section 501(c)(5), or section 501(c)(6). <td< th=""><th></th><th>Complete if the organization is exempt under section 501(c)(3) and has NO</th><th>T file</th><th>d For</th><th>m 576</th><th></th><th>Page</th></td<>		Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d For	m 576		Page
of the lobbying activity. 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: Image: Complex Com	or each "Ye		(<u>a)</u>		(b)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: construction of the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Mailings to members, legislators, or the public?, Publications, or published or broadcast statements?. Grants to other organizations for lobbying purposes?. Image: constructions of robbying purposes?. J Direct contact with legislators, their staffs, government officials, or a legislative body? Image: constructions of robbying purposes?. J Total. Add lines 1c through 1i. Image: constructions of robbying purposes?. Image: constructions of robbying purposes?. J Total. Add lines 1c through 1i. Image: constructions of robbying and positical expenditures of \$1(c)(3)? Image: constructions of the organization to be not described in section 501(c)(3)? J If "Yes," enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 2nt III-A Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yees Image: construction start and purpose sector 501(c)(6), or section 501(c)(6), and if either (a) BOTH Part III			Yes	No	A	moun	t
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? j Total. Add lines to through 1i. 2a Did the activities? j Total. Add lines to through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b ff "Yes," enter the amount of any tax incurred by organization managers under section 4912. c ff "Yes," enter the amount of any tax incurred by organization managers under section 4912. d if the tilling organization incurred a section 4912 tax, did it file Form 4720 for this year?. 2att III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 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 expenditures from the prior year? 3 2 Total 3 3 3 Did the organization agree to carry over lobbying and political expenditures of nondeductible amounts of political expenses for which the section 527(f) tax was paid). <td< td=""><td>a Volunte b Paid sta c Media a d Mailings e Publicat</td><td>on, including any attempt to influence public opinion on a legislative matter or dum, through the use of: ers?</td><td></td><td></td><td></td><td></td><td></td></td<>	a Volunte b Paid sta c Media a d Mailings e Publicat	on, including any attempt to influence public opinion on a legislative matter or dum, through the use of: ers?					
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?. art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Yes 1 Vere 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 expenditures from the prior year? 3 art 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 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). 2a 3 Current year. 2a 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 expenditures (see instructions). 5 3 4	 g Direct c h Rallies, i Other a j Total. Ac 2a Did the 	ontact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
Yes Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 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 answered "Yes." Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Carryover from last year. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. In 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 expenditures (see instructions). Taxable amount of lobbying and political expenditures (see instructions). 4 Taxable amount of lobbying and political expenditures (see instructions). 5 Total. 5 Supplemental Information 5	c if "Yes," d if the fill	enter the amount of any tax incurred by organization managers under section 4912 . ng organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501	And a second sec		ection		
 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. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5 Taxable amount of lobbying and political expenditures (see instructions). 5 art IV Supplemental Information rovide 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, line 2; and 	2 Did the 3 Did the	organization make only in-house lobbying expenditures of \$2,000 or less?. organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	(c)(5)	, or s	2 3 ection		3,
c Total 2c 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 3 5 Taxable amount of lobbying and political expenditures (see instructions). 5 art IV Supplemental Information rovide 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, line 2; and	2 Section politica a Current	162(e) nondeductible lobbying and political expenditures (do not include amounts of I expenses for which the section 527(f) tax was paid). year					
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art II-B, line 1. Also, complete this part for any additional information. art II-A Line 2C: NCCR support group and travel expenses.	5 Taxable art IV S rovide the de art II-B, line 1	amount of lobbying and political expenditures (see instructions). upplemental Information scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group 1. Also, complete this part for any additional information.	<u>ë</u>	5	A, line :	2; and	

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(i) Revenues included in Form 990, Part VIII, line 1a, base of the second state of the second state of ► \$ N/A (ii) Assets included in Form 990, Part X				on, or research in furtherance						
(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	2									
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items;										
a Revenues included in Form 990, Part VIII, line 1	а		• • •							
b Assets included in Form 990, Part X										
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 201		perwork Reduction Act Notice, see the Instru	uctions for Form 990.	Schedule D (Form 990) 2013						

Sched	ule D (Fo	rm 990) 2013	PROSTATE CANC	ER FO	UNDATION		<u></u>	· · · · · · · · · · · · · · · · · · ·		95-44	18411	Page 2
Pari		Organizat	tions Maintaining	Colle	ctions of	Art, <u>H</u> isto	orical Tr	easures, o	r Other	Similar Ass	ets (conti	nued)
3	Using	the organiza	ation's acquisition, ac	cessio	n, and other	records, c	heck any	of the follow	ing that a	are a significan	t	
	use of	its collection	n items (check all tha	at apply)*							
а		Public exhib	oition			d []	Loan	or exchange	program	s		
b		Scholarly re	esearch			е 🛄	Other		nene se est			an ab and s
C		Preservation	n for future generatio	ons		·~~						
4	Provid Part X		tion of the organization	on's col	lections and	l explain ho	ow they fu	irther the org	anizatior	i's exempt purj	oose in	
5			id the exception a	oliait ar	ennativo dara	ations of a	ort bistonia		ar atha	aimilar		
2			id the organization so to raise funds rather								Yes	s 🗍 No
Part			nd Custodial Arra	<u></u>	<u></u>							
			if the organization			to Form	000 000	t IV/ ling 9	or reno	ted an amou	int on For	m
		990, Part 2		answ	cieu ica		550, rai	τιν, πι ο ο, ·	or repu	neu an amuu		111
1a			n an agent, trustee, c	untodia	n or other in	termedian	for contr	ibutions or o	her sea			· · · · · · · · · · · · · · · · · · ·
14			990, Part X?								Yes	No
b	If "Ves	" explain th	e arrangement in Pa	nt XIII s	und complete	e the follow	ing table	్ కాండి కారి. క	•, • •	****		
		a orbionit tu	o unungostoriente u				ang table	•	<u> </u>	T	Amount	
с	Beainr	nina balance							1c	N/A		
d			ne year									
е			g the year								·····	
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2a			on include an amoun						· .		Vor	XNO
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þ			e arrangement in Pa	ILAID.		n me expi	mauon na	is been provi			* • • •	
Part			ent Funds.			4- F aura	000 0	1 B / B - 40				
		Complete	if the organization					the second second second second second second second second second second second second second second second s				<u></u>
4-	Dealar	-ing of year	balance	-	urrent year	(b) Pric		(c) Two years		d) Three years bad		r years back
1a ⊾				N/A		N/A		N/A	<u> </u>	<u>/A</u>	N/A	
b			• • • • • • • • •				·····					······································
c			rnings, gains,		-				i.			
