

**PUBLIC
DISCLOSURE
COPY**

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROSTATE CANCER FOUNDATION		D Employer identification number 95-4418411
	Doing business as		E Telephone number 310-570-4700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1250 FOURTH STREET		G Gross receipts \$ 54,389,573.
	City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90401-1353		
F Name and address of principal officer: CHARLES RYAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.PCF.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1993** **M** State of legal domicile: **CA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PROSTATE CANCER FOUNDATION IS THE WORLD'S LEADING PHILANTHROPIC ORGANIZATION FUNDING AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	31
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	35,831,174.	52,997,619.
	9 Program service revenue (Part VIII, line 2g)	4,004.	4,617.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321,739.	14,514.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,156,917.	53,016,750.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,865,790.	26,430,782.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,108,542.	6,341,448.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	1,775.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,463,217.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,978,329.	8,897,782.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,952,661.	41,671,787.	
19 Revenue less expenses. Subtract line 18 from line 12	1,204,256.	11,344,963.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 43,129,058.	End of Year 62,542,873.
	21 Total liabilities (Part X, line 26)	20,125,685.	28,241,088.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,003,373.	34,301,785.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	CHARLES RYAN, PRESIDENT/CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name LIZBETH G. NEVAREZ	Preparer's signature	Date
	Firm's name ▶ GREEN HASSON & JANKS LLP	Firm's EIN ▶ 95-1777440	Check if self-employed <input type="checkbox"/> PTIN P01399868
	Firm's address ▶ 700 SOUTH FLOWER STREET, SUITE 3300 LOS ANGELES, CA 90017	Phone no. (310) 873-1600	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PROSTATE CANCER FOUNDATION (PCF) IS A GLOBAL BIOMEDICAL RESEARCH FUNDING FOUNDATION COMMITTED TO ENDING DEATH AND SUFFERING FROM PROSTATE CANCER. PCF ACCELERATES THE WORLD'S MOST PROMISING PROSTATE CANCER RESEARCH WITH THE GOAL OF DISCOVERING AND DEVELOPING NEW

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 13,306,806. including grants of \$ 13,306,806.) (Revenue \$) THE PCF RESEARCH ENTERPRISE IS A PEER-REVIEW RESEARCH FUNDING PROGRAM THAT PROVIDES FUNDING TO 2601 SCIENTISTS CONDUCTING INNOVATIVE RESEARCH PROJECTS AT MORE THAN 236 LEADING CANCER CENTERS AND UNIVERSITIES. PRIORITY IS GIVEN TO HIGH-RISK, HIGH-RETURN PROJECTS WITH THE GREATEST POTENTIAL TO IMPROVE SURVIVAL AND THE OVERALL QUALITY OF LIFE FOR MEN WITH PROSTATE CANCER. THE CORNERSTONE OF THE PCF RESEARCH ENTERPRISE IN 2021 WAS OUR CHALLENGE AWARDS PROGRAM. PCF CHALLENGE AWARDS SUPPORT CROSS-DISCIPLINARY TEAMS OF INVESTIGATORS CONDUCTING PIONEERING RESEARCH TO ADDRESS CRITICAL UNMET MEDICAL NEEDS FOR PROSTATE CANCER PATIENTS. IN 2021, PCF FUNDED 12 MULTI-YEAR TEAM RESEARCH PROJECTS THAT EACH OFFER HIGH POTENTIAL FOR IMPROVED DETECTION, ENHANCED QUALITY OF LIFE AND HIGHER SURVIVAL RATES. ALL PCF-FUNDED RESEARCHERS ARE

4b (Code:) (Expenses \$ 6,900,000. including grants of \$ 6,900,000.) (Revenue \$) MORE THAN 12,000 MEN CARED FOR BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) HOSPITALS ARE NEWLY DIAGNOSED WITH PROSTATE CANCER EACH YEAR, MAKING IT THE MOST FREQUENTLY DIAGNOSED CANCER AMONG VETERANS. THE PCF-VA PARTNERSHIP IS EXPANDING RESEARCH INTO PROSTATE CANCER PRECISION ONCOLOGY TREATMENT OPTIONS. THE COLLABORATION IS EXPANDING THE NUMBER OF PRECISION ONCOLOGY CLINICAL STUDIES CONDUCTED AT VETERANS HEALTH ADMINISTRATION HOSPITALS, ENSURING THAT ELIGIBLE VETERANS CAN ACCESS AND PARTICIPATE IN THESE STUDIES. IN 2021, PCF'S DEDICATED NETWORK OF CENTERS OF EXCELLENCE (COE) EXECUTED THE AMBITIOUS MISSION OF IMPROVING THE CARE FOR THOUSANDS OF U.S. VETERANS WITH PROSTATE CANCER. THESE CENTERS ARE LOCATED IN PORTLAND, OR, SAN FRANCISCO, CA, PHILADELPHIA, PA, WASHINGTON, DC, DURHAM, NC, TAMPA BAY, FL, SEATTLE, WA, CHICAGO,

