Form 990

032001 12-23-20

# 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	~
epartment of the Treasury	Co to serve in any /Form 000 for instructions and the letest information	
nernal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	v

Inter	nal Reve	of the Treasury nue Service			orm990 for ins			. 1111011111111111		Inspection
A	For th		lar year, or tax year beginnii	ng JA	N 1, 202	0 and	lending M	<del></del>	020	
В	Check if applicab	C Name o	f organization					D Employer id	dentificat	ion number
	Addre	e <u>Lero</u>	- The End of	Prost	ate Cano	er				
	Name chang	e Doing b	usiness as		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	59-34		2
F	initial retum Final	Number and street (of P.O. Dox if mail is not delivered to street address)  Number and street (of P.O. Dox if mail is not delivered to street address)  Number and street (of P.O. Dox if mail is not delivered to street address)  Number and street (of P.O. Dox if mail is not delivered to street address)  Number and street (of P.O. Dox if mail is not delivered to street address)  Number and street (of P.O. Dox if mail is not delivered to street address)  Number and street (of P.O. Dox if mail is not delivered to street address)							-9455	
_	return termir ated									2,227,493
Г	Amen	ded A i ov		314	ii oi loreigii po	star oode		H(a) Is this a g		
	Application pendi	F Name a	nd address of principal office	.Jami	e Bearse	•		for suboro		Yes X No
		same	as C above		1 7	1047/-)/41	1 200	H(b) Are all subor		
		empt status:	X 501(c)(3) 501(c)( zerocancer.org	)<	(insert no.)	<u> </u>	or	4,		t. See instructions
			X Corporation Trust	Asso	ociation 0	ther	I Year	of formation: 19		tate of legal domicile: DO
	art I	Summary	,		· · · · · · · · · · · · · · · · · · ·	1	<del></del>		<del></del>	
_	1	Briefly describ	oe the organization's mission	or most s	ignificant activit	les: Zero	's mis	sion is	to er	nd
Activities & Governance		prostat	e cancer throu	gh re	search,	action	ı, educ	ation an	d sur	port.
erne	2	Check this bo	x 🕨 🔲 if the organizatio	n discont	inued its operat	ions or dispo	osed of more	e than 25% of its	net asse	
Ž	3		ting members of the governin		•	•			3	14
ھ	4		dependent voting members o	-			•	-	4	1
ties	5		of individuals employed in ca		ar 2020 (Part V,	$\frac{1 \cdot (2a)}{2}$	<del>\</del>		5	60
ά	6		of volunteers (estimate if nec d business revenue from Par		$\frac{1}{2}$	$\omega$	3 . 		. 6 7a	0
¥			business taxable income from			11	~~		7b	0
	† <u> </u>	THE GITTERE	Dadinos taxasis insome from	1	RECE	ANED.		Prior Year	-1	Current Year
Ф	8	Contributions	and grants (Part VIII, line 1h)	\		<del></del>	124	6,691,7	28.	1,274,104
Š	9			1	TX // CED O	E 2021	1000	357,9		23,913
Revenue	10	Investment in	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 5	nes 3, 4,	M/Ja) FEB Z	19 505	1854	92,9		10,236
	11	Other revenue	s (Fait viii, Columni (7), iii es s	, ou, oc <sub>i</sub> j	oc non-and in	シュー・ルエ	スト		70.>	0
·	12		- add lines 8 through 11 (mus			(A), Vine 42)		7,138,9 374,8		1,308,253
i	13		milar amounts paid (Part IX, o	<u> </u>			·	3/4,0	0.	0.
S	14		to or for members (Part IX, cor r compensation, employee be			Jines 5.10)	· ⊢	3,062,5	1	848,861
- 3	162		undraising fees (Part IX, colui			y, iii les 5-10)	' · · ⊢	3,002,0	0.	0
Expens	b		ing expenses (Part IX, columi			<del>-</del> 158,4	145.	· · · · · · · · · · · · · · · · · · ·		······································
ຸພິ	17	Other expens	es (Part IX, column (A), lines	11a-1# <del>d. 1</del>	H16240)	V		2,969,3		681,523
	18	Total expense	es. Add lines 13-17 (must equ	al Part IX,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	烟川	.	6,406,8		1,530,384
	19	Revenue less	expenses. Subtract line 18 fr	rom line	2//	<del>- \ </del>   d	2	732,1		<222,131
Net Assets or	<u> </u>			2	MAR 25	2021	Be	ginning of Curren		End of Year
SSet	20		Part X, line 16)	.			}  -	3,841,4 802,3		3,388,563 746,201
et	21		s (Part X, line 26) fund balances. Subtract line	a. 1_ \	COPIN	7	†	3,039,0		2,642,362
F	art II	Signature		21 10011111	N6:20		₹⋯┴	3,033,0		2/012/002
			I declare that I have examined the	is return, in	cluding accompa	nying schedul	es and statem	ionts, and to the bo	st of my kr	nowledge and belief, it is
true	e, corre	ct, and complete	. Declaration of preparer (other th	han officer)	is based on all in	formation of v	vhich preparer	r has any knowledg	e.	
		Jan							6/21	
Sig	jn	1'	e of officer					Date		
He	re		e Bearse, CEO	-	<del> </del>	····				
		ļ <b>,</b>	print name and title	1.	)unnavarie accesto		<del></del>	Date To	hack	PTIN
Pai	d	Print/Type pre Jie Che	•	'	reparer's signatu	e fen i	//	2/08/21	heck	P01049760
	u parer	Firm's name	Rogers & Com	pany	PLLC/	gen i		Firm'e F	en-employed IN ► 58	3-2676261
	Only	Firm's address		oulev	ard. Sui	te 600	)	1 11111 3 1		
	··· <b>J</b>	5 4441633	Vienna, VA 2	2182				Phone	no. (703	3) 893-0300
Ma	v the l	RS discuss the	s return with the preparer sho		e? See instructi	ons				X Yes No