٦			e en e e e se tes		···· ·····			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
d			hips		<u></u>		·					
е			s for facilities	:								
f				() 	· · · ·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>
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b		nent endow			%							
č			ted endowment	F	·····							
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3a	-		ent funds not in the		•		n that are	held and ad	ministere	ed for the		
		zation by:				J					- F	Yes No
			ganizations		a sha a			- <i>.</i>			3a(i)	
			nizations								3a(ii)	
b			e the related organiz								3b	
4			Ill the intended uses			•				<u>-</u> -	· • • • • • • • • • • • • • • • • • • •	······································
Part			Idings, and Equip				·····					
			if the organization			to Form	990, Par	t IV, line 11a	a. See I	⁻ orm 990, Pa	art X, line	10 <u>.</u> ·
			n of property	1	(a) Cost or ot	1		st or other	(c) A	ccumulated		k value
<u></u>		·		<u> </u>	(investm	ient)	basi	s (other)	de	preciation		
1a	Land .	• • • • •	• • • • • • • •			0		0				0
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С	Lease	hold improve	ements and a service of a	· * [··	0		246,891		246,729		162
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e	Other.		· ····	<u> </u>		0		1,102,876		995,241	· · · · · · · · · · · · · · · · · · ·	107,635
Total,	Add lin	es 1a throug	gh 1e. (Column (d) n	nust eq	ual Form 99	10, Part X,	column (E	3) <u>, line 10(c)</u> ,	<u>)</u>	<u></u> 🖓 🕨 📑	····	243,089

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013	PROSTATE CANCER FOUNDATION
Part VII Invest	mentsOther Securities.

	Complete if the organization	answered "Yes" to Form	990, Part IV, line 11b. See F	orm 990, Part X, line 12,
(a)	Description of security or category (including name of security)	(b) Book value		of valuation; year market value
	derivatives	· · · · · · · · · · · · · · · · · · ·	0	
	ld equity interests 👔 🔍 🔬 👘 🥴		0	
(A)		<u></u>		
(B)	<u></u>		<u> </u>	ter Manufacture and the second second second second second second second second second second second second sec
(C)				<u></u>
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(E)	ي مانه ما الله من يوجه بي ما مريخ الله الله الله من مريخ الرضي عرض مرج ما حالة من المالية.			
(C)	للاستان المالية المراقبة أورابي بياجابي والمتنب مستها المتعاد المتعالمات ما سارك حاجرت كأكألك ال	**************************************		
(G) (H)	مان بالاستان بيني وكالرم أوطاع بالمتحدثات والاكان بالالالي والالتراك والأكار بالا	····	······································	
	nust equal Form 990, Part X, col. (B) line 12,)	<u></u>		
Part VIII	Investments—Program Re	the second second second second second second second second second second second second second second second s		
	Complete if the organization			
	(a) Description of Investment	(b) Book value		of valuation: year market value
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(2)				<u> </u>
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(7)				
(8)		·····		
(9)		· · · · · · · · · · · · · · · · · · ·		
Total, (Column (b) n	nust equal Form 990, Part X, col. (B) line 13.)		0	
Part IX	Other Assets. Complete if the organization	answered "Yes" to Form (a) Description	990, Part IV, line 11d. See F	Form 990, Part X, line 15. (b) Book value
(2)	and the second second second second second second second second second second second second second second second	<u> </u>	A CONTRACT OF A	····
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				······································
(5)		····		
(6)		······································		
(7)				<u> </u>
(8)				
(9)				
Total, (Golum	n (b) must equal Form 990, Part X,	col. (B) line 15.)	and the second second second second second second second second second second second second second second second	• 0
Part X	Other Liabilities. Complete if the organization line 25.		990, Part IV, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	24. N. Schulzki and S. S. S. S. S. S. S. S. S. S. S. S. S.	
(1) Federal i	ncome taxes		0	
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
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(7)				
(8)				
(9)				
	ist equal Form 990, Part X, col. (B) line 25.)		0	
	ncertain tax positions. In Part XIII, pro		-	`
organization's li	iability for uncertain tax positions unde	er FIN 48 (ASC 740). Check he	re if the text of the footnote has be	en provided in Part XIII.

Schedule D (Form 990) 2013

Schedi	ule D (Form 1990) 2013 PROSTATE CANCER FOUNDATION	95-4418411	Page 4
Par	EXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Return	
1	Total revenue, gains, and other support per audited financial statements	1	50,562,523
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	And the second second	30,002,020
		$ \begin{array}{c} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N}	
a	Net unrealized gains on investments	A set of the full and the set of	
b	Donated services and use of facilities	Additional and a second s	
С -	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d.	<u>2e</u>	434,714
3	Subtract line 2e from line 1	3	50,127,809
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b.	 Construction Construction Constructin Construction Construction Construction Construction Constr	
b	Other (Describe in Part XIII,)	An example of a second se	
c	Add lines 4a and 4b.	4c	0
5 	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	5	50,127,809
a ai	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	46,471,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	 The Alasma Aura The America Ward /ul>	
b	Prior year adjustments	Manufactory and a second secon	
c	Other losses .	Andreas and a second se	
đ	Other (Describe in Part XIII.)	Charles And Annual Charles And Annual	
e	Add lines 2a through 2d.	2e	507,714
3	Cubirent line 2e from line 4	3	45,963,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		40,0004
a	Investment expenses not included on Form 990, Part VIII, line 7b.		
a b	Other (Describe in Part XIII.)	A contract of an effective sector and the contract of the sector sector sector sector sector sector sector sector the contract of the sector s	
c	Add lines 4a and 4b.	4c	-313,468
.5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	45,650,436
			40,000,400
	XIII Supplemental Information	t)/ line (i De	t V line
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		it A, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
Part)	XI Line 2D: Includes PCF's fundraising goods and services of \$507,716 and our sister		a da esternizador
Cana	dian research funding organization, Coalition to Cure Prostate Cancer (CCPC) net		
~~~~~~~			
incon	non and factors avalance loop of (672,000)		
	nes and foreign exchange loss of (\$73,002).	نيانه مرجوع ومي و يو و ه ما هر ا	
Part >	KII Line 2D: PCF's fundraising goods and services.		