4c (Code:) (Expenses \$ 6,223,976. including grants of \$ 6,223,976.) (Revenue \$) PCF CREATED THE YOUNG INVESTIGATOR AWARD PROGRAM WITH ONE GOAL: TO BUILD A GIFTED COHORT OF HUMAN CAPITAL SUPPORTING THE NEXT GENERATION OF PROSTATE CANCER RESEARCHERS. AWARDS ARE MADE TO EARLY-CAREER SCIENTISTS WORKING IN A RESEARCH ENVIRONMENT CAPABLE OF SUPPORTING HIGH-IMPACT PROSTATE CANCER RESEARCH, DRAWN FROM A VARIETY OF MEDICAL RESEARCH DISCIPLINES. THE AWARD FUNDS MAY BE USED FLEXIBLY TO ADVANCE THE CAREER AND RESEARCH EFFORTS OF THE AWARDEE. MENTORSHIP IS REQUIRED FOR EVERY PCF YOUNG INVESTIGATOR. SINCE 2007, PCF HAS AWARDED MORE THAN \$65 MILLION TO ADVANCE THE EARLY CAREERS OF 349 PCF YOUNG INVESTIGATORS, ENSURING A CONTINUED STREAM OF HUMAN CAPITAL INTO OUR RESEARCH COMMUNITY. MANY HAVE BECOME MAJOR RESEARCH PROGRAM LEADERS. THE PCF YOUNG INVESTIGATOR PROGRAM PLAYS AN INTEGRAL ROLE IN

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,253,220. including grants of \$) (Revenue \$ 4,617.)

4e Total program service expenses 33,684,002.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	82
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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			

