Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made publication.	ያን ልና
 Do not enter social security numbers on this form as it may be made publi Go to www.irs.gov/Form990 for instructions and the latest information. 	$\mathcal{M}_{\mathcal{M}}$

Depa	rtment on al Reve	of the Treasury nue Service	>	Go to www.irs.	gov/For	n990 for ir	structions	and the late	st infor	mation.		Inspection
AF	or the	2020 calend	lar year, or tax	year beginning	JAN	1, 20	20	and ending	MAR	31, 2	020	
B	Check if opplicable	C Name o	of organization						DE	mployer id	entificatio	on number
	Addre:	E Zero	_ The	End of Pr	ostai	ce Can	cer		-			
	Name chang	e Doing b	usiness as							59-34	00922	
	initial return			P.O. box if mail is no	t delivered	l to street ac	ldress)	Room/sui	te E Te	elephone ni		
L.	Final return termin		King St			 		420	- 	(202)	463-	
_	ated □Ameno	City or t	town, state or p kandria ,	rovince, country, VA 2231		or foreign p	ostal code		1	ross receipts \$		2,227,49
-	⊒return ⊒Applic Ition			principal officer:J		Bears	e			is this a great for subordi	-	Yes 🗓
	pendu		as C ab						1	Are all subordi		
1 1	Гах-ех	empt status:	X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or	9	If "No," atta	ach a list.	See instructions
			zerocan		T.:-					Group exe		
			X Corporation	Trust	Associa	tion	Other >	L Ye	ar of form	nation: 19	96 M Sta	te of legal domicile:
Pa	art I	Summary		tion's mission or r		· · · · · · · · · · · · · · · · · · ·	70	ro's mi	ecio	n id i	-0 00	
56	1	prostat	be the organization	tion's mission or r r through	nost sign rese	ilicant activ	actio	on, edu	cati	on and	d suni	port.
Activities & Governance	i			he organization d								
Şe	1			of the governing b		-		opocoa or me	oro triair	2070 01 110	3	•
Ğ	1		-	ng members of the				1b)			4	
es &	5	Total number	of individuals e	employed in calend	dar year 2	2020 (Part	ر (V, line 2a	- l			5	
ž	6	Total number	of volunteers (estimate if necess	ary)	$\cdot () 2$	25	<i>0</i> 1.			6	6
Acti	7 a	Total unrelate	d business rev	enue from Part VII	I, columr	(C), line 1	2				7a	
	b	Net unrelated	business taxal	ble income from F	orm 990-						7b	
					1	BE	FIAR	Lioh-		rior Year		Current Year
en e	l .		and grants (Pa		· _F	THE.	*	7-1811 F	6,	691,72		1,274,10
Revenue	9	Program servi	ice revenue (Pa	art VIII, line 2g)	: [A FFR	25 202	1 3V F		357,9° 92,9°		23,91
Re	10	Investment in	come (Part VIII,	art VIII, line 2g) , column (A), lines imn (A), lines 5, 6c	3, 4,	(/d) LU				<3,6		10,23
		Other revenue	c (i ait viii, coid	imn (A), lines 5, 6d rough 11 (must e	, $cc_{\theta} pc_{\theta}$	LL DANGE TO T	.'2	T X L	7	138,9		1,308,25
	1			paid (Part IX, colu			riusy, titles			374,89		1,300,23
			-	ers (Part IX, colun	a . A			` ·	*	,	0.1	· · · · · · · · · · · · · · · · · · ·
s	,			n, employee bene		.	(A). lines 5-	10)	3,	062,50	51.	848,86
Expenses				(Part IX, column			y y,	``''		· · · · · ·	0.	
ë)		_	Part IX, column (D			158	,445.				
ŵ	17	Other expense	es (Part IX, colu	umn (A), lines 11a-	1/ 1d: 11f	240)				969,38		681,52
	18	Total expense	s. Add lines 13	3-17 (must equal P	at IX, co	REGE	MaD	N [6,	406,84		1,530,38
) _ छ	19	Revenue less	expenses. Sub	tract line 18 from	the 2/		/- \	10		732,13		<222,13
Net Assets or Fund Balances					2/2	MAR 2	2021			g of Current		End of Year
Set	20	Total assets (I	Part X, line 16)				2021			841,43		3,388,56
뚫	21		(Part X, line 26		1 70	10DE	TATION.	/告/		802,39		746,20
캺	22	Net assets or	fund balances.	Subtract line 21	tom ling	اع يالاه	4, UIV		3,	039,04	12.	2,642,36
	art II	Signature		we examined this se	hien inchi	ding accomi	anuna cobo	dulac and state	monte a	nd to the her	t of my kno	wledge and belief, it
	-			reparer (other than (-						_	wicage and belief, it
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Sigi	n		e of officer							Date	12.1	
Her		Jami	e Bears	e, CEO								
			print name and tit			, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·					
		Print/Type pre	parer's name		Pren	arer's signa	tarre	1	Date	Che		PTIN
Paid	1	Jie Che					hen	fice	02/0	8/21 self	-employed	201049760
Prep	oarer	Firm's name	Roger	s & Compa		LC/	WW.		•	Firm's El	N ▶ 58	-2676261
Use	Only	Firm's address	8300	Boone Bou	levai	d, Su	ite 6	00				
				a, VA 221						Phone no	.(703	893-030
May	the IF	RS discuss the	s return with th	e preparer shown	above?	See instruc	tions			,		X Yes

Total program service expenses ▶

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1,294,625.