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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			
	similar 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9	<b>-</b>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	40		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	10		
••	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	Х	İ
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		Х
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	├
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
124	Schedule D, Parts XI and XII	12a	х	ĺ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	'		<sub>w</sub>
46	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	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<del></del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	• •		<b>├</b> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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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	990 (2020) Zero - The End of Prostate Cancer 59-340	<u>0922</u>	<u> </u>	age 4
Pa	Tt.IV Checklist of Required Schedules (continued)		1,4	T
90	Did the executation report more than \$5,000 of greate or other executance to or for demostic individuals on		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? If "Yes," complete Schedule I, Parts I and III	22	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-	<del> </del>	<del> </del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<u> </u>	ļ
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete	1		
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	<del> </del>	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<del> </del>	<del>  ^</del>
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	1	X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<del> </del>	X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200	+	<del>                                     </del>
·	"Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<del></del>	<b>†</b>	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u></u>	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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O  It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Tv	<u> </u>
4 -	Enter the number reported in Box 2 of Form 1006. Enter 0 if not employable	0	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	ŏ		
IJ	Enter the national of Forting Wise included in title 14. ENTER TO II HOLDSDIC I ID I	~ 1		

(gambling) winnings to prize winners?

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

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 **2**a 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? b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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? 5a 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? 50 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).  $\mathbf{X}^{\bar{}}$ 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 7с d If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 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 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 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand

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14a

14b

15

X

X

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

excess parachute payment(s) during the year?

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

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

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

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

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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.

<u>`                                    </u>	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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	1a		14			
	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.			- 1			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	İ	14			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other				
	officer, director, trustee, or key employee?	•	•	- }	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	Ī			
	of officers, directors, trustees, or key employees to a management company or other person?				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	s filed?	一上	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			t	5		X
6	Did the organization have members or stockholders?			r	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	·			
	more members of the governing body?	фропп	One of	- {	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	etockh	olders or	H	<del>''</del>		
_	persons other than the governing body?	3tocki i	514013, 01		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hy th	e following:	ŀ	75	-	<del></del>
а	The governing body?	Uy 111	o lonoming.	-  -	8a	<b>x</b>	
b	Each committee with authority to act on behalf of the governing body?	•		<u> </u>	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	achad	at the	<u> </u>	<del>00</del>		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	acried	at tite	- {	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Pevenu	Code I		9		
<del></del>	tion D. Follows (This dection D requests information about policies not required by the internal re	evenue	- COUC /	_		Yes	Ma
100	Did the organization have local chapters, branches, or affiliates?			Г	100	X	No
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hontor	a affiliatas	⊦	10a	-23	
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	napter	s, annates,	- 1	10b	х	
440	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dir bafa	 sa filma tha farm	-		X	
	· · · · · · · · · · · · · · · · · · ·	ay belo	re ming the form	' ŀ	11a		<del></del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1	40-	Ñ	اــ ــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. to oon	fluoto O		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			F	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I in Schedule O how this was done	res, u	scribe		ا مه	Х	
12	• • • •	• • • •	•	⊢	12c	X	
13	Did the organization have a written whistleblower policy?	•		-	13	X	
14	Did the organization have a written document retention and destruction policy?			-	14	^	<del></del>
15	Did the process for determining compensation of the following persons include a review and approv	-	aepenaent	- 1	- 1		Ì
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					x	
	The organization's CEO, Executive Director, or top management official			-	15a	$\frac{\Lambda}{X}$	
b	Other officers or key employees of the organization			ŀ	15b		<del></del> ,
	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 arrange	ment w	intn a				<b>X</b> _ }
	taxable entity during the year?			F	16a		
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				i		ł
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatıo	n's				<u>-</u> !
0	exempt status with respect to such arrangements?			L	16b		
	tion C. Disclosure	13 0	D ET (3)	<del></del>	77.0	7777	VE
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ınd 990	-T (Section 501(	c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	_					
	Own website Another's website Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict (	of interest policy	, and	finan	cıal	
	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 bo	oks ar	d records 🕨				
	Jamie Bearse - (202) 463-9455						
	515 King Street, No. 420, Alexandria, VA 22314						