	XII Line 2D: PCF's fundraising goods and services.	^ي ن مەربىيە يەربىيە بىيە يەربىيە تەربىيە بىيە تەربىيە تەربىيە تەربىيە تەربىيە تەربىيە	
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		······································
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		· · · · · · · · · · · · · · · · · · ·
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of		
Part)	KII Line 2D: PCF's fundraising goods and services. KII Line 4B: Prior year bad debts write-off of \$340,249 and award refund of	Schedulo D (F	

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	/ 1			ties Outside the vered "Yes" on Form 990, Pa		OMB No. 1545-0047
	iment of the Treasury al Revenue Service		Attach to Form Schedule F (Fori	990.  ► See separate inst n 990) and its instructions is		Open to Public Inspection
	of the organization					loyer identification number
	STATE CANCER FOUN	and the second second second second second second second second second second second second second second second		de the United Cister	Complete if the organization a	95-4418411
I.R.G.U		990, Part IV, line		nde the Onited States.	complete il the organization a	Inswered
1	assistance, the grantee	es' eligibility for th	ne grants or ass	rds to substantiate the amo istance, and the selection c	riteria used to award	X Yes No
2	assistance outside the L	Inited States.	-		ne use of its grants and other	
3		1 1		an be duplicated if additiona		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Europe	0	. 0	Research Awards	Cancer Research	575,000
(2)	East Asia and the	0	0	Research Awards	Cancer Research	250,000
	North America			Research Awards	Cancer Research	
(3)	South America	0	<u> </u>	Research Awards	Cancer Research	600,000
_(4)	Middle East and North	0	0	Research Awards	Cancer Research	225,000
(5)	Africa	0	0			225,000
(6)	·		·			·
_(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)		: 				
(14)	<u></u>			<u> </u>		
(15)		····		2 <u></u>	<u></u>	
(16)		· · · · · · · · · · · · · · · · · · ·	<u></u>			
(17)						
	Sub-total	0	0			1,875,000
~	sheets to Part I	0	0			
<u>.</u>	Totals (add lines 3a and 3b)	0	0			1,875,000

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

Schedule F (Form 990) 2013

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Schedule F (Form 990) 2013 PROSTATE CANCER FOUNDATION

95-4418411

Page 2

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	ved more than \$5,0			inal space is nee	the second second second second second second second second second second second second second second second se	Transfer Street
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Cancer Research		Checks		N/A	
( <b>1</b> )		light of the second second	and the water and the second	262,500		. c		Book
		East Asia and the	Cancer Research		Checks		N/A	
(2)		Pacific	·	250,000		C		Book
		North America	Cancer Research	n yan dan suga shatararawan su yan ni y a	Checks		N/A	
(3)				600,000		C		Book
		South America	Cancer Research		Checks	en en som fra stande en som som som som som som som som som som	N/A	
(4)		a constant and a substant	in the second second	225,000		C		Book
		Middle East and North	Cancer Research		Checks	and a second second	N/A	
(5)		Africa	Analis <u>and an and an and an an</u>	225.000			)	Book
(6)		n ya kating bir ya kating bir ang ka sa	a linet diteriti il tea anno communicative	ante da la Maria 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(7)					ран на протоко (1996) и станица, 2000 Протоко (1996) и станица, 2000 Протоко (1996) и станица, 2000			
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(13)			and the second second second second second second second second second second second second second second second					
(14)				· · · · · · · · · · · · · · · · · · ·	a na sana ang kanang pang ng pa			· · · · · · · · · · · · · · · · · · ·
(15)			······································					
(16)								

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

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PROSTATE CANCER FOUNDATION Schedule F (Form 990) 2013

Part III can be duplicated if additional space is needed.

Part III

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95-4418411

Page 3

Schedule F (Form 990) 2013

(c) Number of recipients (d) Amount of cash grant (g) Description of non-cash assistance (a) Type of grant or assistance (b) Region (e) Manner of (f) Amount of (h) Method of valuation cash non-cash (book, FMV, disbursement assistance appraisal other} Europe Checks N/A (1) Research Grant 312,500 Book 0 3 _(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16,

Sched	ule F (Form 990) 2013 PROSTATE CANCER FOUNDATION	95-441	8411	Page 4
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	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).	Yes	X 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).	X 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	X 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	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No	

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 PROSTATE CANCER FOUNDATION	95-4418411	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part and Part III, column (c) (estimated number of recipients), as applicable, Also complete this pa additional information (see instructions).	III (accounting method);	
Part I Line 2: The Foundation supports leading prostate cancer research globally. PCF		
makes awards to foreign university research institutions which are comparable to those		
that are traditionally deemed not-for-profit in the United States (i.e. universities). To	elektrister en entristet en en entre en transferieter, ensig	
date, the foreign institutions to which the Foundation has made awards have been		***
sufficiently renowned in cancer research productivity that the Foundation has relied on		÷
the general public information to verify that the institutions are comparable to United		
States not-for-profit entities.	s a successive a construction of the second second second second second second second second second second seco	a a a a a a a a a a a a a
Part I Line 2: The Foundation applies the same peer review standards to foreign research	<u> </u>	<del></del>
which it applies to domestic research. Progress reports for evaluating research proposals	an an an aige in a mainline airsean a' an aige a' a'	
and summaries of final results are required and reviewed. In addition, the Foundation		a a sa a a a a a a a a
conducts site visits to each foreign institution to review research funding. Other than	وجاجر والتح والمقافر الشريب إبرا ورابع بموجوعا والماعات المراجز يشائر	المرسوبين المراجع
verifying the legitimacy and caliber of the institutions' research, these site visits also		an an an an an an an an an an an an an a
help to identify potential future areas of research collaboration between United States		
and research teams around the world.		
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habar tahun salahar tahun kalaman karingkan salahan karakan karakan karakan karakan karakan karakan salah karak	••••••••••••••••••••••••••••••••••••••	مفعزه فإسسع
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(Form Departm Internal I Name of	Form 990- Indicate whether Mail solicitation Internet and e Phone solicitation Did the organization key employees list	Complete if the information about the organization rations citations contactions contactions contactions contactors a written in Form 990, in highest paid ind	he organization anso organization entere Attain at Schedule G (Form complete if the trequired to co aised funds throu or oral agreeme Part VII) or entity ividuals or entitie	wered "Yes" if ad more than the Form 91 1990 or 990-1 organizat omplete the ugh any of e S f S g S s S nt with any v in connections of fundrais	to Form 990, \$16,000 on F 10 or Form 99 22) and 105 m ion answe is part. the followir olicitation c olicitation c olicitation c pecial fund	aising or Gaming Part IV, lines 17, 18, or 1 orm 990-EZ, line 6a. lo-EZ. structions is at www.irs. ered "Yes" to Forr ng activities. Check a of non-government g of government grants raising events (including officers, or rofessional fundraisi ant to agreements u	9, or if the gov/form990. Employer identificati 95-44 n 990, Part IV, lin all that apply. Irants s lirectors, trustees o ng services?	18411 le 17.