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			Yes	No
٠1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	,		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امدا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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		00922	2 F	age
Pa	rt.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			1.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		1	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
04 -	Schedule J	23	 	╁
24 a	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? If "Yes," answer lines 24b through 24d and complete		1	1
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	+
	Did the organization minest any proceeds of tax-exempt borids beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	 	+
·	any tax-exempt bonds?	24c	1	1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 - 1 - 1	†	†
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		十一
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	- 1		1
	Schedule L, Part I	25b	1	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			Т
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			T
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	∍d	į	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u></u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-	
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	↓	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l v
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	├	╀┷
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
00	Schedule N, Part II	32	├ ──	╁
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	\vdash	 ^^
34	Part V, line 1	34		x
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33.0	+	+==
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		_	t
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 55	t	† <u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	·	†	
- -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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
12	Enter the number reported in Roy 3 of Form 1096. Enter A if not applicable	0		

(gambling) winnings to prize winners?

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Zero - The End of Prostate Cancer 59-3400922 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15

Х

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Zero - The End of Prostate Cancer 59-3400922 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? 3 X Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website Upon request ☐ Other (explain on Schedule O) Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records 20

Jamie Bearse - (202) 463-9455

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	ed organization compensa (C)						(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	noen	than is bot	h an	compensation	compensation	amount of
	week		cer an	nd a director/trustee)			tee)	from	from related	other
	(list any	recto			i			the	organizations	compensation from the organization
	hours for related	e or d	<u>\$</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	
	organizations	individual trustee or director	Institutional trustee		8	m per		(** 2 1000 111100)		and related
	below	egnal	誓	ᡖ	Key employes	est co loyee	je.			organizations
	line)	듍	Inst	Officer	Key	Highest compensated employee	Form			
(1) Robert Ginyard	2.00]	Ì		}			<u> </u>		
Chairman		X	L	X		<u> </u>		0.	0.	0.
(2) Alicia Morgans	2.00]	li						_	_
Vice Chairman		X		X		L		0.	0.	0.
(3) Paul Taylor	2.00				İ					
Secretary/Treasurer		X		X	<u> </u>			0.	0.	0.
(4) Don Slaght	2.00	}					l			
Director		X			<u> </u>	<u> </u>		0.	0.	0.
(5) Brad Lerner	2.00	١								
Director		X			<u> </u>			0.	0.	0.
(6) Tom Bognanno	2.00	ļ.,								
Director	2 00	X			 -	ļ	-	0.	0.	0.
(7) Kelvin Moses	2.00	Į.						0.		0
Director	2 00	X	<u> </u>		├—	<u> </u>		0.	0.	0.
(8) Jonathan D. Schwartz	2.00	X						0.	0.	0.
Director	2.00	1^			 	-	-	0.		<u> </u>
(9) Cheryl Nikituk Director	2.00	X						0.	0.	0.
(10) Tom Hulsey	2.00	^	-		├	-		· ·	0.	<u> </u>
Director	2.00	X						0.	0.	0.
(11) Ed Lomasney	2.00	 	-		 	-				
Director		x						i o.	0.	0.
(12) Sherry Galloway	2.00	-	<u> </u>		 	_				
Director		x						0.	0.	0.
(13) Leo Giambarresi	2.00	\vdash	_		_	\vdash				
Director	ļ	X			1			0.	0.	0.
(14) Jamie Bearse	45.00								-	·····
President & CEO		1		X		ĺ		0.	0.	0.
(15) Kathy Costigan	45.00	Г								, , , , , , , , , , , , , , , , , , , ,
Chief Development Officer		1		Х				0.	0.	0.
(16) Colony Brown	45.00									
SVP, Marketing & Communicat				X	L			0.	0.	0.
		1					l	1		