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN W. SIMONS, M.D. CEO & PRESIDENT (LEFT 8/21)	60.00 0.00	X		X				947,055.	0.	29,727.
(2) HOWARD SOULE EVP, CHIEF SCIENCE OFFICER	50.00 0.00				X			489,783.	0.	37,868.
(3) CHRISTINE JONES CHIEF OPERATING OFFICER	50.00 0.00				X			387,030.	0.	11,196.
(4) CHARLES RYAN (JOINED 10/21) CEO & PRESIDENT	60.00 0.00	X		X				298,805.	0.	10,854.
(5) HELEN HSIEH SVP, FINANCE & ADMINISTRATION	50.00 0.00					X		295,799.	0.	39,429.
(6) STUART HOLDEN, M.D. DIRECTOR/MEDICAL DIRECTOR	30.00 0.00	X						225,000.	0.	0.
(7) JANET HABER VP, EVENTS	50.00 0.00				X			221,058.	0.	15,551.
(8) SHAVAUN RIGLER VP, DEVELOPMENT	50.00 0.00				X			194,837.	0.	34,805.
(9) JULIE DIBIASE VP, ORIGINAL CONTENT	50.00 0.00				X			191,843.	0.	23,979.
(10) GEORGE CHONG CONTROLLER	50.00 0.00				X			167,771.	0.	22,130.
(11) THE REVEREND ROSEY GRIER DIRECTOR	10.00 0.00	X						42,000.	0.	0.
(12) MICHAEL MILKEN FOUNDER & CHAIRMAN	15.00 0.00	X		X				0.	0.	0.
(13) LORI MILKEN DIRECTOR/VP	2.00 0.00	X		X				0.	0.	0.
(14) RALPH FINERMAN CFO, TREASURER, SECRETARY	10.00 0.00			X				0.	0.	0.
(15) EMILIO BASSINI DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) GREGORY BROWN DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) STEVEN A. BURD DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NEIL P. DEFEO DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) DAVID A. EDERER DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) JONATHAN P. EVANS DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) R. CHRISTIAN B. EVENSEN DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) PETER T. GRAUER DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) STEIN ERIK HAGEN DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) CLARK HOWARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) FRED A. LEWIS-HALL, M.D. DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) THE HONORABLE EARLE I. MACK DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								3,460,981.	0.	225,539.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,460,981.	0.	225,539.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VISION MATRIX PRODUCTIONS, INC., 5627 KANAN ROAD, STE 620, AGOURA HILLS, CA	EVENT PRODUCTIONS	227,762.
BOULLE EVENT MANAGEMENT 1835 STALLION DR., LOXAHATCHEE, FL 33470	OUTREACH PROGRAM MGMT.	180,000.
DAVE PERRON 10 GEARY AVENUE, KENTFIELD, CA 94904	CONSULTING	123,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHMUEL MEITAR DIRECTOR	2.00 0.00	X						0.	0.	0.
(28) MICHAEL MULDOWNEY DIRECTOR	2.00 0.00	X						0.	0.	0.
(29) HENRY L. NORDHOFF DIRECTOR	2.00 0.00	X						0.	0.	0.
(30) DAVID DREW PINSKY DIRECTOR	2.00 0.00	X						0.	0.	0.
(31) NEAL RODIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(32) JASON SAFRIET DIRECTOR	2.00 0.00	X						0.	0.	0.
(33) RICHARD V. SANDLER DIRECTOR	2.00 0.00	X						0.	0.	0.
(34) KEITH SHOATES DIRECTOR	2.00 0.00	X						0.	0.	0.
(35) THOMAS S. "TAD" SMITH, JR. DIRECTOR	2.00 0.00	X						0.	0.	0.
(36) ROXANN TAYLOR DIRECTOR	2.00 0.00	X						0.	0.	0.
(37) JONATHAN USUKA DIRECTOR	2.00 0.00	X						0.	0.	0.
(38) PAUL VILLANTI DIRECTOR	2.00 0.00	X						0.	0.	0.
(39) VINCENT J. VIOLA DIRECTOR	2.00 0.00	X						0.	0.	0.
(40) ANDREW C. VON ESCHENBACH, M.D. DIRECTOR	2.00 0.00	X						0.	0.	0.
(41) KNEELAND YOUNGBLOOD DIRECTOR	2.00 0.00	X						0.	0.	0.
(42) JEFF ZISK DIRECTOR	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,634,762.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	895,750.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,467,107.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,088,346.				
	h Total. Add lines 1a-1f			52,997,619.			
Program Service Revenue	2 a EDUCATIONAL MATERIALS	Business Code					
		900099	4,617.	4,617.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			4,617.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,834.			14,834.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,088,026.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,088,346.				
	c Gain or (loss)	7c	-320.				
d Net gain or (loss)			-320.		-320.		
8 a Gross income from fundraising events (not including \$ 3,634,762. of contributions reported on line 1c). See Part IV, line 18	8a		284,477.				
b Less: direct expenses	8b	284,477.					
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			53,016,750.	4,617.	0.	14,514.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,434,297.	22,434,297.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,996,485.	3,996,485.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	2,479,318.	2,057,571.	172,663.	249,084.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,982,652.	1,247,907.	1,415,845.	318,900.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,673.	59,602.	55,250.	821.
9 Other employee benefits	407,366.	258,209.	121,318.	27,839.
10 Payroll taxes	356,439.	183,148.	141,413.	31,878.
11 Fees for services (nonemployees):				
a Management	715,591.	401,083.	104,950.	209,558.
b Legal	103,790.	0.	103,790.	0.
c Accounting	53,859.	0.	53,859.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	1,775.			1,775.
f Investment management fees	0.	0.	0.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	501,965.	228,497.	269,220.	4,248.
12 Advertising and promotion	530,891.	500,532.	19,303.	11,056.
13 Office expenses	871,664.	17,692.	329,533.	524,439.
14 Information technology	735,614.	502,156.	203,580.	29,878.
15 Royalties				
16 Occupancy	649,907.	335,954.	264,651.	49,302.
17 Travel	368,500.	57,319.	12,182.	298,999.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	3,894,386.	1,224,591.	0.	2,669,795.
20 Interest	78.	0.	78.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	165,820.	92,292.	59,680.	13,848.
23 Insurance	113,429.	60,526.	52,903.	0.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES & SUBSC	59,141.	17,549.	41,592.	0.
b EDUCATION & TRAINING	46,748.	0.	46,748.	0.
c MEALS & ENTERTAINMENT	44,426.	8,592.	14,037.	21,797.
d FILING FEES	21,485.	0.	21,485.	0.
e All other expenses	20,488.	0.	20,488.	0.
25 Total functional expenses. Add lines 1 through 24e	41,671,787.	33,684,002.	3,524,568.	4,463,217.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,138,589.	1,153,881.	7,290.	977,418.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,000.	1	1,000.
	2 Savings and temporary cash investments	17,637,206.	2	38,558,032.
	3 Pledges and grants receivable, net	23,988,549.	3	19,610,715.
	4 Accounts receivable, net	293,955.	4	9,591.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	274,260.	9	170,267.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,305,228.		
	b Less: accumulated depreciation	10b 3,536,960.	934,088.	10c 768,268.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	3,375,000.
	15 Other assets. See Part IV, line 11	0.	15	50,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,129,058.	16	62,542,873.	
Liabilities	17 Accounts payable and accrued expenses	2,124,190.	17	2,430,391.
	18 Grants payable	18,001,495.	18	23,229,447.
	19 Deferred revenue		19	50,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	2,531,250.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	20,125,685.	26	28,241,088.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,524,334.	27	17,078,257.
	28 Net assets with donor restrictions	14,479,039.	28	17,223,528.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,003,373.	32	34,301,785.
	33 Total liabilities and net assets/fund balances	43,129,058.	33	62,542,873.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,016,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,671,787.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,344,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,003,373.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-46,551.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,301,785.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43187355.	41744618.	44877832.	35831174.	52997619.	218638598
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	43187355.	41744618.	44877832.	35831174.	52997619.	218638598
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15437301.
6 Public support. Subtract line 5 from line 4.						203201297