	(i) Name and address or entity (fundr		(ii) Activity	custody o	draiser have r control of utions?	(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
	<u> </u>			Yes	No			· · · · · · · · · · · · · · · · · · ·
1 No	one					0	0	0
2		<u> </u>		<u></u>				
3	<u> </u>	, ·, ·	<u> </u>	·		0	<u> </u>	0
4					<u> </u>	0	0	0
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6	<u></u>		<u> </u>			0	0	0
7						0	0	0
8		<u> </u>			-	0	0	0
9				<u></u>		<u> </u>		
10	·	<u> </u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	0	0	0
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<u>Total</u>	<u></u>		<u> </u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	0	0	0
	registration or lice					contributions or has		

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

Schedule G (Form 990 or 990-EZ) 2013

### Schedule G (Form 990 or 990 EZ) 2013

PROSTATE CANCER FOUNDATION

95-4418411 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events Dinners Sport Events NONE (add col. (a) through col. (c)) (event type) (eveni type) (lolai number) Revenue Gross receipts 1 3,953,064 1,841,096 0 5,794,160 2 Less: Contributions 3,653,461 1,632,983 0 5,286,444 3 Gross income (line 1 minus line 2) 299,603 208,113 0 507,716 0 Cash prizes 0 4 0 5 Noncash prizes . . . . . 0 **Direct Expenses** Rent/facility costs _ . . . 20,000 0 6 20,000 245,005 Ö 7 Food and beverages . ..... 182,727 427,732 Entertainment . . . . . . 0 8 33,200 33,200 9 Other direct expenses 21,398 5,386 0 26,784 Direct expense summary. Add lines 4 through 9 in column (d) . 507,716) 10 11 Net income summary. Subtract line 10 from line 3, column (d) . 0 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col: (a) through col. (c)) bingo/progressive bingo 0 1 Gross revenue Direct Expenses 2 Cash prizes 0 3 Noncash prizes . . . . . . . 0 Rent/facility costs 4 0 5 Other direct expenses . ... 0 Yes % Yes % Yes % Volunteer labor No No No 6 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 0) Net gaming income summary, Subtract line 7 from line 1, column (d) 0 8 Enter the state(s) in which the organization operates gaming activities: 9 to menunany services and an and an and the services and and and the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services o a Is the organization licensed to operate gaming activities in each of these states? Yes No If "No," explain: b 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain: 

Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 PROSTATE CANCER FOUNDATION	95-4418411 Page 3
11	Does the organization operate gaming activities with nonmembers?	
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 a	Indicate the percentage of gaming activity operated in: 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 Þ	
	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 <b>*</b> \$ 0 and the amount of gaming revenue retained by the third party <b>*</b> \$ 0.	
С	If "Yes," enter name and address of the third party:	
	Name Þ	
	Address 🕨	
16	Gaming manager information:	
	Name >	
	Gaming manager compensation	· · ·
	Description of services provided	
	Director/officer Employee Independent contractor	
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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	
Part		
÷	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to additional information (see instructions).	
anan (se) an garan	an an an an an an an an an an an an an a	
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	Sched	ule G (Form 990 or 990-EZ) 2013

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SCHEDULE (Form 990)	I Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	<u>OMB No. 1545-0047</u>
Department of the	► Attach to Form 990.	Open to Public
Internal Revenue		Inspection
PROSTATE C	ANCER FOUNDATION	95-4418411
Part I	eneral Information on Grants and Assistance	
the sele	e organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or ass ction criteria used to award the grants or assistance? e in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II	arants and Other Assistance to Governments and Organizations in the United States. Complete if the organi art IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	
d	(f) Method of valuation	

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) University of Michigan Ann Arbor, MI 48109	38-6006309	Government	4,510,000		Book	N/A	Cancer Research
(2) Stand Up 2 Cancer Los Angeles, CA 90067	95-1644609	501 (C)(3)	3,837,000	· · · · · · · · · · · · · · · · · · ·	Book	N/A	Cancer Research
(3) Memorial Sloan-Kettering New York, NY 10064	13-1924236	501 (C)(3)	3,496,817	n da faran ar ta sa sa sa sa	Book	N/A	Cancer Research
(4) Johns Hopkins University Baltimore, MD 21287	52-0595110	501 (C)(3)	2,360,000		Book	N/A	Cancer Research
(5) Brigham and Women's Hospital Boston, MA 02115	04-2312909	501 (C)(3)	1,775,000		Book	N/A	Cancer Research
(6) University of Wisconsin Madison, WI 53705	39-6006492	Government	1,625,000	· · · ·	Book	N/A	Cancer Research
(7) Thomas Jefferson University Philadelphia, PA 19107	23-1352651	501 (Ċ)(3)	1,585,000		Book	N/A	Cancer Research
(8) Dana-Farber Cancer Institute Boston, MA 02115	04-2263040	501 (C)(3)	1,075,000		Book	N/A	Cancer Research
(9) University of Washington Seattle, WA 98195	94-3079432	Government	1,025,000		Book	N/A	Cancer Research
(10) City of Hope Duarte, CA 91010	95-3435919	501 (C)(3)	1,000,000		Book	N/A	Cancer Research
(11) Massachusetts Institute of Technol Cambridge, MA 02139	04-2103594	501 (C)(3)	950,000		Book	N/A	Cancer Research
(12) University of California, LA Los Angeles, CA 90024	95-6006143	501 (C)(3)	675,000	·····	Book	N/A	Cancer Research
<ol> <li>Enter total number of section</li> <li>Enter total number of other of</li> </ol>						, 	35

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

Schedule I (Form 990) (2013)

### PROSTATE CANCER FOUNDATION

#### 95-4418411

Schedule I (Form 990) (2013)

Schedule I (F	orm 990) (2013)				and the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of th	Page 2
Part III	Grants and Other Assistance to			mplete if the organiz	ation answered "Yes" to	
<u></u>	Part III can be duplicated if additio	nal 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
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Part IV	Supplemental Information. Provi	de the information re	équired in Part I, lir	ne 2, Part III, column	n (b), and any other addit	ional information,
Part I Line	1: The Prostate Cancer Foundation (PCF	) has a transparent and	d competitive process	s for selection of resear	rch awards. A	
Request f	or Applications (RFA) is emailed to potenti	al applicants throughou	It the world which list	s the award expectatio	ns, detailed	n na sense se