			he End								59-340	0922	Pr	age 8
Pai	t.VII Section A. Officers, D	irectors, Trus		ploy	/ees			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title		(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	h an	1 '.	(E) Reportable compensation		(F) stimate nount	
			week (list any hours for related organizations below line)	director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fr org an	other npensa rom the ganizati d relate anizatio	e ion ed
		·		_					_					
				_					_					
		····		_	_									
	***************************************			_			_	-	_			-		
		 -		_				_						
				<u> </u>	-				_	<u></u>				
				-	-				_				v	
				-	_		_		L			-		
	Subtotal	· · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	<u>_</u> .			0.	0	-		0.
	Total from continuation she Total (add lines 1b and 1c)	ets to Part V	II, Section A				•		▶	0.	0			0.
2	Total number of individuals (il compensation from the organ	- ·	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			0
3	Did the organization list any f	ormer officer,	director, trust	ee, l	key (emp	loye	e, or	r hig	ghest compensated emp	oloyee on		Yes	No
4	line 1a? If "Yes," complete So For any individual listed on lin	ne 1a, is the si	ım of reportab	le c	omp	ensa					the organization	3		X
5	and related organizations gre Did any person listed on line	1a receive or a	accrue compe	nsat	ion f	from	any	unr/			dual for services	4		Х
Sec	rendered to the organization? tion B. Independent Contrac	tors										5	il	X
1	Complete this table for your f the organization Report com	pensation for	•							n the organization's tax				
	Name	(A) and business	address	N	INC	Ξ				(B) Description of s	services	Compe	C) nsatio	n
	·······	·							_					
	··				. <u>.</u>				_					
		·			,,,				_					
2	Total number of independent		-	not lı	mite	d to		_	stec	d above) who received n	nore than			
	\$100,000 of compensation from	om the organi	zation >				(<u>) </u>	-			Form	990 (2	2020)

rai		***	Check if Schedule O			e or note to any li	ne in this Part VIII			
			Oneok ii Gonedale O	JOI 10	anis a respons	of field to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ifts, Grants ir Amounts		b	Federated campaigns Membership dues Fundraising events		1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts		e f	Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	grant abov	ts, and ve 1f 1	,274,104.				,
5 5		_	Noncash contributions included in Total. Add lines 1a-1f	lines	1a-1f [19]\$		1,274,104.			
- 		''-	Total: Add lines 14 11			Business Code				
e vice	2	a b	Program Regis	tr	ation	900099	23,913.	23,913.		
Program Service Revenue		c d								
5		e								
۱ ۵			All other program service	reve	nue	<u> </u>	02 012	ļ		
\dashv		g	Total. Add lines 2a-2f				23,913.			
	3		Investment income (included other similar amounts)			>	13,573.			13,573.
l	4		Income from investment of	of tax	k-exempt bond	proceeds				
ŀ	5		Royalties		(i) Real	(ii) Personal	<u> </u>	ļ		
	_		0		(i) Real	(II) Personal	4			1
	6		Gross rents	6a		+	-			1
-			Less. rental expenses	6b 6c	-		4		ļ	
			Rental income or (loss)	_						
	-		Net rental income or (loss) Gross amount from sales of	\vdash	(i) Securities	(II) Other	 		l	
	′	а	assets other than inventory	,	912,418		1			
l		_	Less, cost or other basis	/a	712,410	-	-]	
او		U	and sales expenses	76	915,755				1	i.
eur		_	Gain or (loss)	7c	<3,337	` 	†			i
ş			Net gain or (loss)	10	107007	<u> </u>	<3,337.	>		<3,337.>
Other Revenue			Gross income from fundraisii including \$	ng ev	rents (not of		13/33/1			10,001.0
			contributions reported on Part IV, line 18	line						1
ŀ		b	Less. direct expenses		8		†			
l			Net income or (loss) from	fund		<u> </u>				
			Gross income from gamin		· -	T				
1	Ī	_	Part IV, line 19	3	9	a				
İ		b	Less direct expenses		9		1			!
			Net income or (loss) from	gam	ing activities	>				
1			Gross sales of inventory, I							
{			and allowances		10	$_{\rm a}$ 3,485.				
		b	Less. cost of goods sold		10	ъ 3,485.	1			
- 1			Net income or (loss) from	sale	s of inventory	>	0.			
<u>"</u>						Business Code				
no e	11	а								
ane		b								
		С								
Miscellaneous Revenue		d	All other revenue							
<u>-</u>		e	Total. Add lines 11a-11d			<u> </u>				
	12		Total revenue. See instruction	ns		. •	1,308,253.	23,913.	0.	10,236.
03200	9 12	-23	-20							Form 990 (2020)

9

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).