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	anıza	tion	cor	npei	nsat	ted any current officer, of	director, or trustee.	
(A)				<b>C)</b>			(D)	(E)	(F)	
Name and title	Average	(do not check box, unless p		Pos			one	Reportable	Reportable	Estimated
	hours per			inless person is both an r and a director/trustee)				compensation	compensation	amount of
	week	<b></b> -				a director/trusteer		from	from related	other
	(list any hours for	trustee or director		l	Ì	L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 8	E S	l		ısateı		(W-2/1099-MISC)	(***2 1055-141150)	organization
	organizations	Fust	Institutional trustee	ŀ	<u>8</u>	m per		(** == ********************************		and related
	below	Indiwidual 1	utto	   <sub>15</sub>	Key employes	est co loyee	, j			organizations
	line)	P P P	Instil	Officer	Key	Highest compensated employee	Form			
(1) Robert Ginyard	2.00									
Chairman		X		X				0.	0.	0.
(2) Alicia Morgans	2.00	Į	l	İ				1		
Vice Chairman		X		Х	L	L		0.	0.	0.
(3) Paul Taylor	2.00				İ				_	
Secretary/Treasurer		X		X				0.	0.	0.
(4) Don Slaght	2.00	}						_	_	_
Director		X		<u> </u>	L	L		0.	0.	0.
(5) Brad Lerner	2.00			ł						
Director		X	<u> </u>		L_	<u> </u>		0.	0.	0.
(6) Tom Bognanno	2.00									
Director	<u> </u>	X						0.	0.	0.
(7) Kelvin Moses	2.00									
Director		X		L_	L_	L		0.	0.	0.
(8) Jonathan D. Schwartz	2.00							_	_	_
Director		X			_			0.	0.	0.
(9) Cheryl Nikituk	2.00			ŀ	Ì				_	_
Director		X		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(10) Tom Hulsey	2.00	ĺ	<b>i</b> .						_	_
Director		X						0.	0.	0.
(11) Ed Lomasney	2.00	ļ		Ì				_	_	_
Director		X			<u> </u>			0.	0.	0.
(12) Sherry Galloway	2.00									_
Director		X			L			0.	0.	0.
(13) Leo Giambarresi	2.00	l			l				i _	_
Director		X						0.	0.	0.
(14) Jamie Bearse	45.00				ĺ			_	_	_
President & CEO		匚		X	<u> </u>			0.	0.	0.
(15) Kathy Costigan	45.00							_	_	_
Chief Development Officer		L		X		L		0.	0.	0.
(16) Colony Brown	45.00				l					-
SVP, Marketing & Communicat				X	L	Ш		0.	0.	0.
	ł		1	l	l			1		

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ghe	st C						
(A)	(B)	İ		Pos	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensatio from related			ount other	)i
	(list any	gg						the	organizations			pensa	tion
						(W-2/1099-MIS	iC)		om the				
	organizations	ustee	Institutional trustee		23	suadu		(W-2/1099-MISC)			organization and related		
	below	dual	apport	_	Key employee	stcor	 					ınızatı	
	line)	횰	nst In	Officer	Key e	돌	퉏						
					ĺ								
		<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>						
	ļ	-								ŀ			
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	†	$t^-$			$\vdash$	<del>                                     </del>	┢				<del> </del>		
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	<u></u>	┨			1					}			
	<u> </u>	-	╁	$\vdash$		$\vdash$	├		<del> </del>				
		1	1							l			
		1	T	$\vdash$	1			<u> </u>	······································				
		1											
1b Subtotal							<b>•</b>	0.		0.			0.
c Total from continuation sheets to Part \	/II, Section A							0.	····	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	е			0
compensation from the organization								<del> </del>	·····			Yes	No
3 Did the organization list any former office	. director, trust	ee. I	kev e	ame	love	e. or	r hia	hest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for										1	3		X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization		1		
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		- 1	4		X
5 Did any person listed on line 1a receive or	-				_		elat	ed organization or indivi	dual for services				7.7
rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch	pers	son		· · · · · · · · · · · · · · · · · · ·	<del></del>		5	1	X
Section B. Independent Contractors  1 Complete this table for your five highest c	omnenested in	den	ende	ent c	onti	racto	nre t	hat received more than	\$100 000 of com	nene	ation f	rom	
the organization Report compensation for	-	-								perise	ation	10111	
(A)				5			Ī	(B)			(C	;)	
Name and busines	s address	N(	INC	3				Description of s	ervices	C	ompe		1
												···	
	<del></del>						$\dashv$	····			<del></del>		
									i				
			.,,				一						
									[				
2 Total number of independent contractors	-	ot li	mıte	d to		_	sted	above) who received in	ore than				
\$100,000 of compensation from the organ	ization >				(	<u>)                                    </u>						200	
											Form 9	JYU (2	2020)