instruction	s and deadline. Applications are submitted	1 electronically to PCF.	Each application is s	ent to two or more pee	er reviewing	
scientific	experts. The Foundation employs all the pr	inciples of NIH peer re	views. The reviewers	provide scores to the	applications and	
a strict co	nflict of interest policy is rigorously enforce	d. The final scores allo	w PCF to rank the ap	plications for priority o	£	
funding. T	he ranked proposals are then presented to	o an expert panel of pro	istate cancer researc	hers for final selection	for funding, All	
funding re	commendations are subject to approval b	the PCF Board of Dire	ectors.	n ser and services in the constraint of the		unica e a contra a contra da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Superior da Super
Part I Line	2: The Foundation monitors the progress	of research through pr	ogress reports subm	itted by the research in	stitutions. PCF	
	dically conducts site visits to these instituti					
		ند. به موسط ۵ هم مرکز به مرکز به مرکز به مرکز به مرکز به مرکز به مرکز به مرکز به مرکز به مرکز به مرکز به مرکز ب				
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Schedule I (Form 990) (2013)

## Continuation Sheet for Schedule I (Form 990)

Name of the organization

Page 1 of 2

#### PROSTATE CANCER FOUNDATION 95-4418411 Continuation of Grants and Other Assistance to Governments and Organizations in the United States Part II (f) Method of valuation (a) Name and address of organization (b) EIN (c) IRC section if (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant (book, FMV, appraisal, or government applicable cash assistance non-cash assistance or assistance grant other) N/A (13) M.D. Anderson Cancer Center Cancer Research Houston, TX 77030 74-6000203 501 (C)(3) 471,815 Book N/A Cancer Research (14) University of California, SF 94-6036493 San Francisco, CA 94143 501 (C)(3) 450,000 Book N/A Cancer Research (15) Mount Sinai School of Medicine New York, NY 10029 13-6171197 501 (C)(3) 375.000 Book N/A Cancer Research (16) Cold Spring Harbor Laboratory Cold Spring Harbor, NY 11724 11-2013303 501 (C)(3) 368.650 Book N/A Cancer Research (17) Baylor College of Medicine Houston, TX 77030 74-1613878 501 (C)(3) 325.000 Book N/A Cancer Research (18) Weill Cornell Medical College 13-1623978 New York, NY 10065 501 (C)(3) 300.000 Book N/A Cancer Research (19) Cleveland Clinic Foundation 34-0714585 Cleveland, OH 44195 501 (C)(3) 260.000 Book N/A Cancer Research (20) University of Maryland 52-6002033 Adelphi, MD 20783 501 (C)(3) 250.000 Book N/A Cancer Research (21) Columbia University Medical Center 13-5598093 New York, NY 10032 501 (C)(3) 247,135 Book N/A Cancer Research (22) Duke University Durham, NC 27708 56-0532129 501 (C)(3) 230,000 Book N/A Cancer Research (23) Cedars-Sinai Medical Center Los Angeles, CA 90048 95-1644600 501 (C)(3) 225,000 Book N/A Cancer Research (24) Fred Hutchinson Cancer Research Center Seattle, WA 98109 23-7156071 501 (C)(3) 225.000 Book N/A Cancer Research (25) Massachusetts General Hospital 04-2697983 Boston, MA 02114 501 (C)(3) 225,000 Book N/A Cancer Research (26) New York University New York, NY 10016 13-5562308 501 (C)(3) 225,000 Book N/A Cancer Research (27) Harvard School of Public Health 04-2103580 Cambridge, MA 02138 501 (C)(3) 225,000 Book N/A Cancer Research (28) Stanford University of Medicine 94-1156365 Book Stanford, CA 94305 501 (C)(3) 225,000 N/A Cancer Research (29) The Methodist Hospital Research Institut 225,000 Houston, TX 77030 87-0721923 501 (C)(3) Book

# Continuation Sheet for Schedule I (Form 990)

Page 2 of 2

			organization	
Hanne	5	010	organization	

PROSTATE CANCER FOUNDATION

Employer identification number 95-4418411

(a) Name and address of organization	(b) EIN	(c) IRC section if	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	<i>1-1</i>	applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(30) Delaware Valley Urology, LLC						N/A	Cancer Research
Mariton, NJ 08053	27-0110791	501 (C)(3)	212,853		Book		
(31) Oregon Health & Science University	Charles a salar fing of the					N/A	Cancer Research
Portland, OR 97205	23-7083114	501 (C)(3)	200,000	·····	Book		
(32) University of Chicago						N/A	Cancer Research
Chicago, IL 60611	36-2177139	501 (C)(3)	170,000	<del>alaan too aanaanaa aa</del> naa taa	Book		
(33) Ohio State University			1 11 11 11 11 11 11 11 11 11 11 11 11 1			N/A	Cancer Research
Columbus, OH 43210	31-6025986	Government	100,000	·····	Book		<u>i in an incerna constructor</u>
(34) Urology Clinics of North Texas						N/A	Cancer Research
Dallas, TX 75231	75-2788839	LLC	61,620	n 1999 - Angelan Angelan 1999 - Angelan Angelan Angelan	Book		
(35) Nevada Access to Research & Education						N/A	Cancer Research
Las Vegas, NV 89106	88-0388181	501 (C)(3)	57,651	1999 - Yanna Maria Materia	Book		
(36) The Urology and Prostate Institute						N/A	Cancer Research
San Antonio, TX 78249	45-4069492	S Corp.	34,629		Book		
(37) Integrated Medical Professionals						N/A	Cancer Research
Melville, NY 11747	20-4483367	PLLC	23,600	<u> </u>	Book		
(38) University Urology			0			N/A	Cancer Research
New York, NY 10016	13-3569106	S Corp.	17,100		Book	ALCONTRACTOR	Oranges Dessearch
(39) Associated Medical Professionals						N/A	Cancer Research
Syracuse, TX 13210	20-8928235	PLLC	16,800	<u></u>	Book		Cancer Research
(40) Urology San Antonio Research, PA					i i	N/A	Cancer Research
San Antonio, TX 78229	74-2878128	LLC	10,770		Book	A LEAST CONTRACTOR CONTRACTOR CONTRACTOR	Cancer Research
(41) Connecticut Clinical Research Center						N/A	Lancer Research
Middlebury, CT 06762	06-1466393	LLC	6,600	- 11-1	Book	  N/A	Cancer Research
(42) American Association for Cancer Resear		CO.4. (D) (D)			D I	IN/A	Cancer Research
Philadelphia, PA 19130	23-6251648	501 (C)(3)	5,000	······································	Book	<ul> <li>A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s</li></ul>	n an
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# Continuation Sheet for Schedule | (Form 990)

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	E CANCER FOUNDATION				· · · ···	95-4418411
Part III	<b>Continuation of Grants and Ot</b>	her Assistance to In	dividuals in the Ur	ited States	n e e e e e e e e e e e e e e e e e e e	
	(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
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SCH	IEDULE J Compens	ation Information	Ĩ	OMB No	o, 1545-0	047
(For	m 990) For certain Officers, Directo	rs, Trustees, Key Employees, and H	lghest	୭ଜ	14	2
		ensated Employees Inswered "Yes" on Form 990, Part IV	line 23		₽∎٩	) 
	rtment of the Treasury Attach to Form 990	<ul> <li>See separate instructions.</li> </ul>		Open		
	al Revenue Service  Information about Schedule J (Form.	990) and its instructions is at www.l	rs.gov/form990. Employer identification		ectio	