<u>·</u>	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				* * *
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	173,193.	136,437.	11,980.	24,776
6	Compensation not included above to disqualified				,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	536,494.	422,636.	37,108.	76,750
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,712.	9,227.	810.	1,675
9	Other employee benefits	74,843.	57,792.	8,804.	8,247
10	Payroll taxes	52,619.	41,745.	3,544.	7,330
11	Fees for services (nonemployees).				
а	Management				
b	Legal _				
C	Accounting				
d	, ,	52,500.	52,500.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g		00 600	0.4.004	1 010	2 0 6 0
	column (A) amount, list line 11g expenses on Sch 0.)	90,633.	84,931.	1,842.	3,860 2,065
12	Advertising and promotion	55,834.	53,769.		2,065
13	Office expenses	48,322.	36,508.		11,814
14	Information technology	5.		5.	
15	Royalties	217 440	206 422	2 660	7 255
16	Occupancy .	217,448.	206,433.	3,660.	7,355
17	Travel	133,877.	129,697.	3,741.	439
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10,192.	10,192.		
19	Conferences, conventions, and meetings	10,192.	10,192.		
20	Interest				
21	Payments to affiliates	7,334.	5,778.	507.	1,049
22	Depreciation, depletion, and amortization	2,884.	2,272.	199.	413
23	Insurance Other expenses, Itemize expenses, not covered	2,004.	4,414.	133.	#T3
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.)				
а	Dues & subscriptions	51,321.	33,535.	5,114.	12,672
b	Facility rental and per	6,849.	6,849.		· · · · · · · · · · · · · · · · ·
c	Entry fees	2,010.	2,010.		
d	Race timing	1,700.	1,700.		
e	***	614.	614.		· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	1,530,384.	1,294,625.	77,314.	158,445
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 ff following SOP 98-2 (ASC 958-720)				

Par	て・ス	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
	1	Cash - non-interest-bearing	-	233,260.	1	136,724
	2	Savings and temporary cash investments		18,880.	2	4,635
	3	Pledges and grants receivable, net			3	8,268
	4	Accounts receivable, net		99,814.	4	1,422
ł	5	Loans and other receivables from any current or for	mer officer, director,			
	ı	trustee, key employee, creator or founder, substant	al contributor, or 35%			
		controlled entity or family member of any of these p	ersons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			Manager of the control of the contro
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net			7	
สวรณร	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		96,914.	9	149,867
- 1	10a	Land, buildings, and equipment cost or other	-46			
		basis. Complete Part VI of Schedule D	516,053.			
	b	Less. accumulated depreciation 10	b 393,444.	75,084.		122,609
İ	11	Investments - publicly traded securities		3,306,243.	11	2,953,798
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		11 010	14	11 010
	15	Other assets. See Part IV, line 11		11,240.	15	11,240
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)	3,841,435.	16	3,388,563
	17	Accounts payable and accrued expenses	799,315.	17	165,578	
	18	Grants payable		18	477,604	
	19	Deferred revenue		19		
-	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part	•		21	
	22	Loans and other payables to any current or former of				
		trustee, key employee, creator or founder, substant				
	~~	controlled entity or family member of any of these pe	· ·		22	_
	23	Secured mortgages and notes payable to unrelated			23 24	
	24 25	Unsecured notes and loans payable to unrelated the			24	
1	23	Other liabilities (including federal income tax, payable parties, and other liabilities not included on lines 17-				
- 1		of Schedule D	24) Complete Part X	3,078.	25	103,019
	26	Total liabilities. Add lines 17 through 25		802,393.	26	746,201
-	20	Organizations that follow FASB ASC 958, check I	nere X	002/0300	20	7107202
3		and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		2,769,042.	27	2,372,362
	28	Net assets with donor restrictions		270,000.	28	270,000
	2.0	Organizations that do not follow FASB ASC 958,	check here			
2		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			29	
(30	Paid-in or capital surplus, or land, building, or equip	ment fund		30	
ž	31	Retained earnings, endowment, accumulated incom			31	
ivet Assets of Fully Balances	32	Total net assets or fund balances	ay at within turned	3,039,042.	32	2,642,362
-	33	Total liabilities and net assets/fund balances	•	3,841,435.	33	3,388,563

Form	990 (2020) Zero - The End of Prostate Cancer	59-	3400	944	Pa	ge 12		
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
•								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,30				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,53				
3	Revenue less expenses. Subtract line 2 from line 1	3				31.>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,03				
5	Net unrealized gains (losses) on investments	5		<17	4,5	49.>		
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				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2	,64	2,3	62.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		_]		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				i		
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis				_			
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	ı			l l		
	consolidated basis, or both:							
	Separate basis Consolidated basis 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	e audıt,		1	i			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain 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 Si	ngle Au	th:	1		х		
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	irt					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		i		