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	43187355.	41744618.	44877832.	35831174.	52997619.	218638598
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,590.	232,385.	190,521.	36,654.	14,834.	562,984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						219201582
12 Gross receipts from related activities, etc. (see instructions)					12	1,218,295.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.70 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.71 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,440,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.													
c Total lobbying expenditures (add lines 1a and 1b)		0.													
d Other exempt purpose expenditures		38,087,539.													
e Total exempt purpose expenditures (add lines 1c and 1d)		38,087,539.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	15,000.	15,000.	3,000.		33,000.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,072,625.	426,494.	646,131.
d Equipment		626,025.	625,290.	735.
e Other		2,606,578.	2,485,176.	121,402.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				768,268.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	53,325,841.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	309,091.
e	Add lines 2a through 2d	2e	309,091.
3	Subtract line 2e from line 1	3	53,016,750.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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.)	5	53,016,750.

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

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

1	Total expenses and losses per audited financial statements	1	42,014,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	342,984.
e	Add lines 2a through 2d	2e	342,984.
3	Subtract line 2e from line 1	3	41,671,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,671,787.

Part XIII Supplemental Information.

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

PART X, LINE 2:

PCF RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR ENDED DECEMBER 31, 2021, PCF PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PCF'S FUNDRAISING GOODS AND SERVICES 284,477.
 OUR SISTER CANADIAN RESEARCH FUNDING ORGANIZATION (CCPC)

Part XIII Supplemental Information (continued)

REVENUE 12,695.

FOREIGN CURRENCY TRANSLATION 11,919.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 309,091.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PCF'S FUNDRAISING GOODS AND SERVICES 284,477.

BAD DEBT EXPENSE 150,000.

RECOVERIES OF PRIOR YEAR GRANTS -91,530.

OUR SISTER CANADIAN RESEARCH FUNDING ORGANIZATION (CCPC)

EXPENSES 37.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 342,984.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