	_		Check if Schedule O	ont	aine a reenonee	or note to any lir	ne in this Part VIII			
	_		Check ii Schedule O	OHIC	ans a response	or note to any in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
ts ts	1	l a	Federated campaigns		1a					ı
			Membership dues		1b					
ا <del>چ</del> ک			Fundraising events		1c					
اع ﷺ		d	Related organizations		1d					'
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	buti	ions) 1e					
r S		f	All other contributions, gifts,	grant						
اعَقَ			similar amounts not included	abov	/e 1f 1,	274,104.				,
달의		g	Noncash contributions included in	lines	1a-1f <b>1g</b> \$					
ပြုံ		h	Total. Add lines 1a-1f				1,274,104.			
- 1						Business Code	00 010	02.012		'
<u>8</u>	2	2 a	Program Regis	tr	ation	900099	23,913.	23,913.		
e S		b								
e e		С			<del></del>			<u> </u>		
Program Service Revenue		d	<del></del>					<u> </u>		<u> </u>
ĕ		e			<del> </del>					
-		f	All other program service	reve	nue	L	23,913.	<u> </u>		
			Total. Add lines 2a-2f	.,		<b>&gt;</b> _	43,913.			<del> </del>
	3	3	Investment income (includ	ling	dividends, intere	est, and	13,573.			13,573.
İ			other similar amounts)	£ 4		raccada	13,3/3			13,373
	5		Income from investment of Royalties	ıı tab	k-exempt bond p	broceeds				<del></del>
	J	,	noyalles	Γ	(ı) Real	(ii) Personal		<u> </u>		
	e	à a	Gross rents	6a	(7.132)	(4)				'
	•		Less. rental expenses	6b						'
			Rental income or (loss)	6c						
			Net rental income or (loss)			· •				
	7		Gross amount from sales of		(i) Securities	(II) Other				
	•		assets other than inventory	7a	912,418.					
İ		b	Less, cost or other basis			1				
ne l			and sales expenses	7b	915,755. <3,337.					
Ver		С	Gain or (loss)	7с	<3,337.	>				
ther Revenue			Net gain or (loss)			<b>_</b>	<3,337.	<u> </u>		<3,337.>
je l	8	3 a	Gross income from fundraising	ıg ev	rents (not					
₽			including \$		of	<u> </u>				
İ			contributions reported on	line	1c). See					'
			Part IV, line 18		8a					
- 1			Less. direct expenses		[8b]				· · · · ·	
]	_		Net income or (loss) from			····				
ļ	g	<b>Э</b> а	Gross income from gamin	g ac	l l					
			Part IV, line 19		9 <u>a</u>					,
ļ			Less direct expenses		9 <u>b</u>	<u> </u>				
j	40		Net income or (loss) from Gross sales of inventory, I	_	-					<del></del>
1	10	Ja	and allowances	೮ಎಎ	10a	3,485.				
		h	Less. cost of goods sold		105	405				
			Net income or (loss) from	sale			0.			
		<u> </u>				Business Code				
o e	11	l a								
ane		b			·, , · · · · ·					
e el		C								
Miscellaneous Revenue		d	All other revenue							
		е	Total. Add lines 11a-11d		<u> </u>	<b>&gt;</b>				
	12	2	Total revenue. See instruction	ns			1,308,253.	23,913.	0.	10,236.
03200	9 1:	2-23	-20							Form <b>990</b> (2020)

### 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 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,	4-0-400	404 405	44 44	
	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)		400 636	25 400	B C B C C
7	Other salaries and wages	536,494.	422,636.	37,108.	76,750
8	Pension plan accruals and contributions (include	11 110	0 005	040	4 685
	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 .				
С	Accounting	F2 F00	FO FOO		<del></del>
đ	, ,	52,500.	52,500.		
е	Professional fundraising services. See Part IV, line 17	<del></del>	<del> </del>		
f	Investment management fees				····
g		00 633	04 021	1 040	2 0.00
	column (A) amount, list line 11g expenses on Sch O.)	90,633.	84,931.	1,842.	3,860 2,065
12	Advertising and promotion	55,834.	53,769.		11,814
13	Office expenses	48,322.	36,508.	5.	11,014
14	Information technology			3.	
15	Royalties	217,448.	206,433.	3,660.	7 255
16	Occupancy	133,877.	129,697.	3,741.	7,355
17	Travel	133,011.	129,097.	3,741.	433
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	10,192.	10,192.		
19	Conferences, conventions, and meetings	10,132.	10,132.		
20	Interest  Payments to affiliates				
21	Payments to affiliates	7,334.	5,778.	507.	1,049
22	Depreciation, depletion, and amortization Insurance	2,884.	2,272.	199.	413
23 24	Other expenses. Itemize expenses not covered	2,004.	2,2,2,	1000	313
24	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 0.)				
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.		<del></del>
d	Race timing	1,700.	1,700.		
e	All other expenses	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	t·X	Balance Sheet					
		Check if Schedule O contains a response or note	to ar	y 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
- 1	5	Loans and other receivables from any current or t	forme	r officer, director,			
		trustee, key employee, creator or founder, substa	antial :	contributor, or 35%			
		controlled entity or family member of any of these	epers	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described	ın se	ction 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			96,914.	9	149,867
ı	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	516,053.			
	b	Less. accumulated depreciation	10b	393,444.	75,084.		122,609
i	11	Investments - publicly traded securities			3,306,243.	11	2,953,798
i	12	Investments - other securities. See Part IV, line 11	1		., ., ., ., ., ., ., ., ., ., ., ., ., .	12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			·	14	
i	15	Other assets. See Part IV, line 11		11,240.	15	11,240	
	16	Total assets. Add lines 1 through 15 (must equa	l line (	33)	3,841,435.	16	3,388,563
	17	Accounts payable and accrued expenses			799,315.	17	165,578
i	18	Grants payable	····	18	477,604		
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities .				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa	antial	contributor, or 35%			
ē		controlled entity or family member of any of these	e pers	ons .		22	
-	23	Secured mortgages and notes payable to unrelat	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties .		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X	2 070		102 010
		of Schedule D			3,078.	25	103,019
	26	Total liabilities. Add lines 17 through 25			802,393.	26	746,201
ري ري		Organizations that follow FASB ASC 958, chec	k he	e ▶ 🛣			
ည		and complete lines 27, 28, 32, and 33.		-	~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		'o 'o'mo- o'co
e e	27	Net assets without donor restrictions		-	2,769,042.	27	2,372,362
Ď,	28	Net assets with donor restrictions			270,000.	28	270,000
Š		Organizations that do not follow FASB ASC 95	8, ch	eck here 🕨 📖			
-		and complete lines 29 through 33.	.				
SI	29	Capital stock or trust principal, or current funds		<u> </u>		29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome,	or other funds	2 020 040	31	2 642 362
ž	32	Total net assets or fund balances			3,039,042.	32	2,642,362
	33	Total liabilities and net assets/fund balances	<u> </u>		3,841,435.	33	3,388,563 Form <b>990</b> (2020