	STATE CANCER FOUNDATION		95-44			
Pa						
4.				and an and a second second	Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a, Complete Part III to prov					
	X First-class or charter travel	Housing allowance or residence fo	r personal use			
	Travel for companions	Payments for business use of pers	onal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Personal services (e.g., maid, chai	uffeur, chef)			
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ъ	If any of the boxes on line 1a are checked, did the organ or reimbursement or provision of all of the expenses des explain	cribed above? If "No," complete Par		15	X	index relation in relation
			an e e é é a ar ar àr			
2	Did the organization require substantiation prior to reimb directors, trustees, and officers, including the CEO/Execution of the CEO/Execution of the CEO/Execution of the CEO/Execution of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of the trust of					
	1a?			2	X	
3	Indicate which, if any, of the following the filing organizati	ion used to establish the company	ion of the			
J	organization's CEO/Executive Director. Check all that ap					
	related organization to establish compensation of the CE		•			
	X Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study		And a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec		
	X Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed in Form 990, Part organization or a related organization:	VII, Section A, line 1a, with respect t	o the filing			
а	Receive a severance payment or change-of-control payn	nent?		4a	g filling have a	X
b	Participate in, or receive payment from, a supplemental r	nonqualified retirement plan?	al a la constanción	4b		X
С	Participate in, or receive payment from, an equity-based If "Yes" to any of lines 4a-c, list the persons and provide			<b>4</b> c	n de levi	X
	If "res" to any onlines 4a–c, list the persons and provide	the applicable amounts for each ite	m in Pait In.			
	Only section 501(c)(3) and 501(c)(4) organizations mu					
5	For persons listed in Form 990, Part VII, Section A, line 1	la, did the organization pay or accru	e any			
а	compensation contingent on the revenues of: The organization?		in star in t	5a		X
b	Any related organization?	en norman de la sue de la del Norma en esta sue en entre en entre entre entre entre entre entre entre entre entre entre entre entre entre entre	· · · · · · · · · · · · · · · · · · ·	5b	÷	X
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1	la did the organization hav or accord	e anv			
-	compensation contingent on the net earnings of:	in the the tradition buy or doord		And a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec		
a	The organization?		al e e e e e e	6a		X
b	Any related organization?	•••••	ه هر ژو او د	6b	ereenvain.	<u> </u>
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," descril			7	x	
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regu	or accrued pursuant to a contract that	at was	-		
	in Part III.			8	X	
9	If "Yes" to line 8, did the organization also follow the rebu				A Contraction of Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Contraction A Cont	
	Regulations section 53.4958-6(c)?		<u>de la de la de la conce</u>	9	X	

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Schedule J (Form 990) 2013 PROSTATE CANCER FOUNDATION

#### 95-4418411 Page 2

de la companya de la contra companya de la companya

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII,

(A) Name and Title		d individual must equal the total amount of Form 990, Part VII. Section (B) Breakdown of W-2 and/or 1099-MISC compensation				and the second second second second second second second second second second second second second second second	e esta e	
		(i) Base compe∩sation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable : benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
Stuart Holden, M.D.	(i)	ى بىرى يەرىپى بىرىكى بىرىكى بىرىكى بىرىكى ئىرى با بىرىپ بىرىن بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى	ا الدينيينية من من المنظلينينية المنظلينية المنظلينية المنظلينية المنظلينية المنظلين المنظلين المنظلين المنظلي منظل من المنظلين المنظلين المنظل المنظلين المنظلين المنظلين المنظلين المنظلين المنظلين المنظلين المنظلين المنظل	225,000			225,000	
1 Director/Medical Director	(ii)	aliter and the second second	learned off	land the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			0	a bian mana na mining ang Britona
Jonathan W. Simons, M.D.	(i)	548,761	425,000		5,100	33,282	1,012,143	
2 CEO & President	<b>(ii)</b>	and a second second second second second second second second second second second second second second second	1992/10992019951191191191191919191919191 1	ente di sen la contra di sentencia di sentencia di sentencia di sentencia di sentencia di sentencia di sentenci		<u>herringen der son er er er er er er er er er er er er er </u>	0	
Howard Soule	(i)	349,375	32,000	n na manana manana manana manana manana ma	5,100	24,009	410,484	د. مربق کار افغان ماند استان می و و رو کار افغان ا
3 EVP, Chief Scientific Officer	(ii)					ing the second second second second second second second second second second second second second second second	0	i Taylorinan and an and a second
Gary Dicovitsky	(i)	300,992	15,000		5,100	32,214	353,306	
4 EVP, Development	(ii)					andra 22 de grand de la terretación.	0	a terzől valagajása erte elektetettettettettettettettettettettettet
Helen Hsieh	()	218,134	8,000	densinderstraaten autoriks	4,800	27,653	258,587	
5 SVP, Finance and Administration	(ii)			densities and second and	l Marine data data data		0	
Janet Haber	(i)	158,134	5,000	en Therman en en angelen en al de le solo de la solo de la solo de la solo de la solo de la solo de la solo de El facelor	0	11,051	174,185	
6 VP. Events	(ii)			ine la constante de la constant	period all second second second second second second second second second second second second second second se	and the state of the first state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat		a da anticipation de la companya de la companya de la companya de la companya de la companya de la companya de
Janis Wolterstorff	(i)	143,081	10,000		0	11,118	164,199	laind an tara dialaidh an thair
7 VP. Movember Initiatives	(i)				ado na bel ser na na rigego ed de e	i 1977 - Alexandrian Alexandrian 1977 - Alexandrian Alexandrian	0	n an an an that a start an an an an an an an an an an an an an
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9	(i) (ii)			÷=====================================	<u>a se di la la dici di di di secon</u> li 1 Danaman di sina astronomia	000.0000000000000000000000000000000000	ingen angen en	ې د دې کې کې د وې وې وې وې وې وې وې وې وې وې وې وې وې