PROSTATE CANCER FOUNDATION

95-4418411

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	RESEARCH AWARDS	CANCER RESEARCH	1,971,485.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	RESEARCH AWARDS	CANCER RESEARCH	1,475,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	RESEARCH AWARDS	CANCER RESEARCH	550,000.
3 a Subtotal	0	0			3,996,485.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,996,485.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CANCER RESEARCH	1971485.	CHECKS	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CANCER RESEARCH	1475000.	CHECKS	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CANCER RESEARCH	550,000.	CHECKS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **7**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THE FOUNDATION SUPPORTS LEADING HIGH RISK-HIGH RETURN PROSTATE CANCER RESEARCH GLOBALLY. PCF MAKES AWARDS TO FOREIGN INSTITUTIONS WHICH ARE COMPARABLE TO THOSE THAT ARE TRADITIONALLY DEEMED NOT-FOR-PROFIT IN THE UNITED STATES UNIVERSITIES AND THEIR CANCER CENTERS. TO DATE, THE FOREIGN MEDICAL UNIVERSITIES AND RESEARCH INSTITUTES TO WHICH THE FOUNDATION HAS MADE AWARDS HAVE BEEN SUFFICIENTLY RENOWNED IN CANCER RESEARCH PRODUCTIVITY THAT THE FOUNDATION HAS RELIED ON THE GENERAL PUBLIC INFORMATION TO VERIFY THAT THE INSTITUTIONS ARE COMPARABLE TO UNITED STATES NOT-FOR-PROFIT ENTITIES. THE FOUNDATION APPLIES THE SAME NIH PEER REVIEW STANDARDS TO FOREIGN RESEARCH WHICH IT APPLIES TO DOMESTIC RESEARCH. PROGRESS REPORTS FOR EVALUATING RESEARCH PROPOSALS AND SUMMARIES OF FINAL RESULTS ARE REQUIRED AND REVIEWED. IN ADDITION, THE FOUNDATION CONDUCTS SITE VISITS TO EACH FOREIGN INSTITUTION TO REVIEW RESEARCH FUNDING. OTHER THAN VERIFYING THE LEGITIMACY AND CALIBER OF THE INSTITUTIONS' RESEARCH, THESE SITE VISITS ALSO HELP TO IDENTIFY POTENTIAL FUTURE AREAS OF RESEARCH COLLABORATION BETWEEN UNITED STATES AND RESEARCH TEAMS AROUND THE WORLD.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NEW YORK DINNER (event type)	HAMPTON TENNIS & DIN (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1	1,907,771.	1,776,468.	235,000.	3,919,239.
	2	1,798,391.	1,658,472.	177,899.	3,634,762.
	3	109,380.	117,996.	57,101.	284,477.
Direct Expenses	4				
	5				
	6			33,492.	33,492.
	7	75,330.	115,334.	22,419.	213,083.
	8	34,050.			34,050.
	9		2,662.	1,190.	3,852.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 600 N. WOLFE ST. BALTIMORE, MD 21287	52-0595110	501(C)(3)	4,300,907.	0.			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1600 DIVISADERO ST. - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,250,000.	0.			CANCER RESEARCH
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	1,253,600.	0.			CANCER RESEARCH
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON DR. NEW YORK, NY 10065	13-1623978	501(C)(3)	1,120,000.	0.			CANCER RESEARCH
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 104 AIRPORT DRIVE CB1270 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	1,000,000.	0.			CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. BOSTON, MA 02115	04-2263040	501(C)(3)	975,000.	0.			CANCER RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 37.
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 530 S STATE ST. ANN ARBOR, MI 48109	38-6006309	GOVERNMENT	959,256.	0.			CANCER RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	724,922.	0.			CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DR STE 645 SOMERVILLE, MA 02145	04-2697983	501(C)(3)	675,000.	0.			CANCER RESEARCH
NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION - 4150 CLEMENT ST. - SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	500,000.	0.			CANCER RESEARCH
UCLA FOUNDATION 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024	95-2250801	501(C)(3)	500,000.	0.			CANCER RESEARCH
THE GEORGE WASHINGTON UNIVERSITY CANCER CENTER - 800 22ND STREET, NW - WASHINGTON, DC 20052	53-0196584	501(C)(3)	500,000.	0.			CANCER RESEARCH
H LEE MOFFITT CANCER CENTER 12902 USF MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	500,000.	0.			CANCER RESEARCH
CHICAGO ASSOCIATION FOR EDUCATION AND RESEARCH IN SCIENCE - PO BOX 250 - HINES, IL 60141	36-3334177	501(C)(3)	500,000.	0.			CANCER RESEARCH
VETERANS EDUCATION AND RESEARCH ASSOCIATION OF MICHIGAN - 2215 FULLER RD. - ANN ARBOR, MI 48105	38-3060217	501(C)(3)	500,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR MEDICAL RESEARCH, INC. - 508 FULTON DRIVE 151IMR - DURHAM, NC 27705	56-1655431	501(C)(3)	500,000.	0.			CANCER RESEARCH
BRONX VETERANS MEDICAL RESEARCH FOUNDATION - 130 W. KINGSBRIDGE RD. - NEW YORK, NY 10468	13-3699250	501(C)(3)	500,000.	0.			CANCER RESEARCH
THE NARROWS INSTITUTE FOR BIOMEDICAL RESEARCH AND EDUCATION INC. - 800 POLY PL - BROOKLYN, NY 11209	11-3059740	501(C)(3)	500,000.	0.			CANCER RESEARCH
PORTLAND VA RESEARCH FOUNDATION 3710 SW US VETERANS RD. PORTLAND, OR 97239	94-3090170	501(C)(3)	500,000.	0.			CANCER RESEARCH
PHILADELPHIA RESEARCH AND EDUCATION FOUNDATION - 3900 WOODLAND AVE. - PHILADELPHIA, PA 19104	23-3066002	501(C)(3)	500,000.	0.			CANCER RESEARCH
M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6000203	501(C)(3)	500,000.	0.			CANCER RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH, INC. - 1325 FOURTH AVE. - SEATTLE, WA 98108	91-1452438	501(C)(3)	500,000.	0.			CANCER RESEARCH
BOSTON DEPARTMENT OF VETERANS AFFAIRS - 150 SOUTH HUNTINGTON AVENUE - BOSTON, MA 02130	04-2133157	501(C)(3)	250,000.	0.			CANCER RESEARCH
BALTIMORE RESEARCH AND EDUCATION FOUNDATION - 10 N GREENE ST 151 - BALTIMORE, MD 21201	52-1705976	501(C)(3)	250,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN 750 HIGHLAND AVE MADISON, WI 53705	39-6006492	501(C)(3)	238,658.	0.			CANCER RESEARCH
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-3435919	501(C)(3)	225,000.	0.			CANCER RESEARCH
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 291 CAMPUS DRIVE LI KA SHING BUILDING - PALO ALTO, CA 94305	94-1156365	501(C)(3)	225,000.	0.			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, LOS ANGELES - 405 HILGARD AVE. - LOS ANGELES, CA 90024	95-6006143	501(C)(3)	225,000.	0.			CANCER RESEARCH
FRED HUTCHINSON CANCER RESEARCH INSTITUTE - PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	225,000.	0.			CANCER RESEARCH
COLUMBIA UNIVERSITY MEDICAL CENTER 1130 ST. NICHOLAS AVE. NEW YORK, NY 10032	13-5598093	501(C)(3)	225,000.	0.			CANCER RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 2020 S.W 4TH AVENUE SUITE 900 PORTLAND, OR 97201	23-7083114	501(C)(3)	225,000.	0.			CANCER RESEARCH
ATLANTA VETERANS EDUCATION AND RESEARCH INC. - 1670 CLAIRMONT ROAD - DECATUR, GA 30033	58-2091280	501(C)(3)	150,000.	0.			CANCER RESEARCH
EMORY UNIVERSITY 1390 OXFORD ROAD, NE, 3RD FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	150,000.	0.			CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR RADIATION ONCOLOGY - 251 18TH STREET, 8TH FL - ARLINGTON, VA 22202	42-0943164	501(C)(3)	112,500.	0.			CANCER RESEARCH
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC SEATTLE, WA 98195	94-3079432	GOVERNMENT	100,153.	0.			CANCER RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)(3)	50,000.	0.			CANCER RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE. - NEW YORK, NY 10064	13-1924236	501(C)(3)	24,301.	0.			CANCER RESEARCH