	1990 (2020) Zero - The End of Prostate Cancer	59-	<u>-3400</u>	942	Pa	ge 12
Pa	rt 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.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 53	0,3	84.
3	Revenue less expenses. Subtract line 2 from line 1	3		<22	2,1	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				42.
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	rt 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:  Cash  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					المسا
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	,			
	consolidated basis, or both:		l			
	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,		İ		
	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 Sci	nedule (	Э.			. ]
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dıt			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	ht			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		1

Form **990** (2020)

032012 12-23-20

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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 - The End of Prostate Cancer 59-3400922 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (ili) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other our governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Total

# 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.)

Sec	ction A. Public Support	<del></del>			·····	<del></del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and 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			İ							
	or expended on its behalf										
3	The value of services or facilities										
•	furnished by a governmental unit to	i									
	the organization without charge										
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.				
	The portion of total contributions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,002,1201	2,2,2,202.	22,517,430.				
3	by each person (other than a										
	governmental unit or publicly				:						
	supported organization) included				į						
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)	ŀ					1 652 246				
_	``						1,653,346.				
	Public support. Subtract line 5 from line 4   ction B. Total Support			·			21,324,090.				
		(a) 2016	(b) 2017	(=) 2010	(4) 2010	(=) 0000	(6) Takal				
	ndar year (or fiscal year beginning in)	(a) 2016 4,446,560.	<b>(b)</b> 2017 4,657,593.	(c) 2018 5,907,451.	(d) 2019 6,691,728.	(e) 2020 1,274,104.	(f) Total 22,977,436.				
	Amounts from line 4	4,440,500.	4,057,333.	3,307,431.	0,031,720.	1,274,104.	22,377,430.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	31,046.	27,774.	42,948.	69,989.	13 573	185,330.				
_	and income from similar sources	31,040.	21,114.	42,940.	03,303.	13,3/3.	103,330.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carned on		····			<del></del>	<del></del>				
10	Other income. Do not include gain			ì							
	or loss from the sale of capital			ĺ			•				
	assets (Explain in Part VI.)						22 162 766				
	Total support. Add lines 7 through 10			1	<del>-</del>		23,162,766.				
	Gross receipts from related activities,	-					,343,631.				
13	First 5 years. If the Form 990 is for th	-	st, secona, thira, to	ourtn, or tiπtn tax y	ear as a section 5	OT(C)(3)	<b>.</b> —				
Sad	organization, check this box and stop		centage	<del> </del>	<del></del>	<u> </u>	· P				
	ction C. Computation of Public Public support percentage for 2020 (li			olumn (fl)		14	92.06 %				
	., , , ,		•	olumin (r))	•	15	7 - 7 - 7 -				
	Public support percentage from 2019 33 1/3% support test - 2020. If the o			lung 12 and lung 4	4 io 22 1/20/						
10a				line 13, and line 14	4 18 33 1/3% 01 11	iore, check this bo	x and ▶X				
	stop here. The organization qualifies a 33 1/3% support test - 2019. If the o			no 13 or 16o or di	 ino 15 io 22 1/20/	or more shoot th					
D	• •	_			ine 15 is 33 1/3%	or more, check tr	IIS DOX				
47-	and stop here. The organization quali	• •			12 160 or 166 o	2001 - 14 - 1004	or more				
1/8	10% -facts-and-circumstances test	-									
	and if the organization meets the facts		•	•		vi riow the organiz	auon				
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances test	•					1U% Of				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
4-	organization meets the facts-and-circu		•	, ,	• • •	•	· ►				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instruction	s . ▶└─				

Part III   Support S	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 ĺ 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 % Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 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 33 1/3% support tests - 2019. 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

- 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?
- 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? 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	
	1		
	2		_ ;
	3a		,
	3b		,
	3c - 4a		,
			,
	4b		,
	4c	-	;
			1
	E.		- ;
	5a - 5b		
	5c		
	:		
	6		
	7		
	- 8		
	9a		,
	9b		.,
	9c		- •
	10a		ı
	10b		
n 0	90 or 99	10-F7	2020

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on l	Nov. 20, 1970 (explain in	Part VI). See instructions.
•	All other Type III non-functionally integrated supporting organizations mu	ust 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		T
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		I
С	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).			<u> </u>
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		<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	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		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	inizations (continued)	
Sect	tion D - Distributions			Current Year
٠1	Amounts paid to supported organizations to accomplish ex	kempt purposes	1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
(000 1100 1100 1100 1100 1100 1100 1100		Pre-2020	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>b</b> From 2016			
c From 2017			
<b>d</b> 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)		<u> </u>	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.	<u> </u>		
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:	<u> </u>		
a Excess from 2016			
b Excess from 2017			
c Excess from 2018	<u> </u>		
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part line 1	IV, Section A, Ii I; Part IV, Secti	nes 1, 2, 3b, on D, lines 2 :	3c, 4b, 4c, 5a, and 3; Part IV,	6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	1b, and 11c, a, 2b, 3a, an	line 10, Part II, line 17a of Part IV, Section B, lines d 3b; Part V, line 1, Part e this part for any addition	1 and 2; Part IV, Section C, V, Section B, line 1e, Part V,
Part II S	ection A	A colum	n (e)	<u></u>			
The organ	ization	is fil	ing a t	hree-month	short	year return	(January 1
<u>2020 - Ma</u>	rch 31,	2020)	for 202	0 tax year	, due t	o change of	accounting
period.							
····							· · · · · · · · · · · · · · · · · · ·
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Schedule A (Form 990 or 990-EZ) 2020 Zero - The End of Prostate Cancer