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		Zero	<u> </u>	The	End	of	Prosta	<u>ate</u>	Canc	er		5	9-3400922
Part	П	Reason for Public	Cha	rity Sta	atus.	(All org	anizations m	aust co	omplete t	hıs part.) S	See instruction	ıs.	
he or	ganı	zation is not a private found	dation	because	e it is: (For line	as 1 through	12, cl	neck only	one box.)			······································
1		A church, convention of ch	urch	es, or ass	sociatio	on of ch	hurches des	cribed	ın sectio	n 170(b)(1)(A)(i).		<u>~</u>
2		A school described in sect											\cap 1
3 E		A hospital or a cooperative						•			ii).		O i
4		∧ medical research organiz	-		_						•	Viii). Enter	the hospital's name
-		city, and state:		горолдко.	u 00	, ija i ioti	011 1110110	opital	40001100	u 111 000 012	O(D)(.)()	Minh Elicol	the hospital s hame,
5 [An organization operated for	or the	henefit (of a co	lloge o	r university	wood	or opera	tod by a o	overnmental	int descri	had in
J L.		-				ilege o	i university c	WINCU	or opera	iteu by a g	Overmienta	iriit desciii	bed in
٦ ٦		section 170(b)(1)(A)(iv). (0						:		70/L V/4V/A			
6		A federal, state, or local go											
7 L		An organization that norma				intial pa	art of its sup	port ir	om a gov	rernmenta	unit or from t	ne general	I public described in
		section 170(b)(1)(A)(vi). (C			•			_					
8 -	\neg	A community trust describe											
9 ∟		An agricultural research org	ganıza	ation des	cribed	ın seci	tion 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	t college
		or university or a non-land-(grant	college c	of agric	ulture ((see instruct	ions).	Enter the	name, cit	y, and state of	the collec	ge or
_		university:		 									
10 📙		An organization that norma	ılly re	ceives (1)) more	than 3	3 1/3% of its	s supp	ort from	contribution	ons, members	hip fees, a	nd gross receipts from
		activities related to its exer	npt fu	unctions,	subjec	ct to ce	rtain except	ions; a	and (2) no	more that	n 33 1/3% of	ts support	t from gross investment
		income and unrelated busi	ness	taxable ır	ncome	(less s	ection 511 t	ax) fro	m busine	esses acqu	ired by the or	ganization	after June 30, 1975.
_		See section 509(a)(2). (Co	mplet	te Part III	.)								
11 💄	╛	An organization organized	and c	perated	exclus	ively to	test for pub	olic saf	ety See	section 56	09(a)(4).		
12 L		An organization organized	and c	perated	oxclus	ively fo	r the benefit	of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganiz	zations de	escribe	d in se	ection 509(a)(1) or	section	509(a)(2).	See section 5	i09(a)(3). (Check the box in
		lines 12a through 12d that	desc	ribes the	type o	f supp	orting organ	izatıor	and con	nplete line	s 12e, 12f, and	i 12g.	
а		Type I. A supporting orga	anızat	tion opera	ated, s	upervis	sed, or contr	olled I	by its sup	ported or	ganization(s), t	ypically by	y giving
		the supported organization	on(s)	the powe	er to re	gularly	appoint or e	elect a	majority	of the dire	ctors or truste	es of the	supporting
		organization. You must o	omp	lete Part	t IV, Se	ctions	A and B.						
b		Type II. A supporting org						nnect	ion with it	ts support	ed organizatio	n(s), by ha	aving
		control or management of		-							•		•
		organization(s). You mus							•				
С		Type III functionally inte		-					n connec	tion with.	and functional	lv integrat	ed with.
-		its supported organizatio	_	•	•		-					., <u>.</u>	
d		Type III non-functionally				•				-	*	ted organ	ization(s)
_		that is not functionally int		-		_	-	•			• •	-	. ,
		requirement (see instruct	_		-	•			•		•	i ari attorit	
		Check this box if the orga	•			•	•					ii Tyne iii	
•		functionally integrated, or									. , , po 1, 1 , po	, . , po	
f I	≘nte:	the number of supported				riany iii	togrates sup	opol (ii	ig organi	LUCIOTI.			
		de the following information	_			d orga	nization(e)	•		•		• •	\
9 1		Name of supported	l	(ii) EIN	pporte		pe of organiza	tion	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	}				bed on lines	1.10	in your governi Yes	ng document?	support (see in	structions)	support (see instructions)
			 	· · · · · ·		above	(see instruction	orisj)					
								1					
		······································	 										
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otal			1		1			- 1		i i	1		1

Schedule A (Form 990 or 990-EZ) 2020 Zero - The End of Prostate Cancer 59-34009 [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.)

Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	-i	··· · · · · · · · · · · · · · · · · ·						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Gifts, grants, contributions, and			- 1							
	membership fees received. (Do not										
	include any "unusual grants.")	4,446,560.	4,657,593.	5,907,451.	6,691,728.	1,274,104.	22,977,436.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to			ľ							
	or expended on its behalf				İ						
3	The value of services or facilities										
	furnished by a governmental unit to			i							
	the organization without charge		,				1				
4	Total. Add lines 1 through 3	4,446,560.	4,657,593.	5,907,451.	6,691,728.	1,274,104.	22,977,436.				
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,				1						
	column (f)						1,653,346.				
6	Public support. Subtract line 5 from line 4						21,324,090.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
7	Amounts from line 4	4,446,560.	4,657,593.	5,907,451.	6,691,728.	1,274,104.	22,977,436.				
8	Gross Income from interest,										
	dividends, payments received on			ŀ							
	securities loans, rents, royalties,			ŀ							
	and income from similar sources	31,046.	27,774.	42,948.	69,989.	13,573.	185,330.				
9	Net income from unrelated business										
	activities, whether or not the	ļ									
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital					İ					
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						23,162,766.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,345,831.				
13	First 5 years. If the Form 990 is for th	ie organization's fin	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)					
	organization, check this box and stop			<u> </u>			<u>. ▶</u>				
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage								
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.06 %				
15	Public support percentage from 2019	Schedule A, Part I	II, line 14			15	65.12 %				
1 6 a	33 1/3% support test - 2020. If the o	•		line 13, and line 1	4 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$				
b	33 1/3% support test - 2019. If the o	organization did not	t check a box on lir	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	nis box				
	and stop here. The organization qualifies as a publicly supported organization										
17a	7a 10% -facts-and-circumstances test - 2020. 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 fact	s-and-circumstance	es test, check this	box and stop here	e. Explain in Part \	/I how the organiz	ation				
	meets the facts-and-circumstances te	ŭ	•		•	•	▶ L				
b	10% -facts-and-circumstances test	J				•	10% or				
	more, and if the organization meets the										
	organization meets the facts-and-circu		-		• •	-					
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s . ▶└				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails/to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to ί the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10bs 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 V) 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 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33/1/3% support tests - 2020. 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 wore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \$\psi\$ 33 1/3\% support tests - 2019. If the organization did not check a box on line 19 a, 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- **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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	-	
3a		!
3b		;
3c	·	,
4a		
+4		,
4b		
4c	-	,
		1
5a		
- 5b		
5c		-
		r 4
6		-
_		
7		
8		
9a		
9b		
9c		- ·
10a		
10b		•

	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VII the role played by the organization in this regard	3h		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E	
Sect	ion 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	1 1		
	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		
Sect	ion 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)			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI).			
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		
ect	ion 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		1

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Zero - The End of Prostate Cancer 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 ٠1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount 10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI) See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			(
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	<u> </u>		
4 Distributions for 2020 from Section D,	}		
line 7: \$			
Applied to underdistributions of prior years			<u> </u>
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
and 4b from line 1 For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017	<u> </u>		
c Excess from 2018			
d Excess from 2019			
e Excess from 2020	L		<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A												59-340		Page 8
Part VI	Part IV, line 1; P Section	Section A art IV, Sec D, lines 5	, lines 1 ction D, , 6, and	, 2, 3b, lines 2	, 3c, 4b, and 3; I	4c, 5a, 0 Part IV, 9	6, 9a, 9b Section I	o, 9c, 11a, 1 E, lines 1c, :	11b, and 11a 2a, 2b, 3a, a	c, Part IV, S and 3b; Par	Section B, line t V, line 1, Pa	a or 17b, Part III, es 1 and 2; Part I rt V, Section B, I itional informatio	V, Section ine 1e, Pa	n C, urt V,
	(See ins	tructions.)			<u> </u>								
Part I	II Sec	ction	A c	olu	nn (e	e)								
The or	gani	zatio	n is	fi	ling	a tl	hree-	-month	short	year	return	ı (Januar	y 1	
2020 -	Marc	ch 31	, 20	20)	for	2020	0 tax	x year	, due	to ch	ange of	account	ing	
period	1.	···-											·	
														
														
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SCHEDULE C (Form 990 or 990-EZ)

(Form 990 or 990-EZ

Political Campaign and Lobbying Activities

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.