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE FOUNDATION MONITORS THE PROGRESS OF RESEARCH THROUGH SCHEDULED SITE VISITS BY THE CHIEF SCIENCE OFFICER AND CEO AND WRITTEN PROGRESS REPORTS SUBMITTED BY THE RESEARCH INSTITUTIONS. EVERY FUNDED PCF INVESTIGATOR PARTICIPATES IN POWER POINT FORMATTED VIDEO CONFERENCES SHARING UNPUBLISHED DATA AND DATA SUBMITTED FOR PUBLICATIONS.

PART I, LINE 1:

THE PROSTATE CANCER FOUNDATION (PCF) HAS A TRANSPARENT AND COMPETITIVE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	
9	X	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JONATHAN W. SIMONS, M.D. CEO & PRESIDENT (LEFT 8/21)	(i)	487,055.	460,000.	0.	11,600.	18,127.	976,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOWARD SOULE EVP, CHIEF SCIENCE OFFICER	(i)	454,783.	35,000.	0.	11,600.	26,268.	527,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINE JONES CHIEF OPERATING OFFICER	(i)	161,830.	0.	225,200.	6,513.	4,683.	398,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES RYAN (JOINED 10/21) CEO & PRESIDENT	(i)	148,805.	150,000.	0.	4,332.	6,522.	309,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HELEN HSIEH SVP, FINANCE & ADMINISTRATION	(i)	295,799.	0.	0.	11,600.	27,829.	335,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STUART HOLDEN, M.D. DIRECTOR/MEDICAL DIRECTOR	(i)	0.	0.	225,000.	0.	0.	225,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JANET HABER VP, EVENTS	(i)	201,058.	20,000.	0.	0.	15,551.	236,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHAVAUN RIGLER VP, DEVELOPMENT	(i)	174,837.	20,000.	0.	7,150.	27,655.	229,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JULIE DIBIASE VP, ORIGINAL CONTENT	(i)	191,843.	0.	0.	8,140.	15,839.	215,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GEORGE CHONG CONTROLLER	(i)	167,771.	0.	0.	6,711.	15,419.	189,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE FOUNDATION ALLOWS FIRST CLASS TRANSCONTINENTAL TRAVEL FOR THE CEO, DR. JONATHAN W. SIMONS DUE TO MEDICAL REASONS. THIS TRAVEL ACCOMMODATION WAS APPROVED BY THE COMPENSATION COMMITTEE ON BEHALF OF THE BOARD OF DIRECTORS.