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#### SCHEDULE C (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	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campa	tures	cal campaign activities	ın Part IV. . ►\$	
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.  Enter the amount directly expende Enter the amount of the filing organ exempt function activities  Total exempt function expenditure line 17b  Did the filing organization file Form Enter the names, addresses and e made payments. For each organization file part and the filing organization file payments.	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 an 1120-POL for this year?	der section 4955 der section 501(c) ection 527 exempt function organizations for section on Form 1120-POL	, except section 501( stron activities ection 527  \$  \$  solitical organizations to whice	Yes No
	contributions received that were prolitical action committee (PAC). If	romptly and directly delivered to	a separate political org	janization, such as a separa	
	(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
	· · · · · · · · · · · · · · · · · · ·				
	<del> </del>				

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	Zero - The	End of Pros	tate Cancer	59-3	400922 Page 2
Part II-A Complete if the org section 501(h)).	janization is exen	npt under section	n 501(c)(3) and fil	ed Form 5/68 (el	lection under
	ition belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and sha	re of excess lobbying e	xpenditures).			
B Check 🕨 🔲 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Expen ditures" means amou		) 	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (g	rassroots lobbying)		48,398.	
b Total lobbying expenditures to infli	· · · · · ·			58,898.	
c Total lobbying expenditures (add I	ines 1a and 1b)	•		107,296.	
d Other exempt purpose expenditur	es	•	<u>.</u>	1,423,088.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)			1,530,384.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in bot	h columns.	226,519.	
If the amount on line 1e, column (a) o	or (b) is: The lobb	ying nontaxable am	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,00		O plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		plus 10% of the exc			
Over \$1,500,000 but not over \$17		plus 5% of the exce	ss over \$1,500,000		1
Over \$17,000,000	\$1,000,0	00			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			56,630.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-	-		0.	
j If there is an amount other than ze	ero on either line 1h or l	ne 11, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?	- <u></u>		<u> </u>	Yes No
(Some organizations t	hat made a section 50	raging Period Under 01(h) election do not te instructions for lir	have to complete all	of the five columns b	elow.
,	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	401,959.	446,870.	470,342.	226,519.	1,545,690
<b>b</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

245,229.

48,398.

f Grassroots lobbying expenditures

63,783.

77,952.

55,096.

# 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)).

		<u> </u>	<u>'''</u>	b)
f the lobbying activity.	the filing organization attempt to influence foreign, national, state, or uding any attempt to influence public opinion on a legislative matter gight the use of.  Bement (include compensation in expenses reported on lines 1c through 1i)?  Bement (include compensation in expenses reported on lines 1c through 1i)?  Best or broadcast statements?  Instead or broadcast statements?	No	Amount	
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	- 1			
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>†</b>	
b If "Yes," enter the amount of any tax incurred under section 4912	-	•	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	- 1		<u> </u>	
	-+			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(	5), or se	ection	
	- (-/(	(0), 0. 0.		
30 I (C)(0).			Yes	No
501(c)(6).			169	
		1	163	
Were substantially all (90% or more) dues received nondeductible by members?	•	<del></del>	165	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior till-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 50</li> </ul>	01(c)(	2 ? 3 (5), or se	ection	e 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the propert III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>	01(c)(	2 ? 3 (5), or se	ection	ne 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties.  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members 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).	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members 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). 3 Current year	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the property III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the property of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>	01(c)(	2 3 (5), or se (b) Part	ection	ne 3, is
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the property of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess</li> </ul>	01(c)( " OR	2 3 (5), or se (b) Part	ection	ne 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the property of the organization agree to carry over lobbying and political campaign activity expenditures from the property of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 politic	01(c)( " OR	2 3 (5), or se (b) Part	ection	ne 3, is
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the property of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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 politic expenditure next year?	01(c)( " OR	2 3 (5), or se (b) Part	ection	ne 3, is

## **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

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s 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)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
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 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	conferring
	ımpermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education)	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	ied 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
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		. <u>2c</u>
đ	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a histonc struct	I I
	listed in the National Register .		
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 ear		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if	-	· L Yes L 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	iling of violations, and enforcing conserva	ation easements during the year
_	<b>&gt;</b> \$		MEN AND VO
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's illiancial statem	ients triat describes trie
Pai	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections or	f Art. Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its finar		
ь	If the organization elected, as permitted under FASB ASC 95		
_	art, historical treasures, or other similar assets held for public	· ·	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	<b>\$</b>
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financia	al gain, provide
_	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