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16	(i) (ii)				al a di alta ang ing ing ing ing ing ing ing ing ing i			

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 PROSTATE CANCER FOUNDATION	95-4418411	Page 3
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	or 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	<i>ڡۄۿٷ</i> ۣۿۣڿٷؿٷؗڟڟۼڂٮػٮٮٮڡڡڡڡ؞؆ؿؿڹڹ	ور بر بر بر بر بر بر الم
reasons. This travel accommodation was approved by the Compensation Committee on behalf of the Board of Directors.	والمراوم فأليا والثانية ماحمه أوال عامر فترز خبرتها يستعار	,
Part I Line 7: The Committee awarded discretionary bonuses to the officers and employees based on exceptional individual	ى مۇرىغۇ ئورىلىرىغان بىرىيە بەر ھەتھە ھەتھە يەر ئەر ئەت ئەر ئەر ئەر ئەر ئەر ئەر ئەر ئەر ئەر ئەر	فالحام مرطور والمراجز والمراجز والمراجز
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	a a fa nî sera înîge în ja bela dinev a je a jê în je, aşîşê me Bilê	म् क्रम्यू में जे स्ट्रांस स्टाम न
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	Schedule J (Fo	rm 990) 2013

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#### SCHEDULE M (Form 990)

## Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

	Attach	f-	Corm	000
-	Action	÷	FVIIII	2001

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

s.gov/form990. Inspection Employer identification number

OMB No. 1545-0047

**Open To Public** 

3

2

PRO	STATE CANCER FOUNDATION			95-44184	11
Par	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			and the second second second second second second second second second second second second second second second	
2	Art—Historical treasures				
3	Art—Fractional interests				<u> </u>
4	Books and publications . $(\mathbf{x}_{i})_{i \in \mathcal{Y}}$				
5	Clothing and household			······································	
	goods			······································	· · · · · · · · · · · · · · · · · · ·
6	Cars and other vehicles	·	······································		· · · ·
7	Boats and planes	·	······································	·····	
8	Intellectual property	in the second			· · · · · · · · · · · · · · · · · · ·
9	Securities—Publicly traded .	X	.21	_627,419	Market Price
10	Securities—Closely held stock	· · · · · · · · · · · · ·			
11	Securities—Partnership, LLC,				
4.0	or trust interests		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
12	Securities-Miscellaneous.				
13	Qualified conservation				
	contribution—Historic				
14	structures . Qualified conservation			<u>, , , , , , , , , , , , , , , , , , , </u>	) <u>1 </u>
14	contribution—Other				
15	Real estate—Residential		······································		······································
16	Real estate—Commercial		·	]	
17	Real estate—Other		and a second second second second second second second second second second second second second second second	1 	
18	Collectibles			· · · · · · · · · · · · · · · · · · ·	
19	Food inventory	· <u></u>			
20	Drugs and medical supplies	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
21	Taxidermy				
22	Historical artifacts		······································		
23	Scientific specimens				
24	Archeological artifacts	·			
25	Other ► ()	<u>}</u>			
26	Other ► ()				
27	Other ► (	·	·····		
28	Other ►				
29	Number of Forms 8283 received t	by the organ	ization during the tax year f	or contributions for	
	which the organization completed				29
					Yes No
30a	During the year, did the organizati	ion receive	by contribution any property	reported in Part I, lines 1 - 2	
	that it must hold for at least three	years from	the date of the initial contrib	ution, and which is not	Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Statistical Sta
	required to be used for exempt pu	irposes for t	he entire holding period?		
b	If "Yes," describe the arrangement	t in Part II.			A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
31	Does the organization have a gift				
	contributions?. ,				31 X
32a	Does the organization hire or use				
	noncash contributions?			· · · · · · · · · · · · ·	<u>3</u> 2a X
b	If "Yes," describe in Part II.				
33	If the organization did not report a	in amount ir	a column (c) for a type of pro	pperty for which column (a) is	S
	checked, describe in Part II.				

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

Schedule M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	<b></b>
Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.g	
	95-4418411
Form 990, Part III, Line 4D: While funding game changing medical research for prostate cancer	+ <u>++++++++++++++++++++++++++++++++++++</u>
is the primary mission of the PCF, tens of thousands of patients and their families turn to	<b>2012 2017 P. C. /b>
the Foundation as a source of health information on the disease, prevention and treatment	ar an an an an an an an an an an an an an
options, as well as, the latest developments enabled by the 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,	ారి సంగాయకులు అంది సంగ్రామానికి అర్దిక్షి ప్రాంధించి అర్దిక్షి ప్రాంధించి అర్దిక్షి ప్రాంధించి. మార్రామిక
caregivers and other audiences engaged with prostate cancer. In 2013, www.pcf.org had 1.1	۲۵۰۰ مارم مربع المربع ماها و بعد المالية المالية المالية المالية المالية المالية المالية المالية المالية المالي المالية المالية
million total visits. It also distributes electronic monthly newsletters to an online	
subscriber base of more than 52,000 including communicating with audiences daily via social	<u></u>
media. The PCF also hosts and funds an annual scientific conference/forum whereby all the	
leading prostate cancer scientists and researchers convene and share the latest unpublished	n did nanayanganini da saya paninan kaji sajahanganan kangga saya
new findings in the field. The proceedings of the PCF Scientific Retreat are shared with the	a a se a companya da se a
world's cancer research community on www.pcf.org.	<u></u>
Form 990, Part VI, Section A, Line 2: Michael Milken (Chairman) – family and business	andre 12 kalender och 12 andre 12 andre 12 andre 12 andre 12 andre 12 andre 12 andre 12 andre 12 andre 12 andre
relationship; Lori Milken (Director/VP) - family and business relationships; Ralph Finerman	la a antonio pada districto pro anton o Pipino en en pro anta si se servizione.
(Treasurer/CFO) – business relationship; Richard Sandler (Director) – business relationship.	
Form 990, Part VI, Section B, Line 11A: Form 990 is reviewed by the Foundation's CEO, CFO and	
Senior VP Finance and Administration before distributing to the audit committee for review and	
final approval on behalf of PCF's board of directors. The board also gets a copy of Form 990	nander die geschieften die State die en andere ein eine geschieften.
prior to being filed.	