PART I, LINE 7:

THE COMMITTEE AWARDED THE DISCRETIONARY BONUSES TO THE OFFICERS AND EMPLOYEES BASED ON EXCEPTIONAL INDIVIDUAL PERFORMANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	1,088,346.	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

THE PUBLICLY TRADED SECURITIES ARE VALUED USING THE MEAN PRICE ON THE DAY OF RECEIPT. GOODS AND SERVICES IF ANY, ARE MAILED TO THE DONORS. NONCASH CONTRIBUTIONS ARE LISTED BY NUMBER OF CONTRIBUTORS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PROSTATE CANCER FOUNDATION

Employer identification number

95-4418411

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCELERATING PROSTATE CANCER RESEARCH. SINCE 1993, PCF'S INNOVATIVE RESEARCH HAS HELPED PATIENTS AROUND THE WORLD LIVE LONGER, SUFFER FEWER COMPLICATIONS, AND ENJOY BETTER QUALITY OF LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRECISION PREVENTION, EARLIER DETECTION AND GENOMIC MEDICINES FOR PROSTATE CANCER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REQUIRED TO OPENLY SHARE THEIR UNPUBLISHED FINDINGS ON AN ANNUAL BASIS WITH THE ENTIRE GLOBAL RESEARCH COMMUNITY OF PCF AWARD RECIPIENTS. SEE SCHEDULE O FOR MORE INFORMATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IL, BRONX, NY, LOS ANGELES, CA, MANHATTAN, NY, ANN ARBOR, MI, ATLANTA, GA, AND BALTIMORE, MD. PCF'S VETERANS HEALTH INITIATIVE WAS FOUNDED IN 2016 AS PART OF THE CANCER MOONSHOT TO ENSURE VETERANS, WHO DESERVE THE VERY BEST FROM OUR COUNTRY, RECEIVE THE VERY BEST RESEARCH AND PRECISION ONCOLOGY CARE FOR PROSTATE CANCER AVAILABLE THROUGH THE PCF-VA NETWORK.

FOR MORE THAN 3 MILLION AMERICAN MEN AND THEIR FAMILIES FIGHTING PROSTATE CANCER AND MILLIONS MORE GLOBALLY, PCF IS A PRIMARY SOURCE FOR NEW STANDARD-OF-CARE AND RESEARCH INFORMATION. PCF EDUCATES THE PUBLIC ABOUT PROSTATE CANCER RISKS, SCREENING, PREVENTION, TREATMENT OPTIONS, AND SIDE EFFECTS. WE CONNECT PATIENTS, LOVED ONES, CARE PROVIDERS AND

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

Schedule O (Form 990) 2021

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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SCIENTISTS TO CRITICAL UPDATES, THE LATEST DEVELOPMENTS, BEST PRACTICES, AND NEWS FROM THE TREATMENT PIPELINE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHAMPIONING, MENTORING, AND IDENTIFYING STRONG LEADERSHIP POTENTIAL IN EARLY-CAREER HUMAN CAPITAL INVESTMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOR MORE THAN 3 MILLION AMERICAN MEN AND THEIR FAMILIES FIGHTING PROSTATE CANCER AND MILLIONS MORE GLOBALLY, PCF IS A PRIMARY SOURCE FOR NEW STANDARD-OF-CARE AND RESEARCH INFORMATION. PCF EDUCATES THE PUBLIC ABOUT PROSTATE CANCER RISKS, SCREENING, PREVENTION, TREATMENT OPTIONS, AND SIDE EFFECTS. WE CONNECT PATIENTS, LOVED ONES, CARE PROVIDERS AND SCIENTISTS TO CRITICAL UPDATES, THE LATEST DEVELOPMENTS, BEST PRACTICES, AND NEWS FROM THE TREATMENT PIPELINE. SINCE PCF'S INCEPTION, AND THROUGH ITS EFFORTS, PATIENTS AROUND THE WORLD ARE LIVING LONGER, SUFFERING FEWER COMPLICATIONS, AND ENJOYING BETTER QUALITY OF LIFE. PCF IS COMMITTED TO CREATING A GLOBAL PUBLIC SQUARE FOR PROSTATE CANCER, IN SERVICE TO OUR MISSION OF ENDING DEATH AND SUFFERING FROM THE DISEASE. THROUGH YEAR-ROUND AWARENESS AND EDUCATION PROGRAMS, PCF AIMS TO SPUR MEN AND WOMEN ALIKE TO TALK ABOUT THIS DISEASE, TO UNDERSTAND ITS URGENCY, AND TO HAVE INFORMATION-DRIVEN HOPE.

EXPENSES \$ 7,253,220. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,617.