		(Form 990) 2020 Zero -									00922	
Pa	rt III	Organizations Maintaining C	Collection	ns of A	Art, H	istorical T	reasures,	or Oth	<u>er Simi</u>	lar Asse	ts/continu	ed)
3	Using	the organization's acquisition, access	ion, and of	her recor	rds, ch	eck any of the	e following tha	at make :	significan	t use of its		
•	collec	tion items (check all that apply)			_							
а	$\Box$	Public exhibition		,	d 🖳	Loan or ex	change progr	am				
b	닏	Scholarly research		,	e L	Other						
С	L	Preservation for future generations										
4	Provid	de a description of the organization's co	ollections	and expla	ain hov	v they further	the organizat	ion's exe	empt purp	ose in Par	t XIII.	
5	During	g the year, did the organization solicit o	or receive o	donations	of art	, historical tre	asures, or oth	ner sımıla	r assets		<b>-</b> 7	
_		sold to raise funds rather than to be m									Yes	No_
Pa	rt IV	Escrow and Custodial Arran	_	•	lete if	the organizati	on answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
		reported an amount on Form 990, Pa					<del></del>		<del></del>	<del></del>		
1a		organization an agent, trustee, custod	lian or othe	er interme	ediary 1	for contributio	ns or other as	ssets not	tincluded	·	٦.,	
		rm 990, Part X?								. —	_ Yes	∟_ No
b	If "Ye	s," explain the arrangement in Part XIII	and comp	lete the f	ollowir	ng table:				<del></del>		
	_								-	<del>                                     </del>	Amount	
С.		ning balance		• •		•			1c	<del>                                     </del>		
a		ons during the year			-				1d	<del>                                     </del>		<del></del>
e		outions during the year	-	•			•		1e	<del> </del>		
7		g balance le organization include an amount on F	orm 000 I	 Dort V. lin	0 21 £	OF OCOFOUR OF (	custodial acci	ount liabi	ـــننــا ٠	<u> </u>	Yes	∐ No
		s," explain the arrangement in Part XIII.								<u> </u>	J 162	<b>=</b> "
_	rt V	Endowment Funds. Complete								<del></del>	· · · · · · · · · · · · · · · · · · ·	<u></u>
			<del></del>	ent year	1	) Prior year	(c) Two yea			vears back	(e) Four v	ears back
1a	Begin	ning of year balance	(2) (3)	<u> </u>	<del>'</del>	,	1		\ <del>-</del> /	,	1,3,	
b	•	ibutions			1				···			
c		vestment earnings, gains, and losses		<del></del>		<del></del>	†				<u> </u>	
d		s or scholarships									<del>                                     </del>	
е		expenditures for facilities	-						•			•
		rograms			}		ł				İ	
f	Admir	nistrative expenses										
g	End o	f year balance										
2	Provid	de the estimated percentage of the cur	tent year	end balan	ice (lin	e 1g, column	(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	ould equal	100%.								
3a	Are th	ere endowment funds not in the posse	ession of t	he organi	zation	that are held	and administe	ered for t	the organ	ızatıon	_	
	by.											es No
	(i) U	nrelated organizations				• •	•				3a(i)	<del></del>
		elated organizations								•	3a(ii)	<del></del>
b		s" on line 3a(ii), are the related organiza					?	٠			3b	
4		be in Part XIII the intended uses of the		uon's end	lowme	nt funds.						
Ра	rt VI	Land, Buildings, and Equipm		F	00 D		0	0 5-44	1			
		Complete if the organization answere				<del>- 1</del>		T		· · · · · ·	(0.5.	<del></del>
		Description of property		) Cost or a sis (invest			st or other s (other)	, , ,	.ccumulat preciatior	I.	(d) Book v	alue
	<del></del>		-   Das	na (ii ivesi	unent)	Dasis	(Julier)	l ue	PIECIALIOI	<del>`</del>	<del></del>	<del></del>
	Land	-				<u> </u>		<del> </del>				
	Buildi	•	<u> </u>			-	8,391.	<del> </del>	3 6	86.	1	,705.
		ehold improvements	-	<del> </del>		1.	$\frac{5,511}{15,518}$ .	<del>                                     </del>	88,9			,560.
	Equip Other	•					92,144.	<del>                                     </del>	300,8			,344.
		ines 1a through 1e. (Column (d) must e	aual Form	000 Par	+ Y .co			<u> </u>				,609.

Schedule D (Form 990) 2020

Schedu	le D (Form 990) 2020	Zero - 1	The En	d of	Prosta	te	Cancer	59	-3400922	Page 3
Part		Other Securitie								
	Complete if the or	ganization answered	l "Yes" on	Form 990	, Part IV, line	11b.	See Form 990, Part X,	lıne 12.		
. (a) De	scription of security or cate	GOTY (including name of s	ecurity)	(b) Boo	k value	(	(c) Method of valuation	. Cost or end	-of-year market v	alue
(1) Fin	ancial derivatives									
(2) Clo	sely held equity interest	s .								
(3) Oth	er					<u> </u>				<del></del>
<u>(A)</u>						<u> </u>	<del></del>			
(B)										
(C)_	· ··· · · · · · · · · · · · · · ·				<del></del>					
(D)						<u> </u>	·			
<u>(E)</u>						├			<del></del>	
(F)(C)						<b></b>			<del></del>	
(G)							<del> </del>	<del></del>		
(H)	Col. (b) must equal Form 99	In Part X col (R) line	12 )							
	VIII Investments -					1	** ** **		<u></u>	
		•		Form 990	). Part IV. line	11c.	See Form 990, Part X,	line 13.		
	(a) Description o		1,55 5.1	(b) Boo	k value		(c) Method of valuation		l-of-year market v	alue
(1)										
(2)										
(3)						<u>.</u>				
(4)										
(5)						ļ	·			
(6)						ļ				
(7)						<u> </u>		<u>.</u>		<del> </del>
(8)	<del></del>									
(9)	)-1 /h)1 Fa 00	O Dowl V and (D) line	10 \					· · · · · ·	<del></del>	<del> </del>
Part	Col. (b) must equal Form 99  IX Other Assets.		13.)			L	<del></del>			<del></del>
rait			i "Yes" on	Form 990	) Part IV line	11d	See Form 990, Part X,	line 15		
	Complete if the Gr	garnzación anoweres		scription	, raitty iiito		000101111000,1 41074		(b) Book va	lue
(1)			···-	<del></del>		-			<del></del>	
(2)	<del></del>	,		<del></del>						
(3)			· · · · ·							
(4)									•	
(5)										
(6)										
(7)									<del></del>	
(8)				<u> </u>						
(9)_										
	Column (b) must equal F X Other Liabiliti		(B) line 1:	5) .			· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Part			l "Von" on	Form 000	) Dort IV line	110	or 11f. See Form 990, F	Part V June 25		
		Description of liability		roilli 990	, rattiv, iiile	116	or th. See Form 990, F	art X, iii 16 23	(b) Book va	lue
1.	Federal income taxes		•						<b>(1)</b>	<del> </del>
(2)	Charitable of	rift annuit	ies						2	,822.
(3)	Deferred re				··					,197.
(4)		· · · · · · · · · · · · · · · · · · ·								
(5)		· · · · · · · · · · · · · · · · · · ·								
(6)										
(7)										
(8)										