2020
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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) organiza	ations: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	Zero -	The End of Prost	ate Cancer		59-3400922
Pá	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2 3	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures		> \$	
Pá	art I-B Complete if the or	ganization is exempt und	der section 501(c)	(3).	
2 3 46 t Pa 1 2 3	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section a Was a correction made? If "Yes," describe in Part IV. art I-C Complete if the organization of the filing organization expenditure line 17b Did the filing organization file Form Enter the names, addresses and e made payments. For each organization	concurred by organization manage on 4955 tax, did it file Form 4720 ganization is exempt under the filling organization for senization's funds contributed to ones. Add lines 1 and 2 Enter here in 1120-POL for this year?	gers under section 4955 of for this year? der section 501(c) ection 527 exempt func- ther organizations for se and on Form 1120-POL	, except section 501(stion activities ection 527 \$ \$ \$ solitical organizations to whice	Yes No Yes No No C)(3). Yes No h the filing organization
	contributions received that were pi political action committee (PAC). If	• •		•	te segregated fund or a
•	(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 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 Part II-A Complete if the organization 501(h)).	janization is exen	npt under section	n 501(c)(3) and fil	ed Form 5768 (e	400922 Page 2 lection under
	ition belongs to an affilia	atod group (and list in	Part IV each affiliated	graup mambar's nam	o addrosa EIN
• •	re of excess lobbying e	= ' '	rait iv each ainmateu	group member s nam	ie, audress, Eliv,
'	ition checked box A and	•	weione apply		
B Officer P In the ming organiza	ILION CHECKED DOX A and	a minted control pro	ivisions apply.	(a) Filing	(b) Affiliated group
	ts on Lobbying Expen ditures" means amour		1	organization's totals	totals
1a Total lobbying expenditures to infli	uence public opinion (g	rassroots lobbying)		48,398.	
b Total lobbying expenditures to infli	uence a legislative body	y (direct lobbying)	_	58,898.	
c Total lobbying expenditures (add li	ines 1a and 1b)	, , , ,		107,296.	
d Other exempt purpose expenditure	•	•		1,423,088.	
e Total exempt purpose expenditure		•	•	1,530,384.	
f Lobbying nontaxable amount. Ente			h columns.	226,519.	
If the amount on line 1e, column (a) of		ying nontaxable amo			
Not over \$500,000		ne amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,000	plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		plus 10% of the exce			
Over \$1,500,000 but not over \$17.) plus 5% of the exces			
Over \$17,000,000	\$1,000,0				
<u></u>					
g Grassroots nontaxable amount (er	nter 25% of line 1f)			56,630.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze	ro on either line 1h or lii	ne 1 ₁ , did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?			[Yes No
(Some organizations to	hat made a secti <mark>on 50</mark>	aging Period Under 1(h) election do not l te instructions for lin	have to complete all	of the five columns b	elow.
		ditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	401,959.	446,870.	470,342.	226,519.	1,545,690
b Lobbying ceiling amount (150% of line 2a, column(e))	,				2,318,535
c Total lobbying expenditures	272,358.	240,096.	214,691.	107,296.	834,441
d Grassroots nontaxable amount	100,490.	111,718.	117,586.	56,630.	386,424
e Grassroots ceiling amount (150% of line 2d, column (e))					579,636

55,096.

Schedule C (Form 990 or 990-EZ) 2020

245,229.

48,398.

f Grassroots lobbying expenditures

63,783.

77,952.

Schedule C (Form 990 or 990-EZ) 2020 Zero - The End of Prostate Cancer 59-340092 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t)
of th	e lobbying activity.	Yes	No	Amo	ount
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.		-		
а	Volunteers?		····		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?	L			
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?	<u> </u>			
f	Grants to other organizations for lobbying purposes?	-		ļ <u>.</u>	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
į.	Other activities?	-	···		
j	Total Add lines 1c through 1i	\vdash	<u> </u>		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	 	-		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4	on 501/c)/	5) or so	otion	
1 41	501(c)(6).	017 30 1(0)	J), UI 36	CUOII	
	ου τ _{(ο)(ο)} .			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 t	he nnor vear			
1	answered "Yes." Dues, assessments and similar amounts from members	· · · · · · · · · · · · · · · · · · ·	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	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 ex	ces s			
	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		
Pai	t IV Supplemental Information	 .			
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	p list), Part II-	A, lines 1 a	and 2 (See	
ınstr	uctions); 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 Open to Public Inspection

Name of the organization

Zero - The End of Prostate Cancer

Employer identification number 59-3400922

Schedule D (Form 990) 2020

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's $ \\$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pai	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea	· 	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 qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	. 2c
đ	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	· L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	-	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 furth	nerance 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 treation	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A		
а	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.