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL MILKEN (CHAIRMAN) FAMILY AND BUSINESS RELATIONSHIP; LORI MILKEN (DIRECTOR/VP) FAMILY AND BUSINESS RELATIONSHIPS; RALPH FINERMAN (TREASURER/CFO) BUSINESS RELATIONSHIP; RICHARD SANDLER (DIRECTOR) BUSINESS

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

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE FOUNDATION'S CEO, CFO AND SENIOR VP FINANCE AND ADMINISTRATION BEFORE DISTRIBUTION TO THE AUDIT COMMITTEE FOR REVIEW AND FINAL APPROVAL. THE ENTIRE BOARD RECEIVES A COPY OF FORM 990 AND HAS AN OPPORTUNITY TO RAISE ISSUES PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S BOARD OF DIRECTORS ADOPTED A CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL DIRECTORS AND OFFICERS CONSISTENT WITH THE MODEL SUGGESTED BY THE INTERNAL REVENUE SERVICE. THE POLICY REQUIRES THAT DIRECTORS AND OFFICERS DISCLOSE ANY TRANSACTIONS IN WHICH THEY HAVE A FINANCIAL INTEREST TO THE FOUNDATION'S GENERAL COUNSEL. THE GENERAL COUNSEL IS RESPONSIBLE FOR GATHERING INFORMATION AND PREPARING A REPORT REGARDING ANY PROPOSED TRANSACTION WHERE THERE IS A DISCLOSED FINANCIAL INTEREST AND DETERMINING WHETHER OR NOT THE TRANSACTION REASONABLY COULD BE DETERMINED TO MEET THE FOUNDATION'S STANDARDS FOR APPROVING A TRANSACTION, IN WHICH AN OFFICER OR DIRECTOR HAS A FINANCIAL INTEREST (I.E., THE BEST INTERESTS OF THE FOUNDATION FOR THE FOUNDATION'S BENEFIT AND FAIR AND REASONABLE AS TO THE FOUNDATION). IF PCF'S GENERAL COUNSEL DETERMINES THE TRANSACTION MAY MEET THE APPROVAL STANDARD, THE TRANSACTION IS REVIEWED BY AND EITHER APPROVED OR DISAPPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS OR THE ENTIRE BOARD OF DIRECTORS CONSISTENT WITH APPLICABLE STATE CORPORATE LAW REQUIREMENTS. AS PART OF THE REVIEW PROCESS, COMMITTEE OF BOARD OF DIRECTORS IS REQUIRED TO IDENTIFY AND EVALUATE POTENTIAL ALTERNATIVE TRANSACTIONS WHICH DO NOT INVOLVE A FOUNDATION OFFICER OR DIRECTOR. THE INTERESTED OFFICER OR DIRECTOR IS ALLOWED TO PRESENT INFORMATION TO THE

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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COMMITTEE OR BOARD OF DIRECTORS BUT MUST LEAVE THE MEETING AT WHICH THE TRANSACTION IS CONSIDERED PRIOR TO THE FINAL VOTE. THE FOUNDATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES OFFICERS AND DIRECTORS TO COMPLETE ANNUAL QUESTIONNAIRES WHEREIN THEY ARE ASKED TO IDENTIFY ALL TRANSACTIONS WHERE THEY MAY HAVE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST. AS PART OF THE QUESTIONNAIRE, EACH OFFICER AND DIRECTOR IS REQUIRED TO CONFIRM THEIR UNDERSTANDING THAT THE FOUNDATION IS A TAX EXEMPT ENTITY AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH FURTHER ITS MISSION. THE FOUNDATION'S SCIENTIFIC REVIEW PANELS DETERMINE WHICH RESEARCH PROJECTS OR TYPES OF PROJECTS WILL BE FUNDED BY THE FOUNDATION, AND ALSO HAS A CONFLICT OF INTEREST POLICY. PANELISTS ARE REQUIRED TO ABSTAIN FROM DISCUSSIONS AND VOTES REGARDING FUNDING FOR RESEARCH PROJECTS IN WHICH THEY HAVE A FINANCIAL OR PROFESSIONAL INTEREST OR INSTITUTIONAL AFFILIATION.

FORM 990, PART VI, SECTION B, LINE 15:

STAFF COMPENSATION, INCLUDING OFFICERS AND KEY EMPLOYEES, LISTED ON SCHEDULE J ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE BASED ON QUALIFICATIONS AND MARKET COMPARABILITY IN SIMILAR INDUSTRIES. THE LAST COMPENSATION REVIEW OCCURRED IN DECEMBER 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION POSTS ITS ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND FORM 990 ON ITS WEBSITE WWW.PCF.ORG (GO TO "ABOUT PCF/WHERE YOUR MONEY GOES"). THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

Name of the organization PROSTATE CANCER FOUNDATION	Employer identification number 95-4418411
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POLICY ARE ALSO POSTED ON THE WEBSITE WWW.PCF.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN EXCHANGE TRANSLATION	11,919.
BAD DEBT EXPENSE	-150,000.
GRANT REFUNDS	91,530.
TOTAL TO FORM 990, PART XI, LINE 9	-46,551.