Form 990, Part VI, Section B, Line 12C: The Foundation's Board of Directors adopted a conflict	
of interest policy which applies to all directors and officers consistent with the model	×+****
suggested by the Internal Revenue Service. The policy requires that directors and officers	
disclose any transactions in which they have a financial interest to the Foundation's legal	
counsel. Counsel is responsible for gathering information and preparing a report regarding the	
proposed transaction and determining whether or not the transaction reasonably could be	

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Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page 2
PROSTATE CANCER FOUNDATION	95-4418411
determined to meet the Foundation's standards for approving a transaction, in which an officer	
or director has a financial interest (i.e. the best interests of the Foundation for the	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Foundation's benefit and fair and reasonable as to the Foundation). If PCF's General Counsel	<u></u>
determines the transaction meets the approval standard, the transaction is reviewed and either	<u></u>
approved or rejected by a Committee of the Board of Directors or the entire Board of Directors	
consistent with applicable state corporate law requirements	• • • • • • • • • • • • • • • • • • • •
Form 990, Part VI, Section B, Line 12C: As part of the review process, the Committee or Board	
of Directors is required to identify and evaluate potential alternative transactions which	
involves a foundation officer or director. The interested officer or director is allowed to	<b></b>
present information to the Committee or Board of Directors but must leave the meeting at which	Na sin manaziri da kata sa kata
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	uran en
understanding that the Foundation is a tax exempt entity and must engage primarily in	
activities which further its mission.	
Form 990, Part VI, Section B, Line 12C: The Foundation's scientific review panels determine	
which research projects or types of projects will be funded by the Foundation, and also has a	g glanning a tha shiring a san ann an Shiring an a
conflict of interest policy. Panelists are required to abstain from discussions and votes	
regarding funding for research projects in which they have a financial or professional	
interest or institutional affiliation.	
Form 990, Part VI, Section B, Line 15A & 15B: Staff compensation including officers and key	
employees listed on Schedule J are reviewed and approved by the Board of Directors'	
Compensation Committee based on qualifications and market comparability in similar industry.	
The last compensation review occurred in December 2013.	والمالية والمراجع والمعاوم والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ وال
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	<u>ing i tikan ang katang kina kang kang kang kang kang kang kang ka</u>
money goes"). The Foundation's governing documents and conflict of interest policy are also	Schedule (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer Identification number
PROSTATE CANCER FOUNDATION	95-4418411
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization		rganization an Attach to For	swered "Yes" m 990. 🕨 :	on Form 990, Par See separate inst	t IV, line ructions	33, 34, 35b, 36, oi	37.	<u>tingan sainta j</u>		OMB No. 1545 201 Open to P Inspecti dentification r	3 ublic
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an an an an an an an an an an an an an a	fication of Disregarded Entities Comple (a) a, address, and EIN (if applicable) of disregarded entity	te if the on	and a second second second second second second second second second second second second second second second	answered "\ (b) ry activity	Legal	n Form 990, (c) domicile (state reign country)	(d) Total income		(e) I-of-year assets	(f) Direct cont entity	
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······································	fication of Related Tax-Exempt Organiz more related tax-exempt organizations d		•	he organizati	ion an	swered "Yes	on Form 99	0, Part I	V, line 34 be	cause it ha	ad
	(a) address, and EIN of related organization		(b) y activity	(c) Legal domicile or foreign co		(d) Exempt Code se	ction Public cha	≥) arity status 5D1(c)(3))	(f) Direct contro entity	lling Section ରୋ ୧୦୦	(g) 612(b)(13) prolled ntity?
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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#### Schedule R (Form 990) 2013

#### PROSTATE CANCER FOUNDATION

#### 95-4418411

Page 2

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct contr entity	olling Pred incom unr exclu tax	(e) lominant e (related, related, ded from under s 512-514)	(f) Share of total Income	(g) Share of en year asse	its allo	(h) eportionate cations?	amount in box of Schedule K (Form 1065)	l Gene 20 man -1 part	)) erat or aging ner?	(k) Percentage ownership
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Part IV Identification of IV, line 34 because	Related Organizations it had one or more	ons Taxable	e as a Cor anizations	poration or treated as a	<b>Trust</b> Co	mplete if the	e organiza during the	tion ans tax yea	swere r.	ed "Yes" on F	orm 990	), Par	t
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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013	PROSTATE CANCER FOUNDATION	
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#### 95-4418411 Page 3

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

Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more related	l organizations listed in	Parts II–IV2	
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a
b	Gift, grant, or capital contribution to related organization(s)			1b
c	Gift, grant, or capital contribution from related organization(s)			1c
d	Loans or loan guarantees to or for related organization(s)		· · · · · · · · · · · · · · · · · · ·	1d
е	Loans or loan guarantees by related organization(s)			1e
			la a se se se s	
f	Dividends from related organization(s)	al a state a state a		1f
g	Sale of assets to related organization(s)			19
h	Purchase of assets from related organization(s)	a algene en anan an	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1h
i	Exchange of assets with related organization(s).	ان از این اور اور اور اور اور اور اور اور اور اور	الله اله المالية، پس ورادي او	1i
j	Lease of facilities, equipment, or other assets to related organization(s), the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	i sin i si	n a chura a c	1j
k	Lease of facilities, equipment, or other assets from related organization(s)			1k
1	Performance of services or membership or fundraising solicitations for related organization(s)			11
m	······································			1m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			<u>1n</u>
0	Sharing of paid employees with related organization(s)	الجاجات فالمتلف	• al e lap e • • • • • in •	10
р	Reimbursement paid to related organization(s) for expenses	n a chairte a chairte	la a se a a a a a a	1p
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r	Other transfer of cash or property to related organization(s)			1r
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<u> </u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	(b)	L	(d)
	(a) Name of related organization	Transaction	(c) Amount involved	Method of determining
	•	type (as)		amount involved
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101				
(6)	alani puli bina dana da ana ana ana ana ana ana ana a		<u> </u>	

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

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

(a) Name, address, and EIN of entity	(b) Primary acti∨íty	(c) Legal domicile (state or foreign country)	egal domicile Predominant tate or foreign income (related, country) unrelated, excluded		e) partners ttion (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
				Yes	No			Yes	No	a alba a a a an ann an	Yes	No	
(1)													
(2)		<u></u>		· · · · · · · · · · · · · · · · · · ·		i		·	Ì				
(3)			· · · · · · · · · · · · · · · · · · ·	ta Nas Tiri ing Kasari Tiri ing Kasari	1			<u> </u>					
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<u>(6)</u>			1			- - -							
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<b>16)</b>	- 						<u> </u>						
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