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

103,019.

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

Sche	dule D (Form 9	90) 2020	Zero -	The I	End of	Prost	ate	Can	cer	59-3	3400922	Page 4
Par	t XI Reco	nciliation o	f Revenue	per Aud	ited Fina	ncial Sta	teme	nts W	ith Revenue per F	Return	) <u>.</u>	•
	Comple	ete if the organ	ization answer	ed "Yes" o	on Form 990	), Part IV, line	e 12a.					
• 1	Total revenue,	, gains, and oth	ner support pe	r audited f	inancial stat	tements				1	1,137	,189.
2	Amounts inclu	ided on line 1 l	out not on For	n 990, Par	t VIII, line 1	2						
а	Net unrealized	d gains (losses)	on investment	ts				2a	<174,549.	<u> </u>		
b	Donated servi	ces and use of	facilities					2b				
С	Recoveries of	prior year gran	its					2c		]		
d	Other (Describ	oe ın Part XIII.)	-					2d	3,485.			
e	Add lines 2a t	hrough <b>2d</b>								2e		,064.
3	Subtract line 2	2e from line 1				<u>.</u>				3	1,308	<u>,253.</u>
4	Amounts inclu	ided on Form 9	990, Part VIII, li	ne 12, but	not on line	1			•	1 1		
а	Investment ex	penses not inc	luded on Form	n 990, Part	VIII, line 7b	)		4a		1 1		
b	Other (Describ	oe in Part XIII.)						4b		J .		_
C	Add lines 4a a	•								4c		0.
5	Total revenue.	Add lines 3 ar	nd 4c. (This mu	st equal F	orm 990, Pa	art I, line 12.)				5	1,308	<u>,253.</u>
Par								ents V	Vith Expenses per	Retu	rn.	
		ete if the organ				), Part IV, line	e 12a.		<del></del>		4 533	0.60
1	•	s and losses p									1,533	,869.
2	Amounts inclu	ided on line 1 l	out not on Forn	n 990, Par	t IX, line 25				ì			
а	Donated servi	ces and use of	facilities					2a		1 1		
b	Prior year adju	ustments .	-					2b		1 1		
С	Other losses	-						2c	2 405	1		
d	Other (Describ	oe in Part XIII.)						2d	3,485.	1 1		
е	Add lines 2a t	hrough <b>2d</b>								2e		<u>,485.</u>
3	Subtract line 2	2e from line 1					,			3	1,530	,384.
4	Amounts inclu	uded on Form 9	90, Part IX, lın	e 25, but r	not on line 1			1 1	1			
а	Investment ex	penses not inc	luded on Form	n 990, Part	VIII, line 7b	ļ		4a		]		
b	Other (Describ	oe ın Part XIII.)						4b	,	<b>.</b>		_
C	Add lines 4a a									4c		0.
5		s. Add lines 3		nust equal	Form 990, I	Part I, line 18	3)		·	5	1,530	<u>,384.</u>
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	=	· •							1b and 2b, Part V, line	4; Part	X, line 2; Part 2	XI,
lines :	2d and 4b; and	d Part XII, lines	2d and 4b. Als	o complet	e this part t	o provide an	y addit	tional in	iformation.			
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Par	t X, Li	ne 2:						·.				
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Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020	Zero	- The	End	οf	Prostate	Cancer	59-3400922	Page 5
Schedule D (Form 990) 2020 Part XIII   Supplemental Infor	mation (co	ontinued)						
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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

Form 990, Part III, Line 4d, Other Program Services:
Research - By creating our own research fund, ZERO directly supports
cutting-edge research that offers the best return on investment, with a
track record of expediting life-saving treatments from the laboratory
to patients.
Form 990, Part VI, Section B, line 11b:
Form 990 is reviewed by the CEO, the Chair of the Finance and Audit
Committee, the Chair of the Executive Committee, and also provided to all
Board of Directors before filing.
Form 990, Part VI, Section B, Line 12c:
Compliance with the conflict of interest policy is reviewed by the CEO
preceding each board meeting.
Form 990, Part VI, Section B, Line 15:
Compensation of CEO and executive officers is determined by the Board of
Directors.
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
AL,AK,AZ,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, CO, MO, HI, LA, DC
Form 990, Part VI, Section C, Line 19:
Governing documents, conflict of interest policy and financial documents
are available upon request. Financial documents are also available on the
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Zero - The End of Prostate Cancer	Employer identification number 59-3400922
organization's website.	
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Schedule O (Form 990 or 990-EZ) 2020