	dule D	<u> </u>	The End of					<u> </u>		00922	
		Organizations Maintaining C									ied)
3	_	the organization's acquisition, accessi	on, and other recor	ds, checi	k any of the	following tha	it make	significant	use of its		
	collec	tion items (check all that apply)									
а	믬	Public exhibition				hange progra	am				
b		Scholarly research	•	• []	Other						
c		Preservation for future generations							_		
4		de a description of the organization's co				_			ose in Par	t XIII.	
5		g the year, did the organization solicit of					er sımıla	ır assets		٦.,	[] ··
Da	to be	sold to raise funds rather than to be m					13.4 - II			Yes	No_
rai	. 10	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the	organizado	on answered	res or	ı Form 99	u, Part IV,	line 9, or	
12	le the	organization an agent, trustee, custod		dian/ for	contribution	os or other as	cate no	tuncluded	·· · ·		
ia		rm 990, Part X?	ian or other menne	ulary lui	Continuation	is or other as	sets Hu	i iriciaded		Yes	☐ No
h		s," explain the arrangement in Part XIII	and complete the fo	allowing t	ahla					7 162	NO
	11 16	s, explain the analigement in rait Alli	and complete the it	Jilovvii ig t	iaule.			Γ		Amount	
С	Regin	ning balance						1c		Ariount	
	-	ons during the year	• •					1d		··· · · - ·	
		outions during the year		-				1e			
f		g balance				•		1f			
		e organization include an amount on F	orm 990. Part X. line	21. for e	escrow or c	ustodial acco	unt liabi	٠ ــــــــــــــــــــــــــــــــــــ		Yes	□ No
		s," explain the arrangement in Part XIII.	•					•	_		
Par		Endowment Funds. Complete I									
			(a) Current year		rior year	(c) Two year		(d) Three	ears back	(e) Four y	ears back
1a	Begin	ning of year balance							-		
b	Contr	butions							-		
С	Net in	vestment earnings, gains, and losses									
d	Grant	s or scholarships						•			
е	Other	expenditures for facilities						•			
	and p	rograms									
f	Admir	nistrative expenses		L							
9	End o	f year balan ce		<u> </u>		<u> </u>					
2	Provid	le the esti <mark>mated percentage</mark> of the cur	rent yea <mark>r end balan</mark> e	ce (line 1	g, column (a	a)) held as:					
а	Board	designated or quasi-endowment		_%							
b	Perma	anent endowment	%								
С	Term	endowment >	%								
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are th	ere endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for t	the organi	zation	_	
	by.									$\overline{}$	es No
		nrelated organizations	-							3a(i)	
		elated organizations					•			3a(ii)	
_		s" on line 3a(ii), are the related organiza	•							3b	
4 Par		be in Part XIII the intended uses of the Land, Buildings, and Equipm		owment 1	lunds.						
Fai				O Dont II	/ lung 11g C	Con En-	Dod V	line 10			
		Complete if the organization answered								(d) D = -1	
		Description of property	(a) Cost or of basis (investigation)			or other	٠,,	ccumulate	*0	(d) Book	value
4	1024		Dasis (illivesti	nem)	Dasis	(other)	ue	preciation			
	Land Buildii										
		•			**	8,391.		3,6	86	1	,705.
		hold improvements	<u> </u>			5,518.		88,9			,560.
	Equip: Other	•		-		2,144.	· ·	300,8			,344.
	_	inos 1s through 1s. (Column (d) must e	aval Form 000 Dord	· V colus				200,0	-		609

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
. (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	e 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)	<u> </u>		
(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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			······································
(3)			
(4)			, .
(5)			
(6)			
(7)			· · · · · · · · · · · · · · · · · · ·
(8)			
(9)	15 \		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	 		* * * * * * * * * * * * * * * * * * * *
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
(a) Description of liability	0111 01111 000,11 0.1111, 11110	110 01 111. 000 1 0111 030,1 011 X, 1110 20	(b) Book value
(1) Federal income taxes			(-,
(2) Charitable gift annuities			2,822.
(3) Deferred rent	······································		100,197.
(4)		·	
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)	···		
(7)	<u></u>		
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)		103,019.
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial statements that	

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 Schedule D (Form 990) 2020

Sched	dule D (Form 990) 2020 Zero - The End of Prostate	Cancer	59-3400922 Page 4
Par		nts With Revenue per R	
	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 1,137,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a <174,549.	♪
b	Donated services and use of facilities	2b	<u>.</u>
C	Recoveries of prior year grants	2c]
d	Other (Describe in Part XIII.)	2d 3,485.	4 .1
е	Add lines 2a through 2d	••	2e <171,064.
3	Subtract line 2e from line 1	-	3 1,308,253.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>.</u> 1
þ	Other (Describe in Part XIII.)	4b	4 -1
	Add lines 4a and 4b		4c 0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 1,308,253.
Par	XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 1 522 262
	Total expenses and losses per audited financial statements	-	1 1,533,869.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
	Donated services and use of facilities	2a	4 1
b	Prior year adjustments .	2b	4 1
	Other losses .	2c	1 1
	Other (Describe in Part XIII.)	2d 3,485.	
е	Add lines 2a through 2d		2e 3,485.
_	Subtract line 2e from line 1		3 1,530,384.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	4 - 1
	Add lines 4a and 4b		4c 0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	 	5 1,530,384.
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part		4; Part X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.	
Dar	t X, Line 2:		
<u>r ar</u>	c A, line Z.	······································	
Man	agement has evaluated all tax positions an	nd has concluded	l that ZERO has
Han	agement has evaluated all tax positions an	ia nas concruaca	chae zeno has
tak	en no uncertain tax positions that qualify	y for either rec	ognition or
	on no anotitue tan positions once quelle	<u> </u>	93-1-0-0-1
dis	closure in the accompanying financial stat	tements.	
		· · · · · · · · · · · · · · · · · · ·	
			
Par	t XI, Line 2d - Other Adjustments:		
Cos	t of goods sold		3,485.
Par	t XII, Line 2d - Other Adjustments:		
Cos	t of goods sold		3,485.
		·	<u></u>

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Schedule D (Form 990) 2020

032054 12-01-20

Schedule D (Form 990) 2020	Zero -	- The	End	οf	Prostate	Cancer	59-3400922	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	rmation (co	ntinued)						
	(0)							
								
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

Zero - The End of Prostate Cancer

Employer identification number 59-3400922

Name of the organization	Zero - The	End of Pros	state Cance	r	Employer identification number 59-3400922
organization's	website.				
	····		 		
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Schedule O (Form 990 or 990-EZ) 2020