

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **MAY 1, 2010** and ending **APR 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOVEMBER, INC.		D Employer identification number 77-0714052
	Doing Business As		E Telephone number 310-450-3331
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,535,941.
	1518 ABBOTT KINNEY BLVD.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 VENICE, CA 90291		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: DONNY KILLIAN SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MOVEMBER.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2007
			M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PLEASE REFER TO SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,208,672.	Current Year 7,498,600.
	9 Program service revenue (Part VIII, line 2g)	11,450.	5,550.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,906.	7,078.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,310.	24,713.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,236,338.	7,535,941.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,007,505.	5,289,672.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	231,739.	451,635.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 488,598.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	937,902.	1,476,574.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,177,146.	7,217,881.
19 Revenue less expenses. Subtract line 18 from line 12	59,192.	318,060.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,354,226.	End of Year 4,914,936.
	21 Total liabilities (Part X, line 26)	1,275,916.	4,518,566.
	22 Net assets or fund balances. Subtract line 21 from line 20	78,310.	396,370.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ DONNY KILLIAN, US COUNTRY MANAGER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name EDWARD E BENOE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.	Firm's EIN ▶		Phone no. 949-833-2815	
Firm's address ▶ 19600 FAIRCHILD, STE 320		IRVINE, CA 92612			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,231,569. including grants of \$ 5,289,672.) (Revenue \$ 30,263.) MOVEMBER INCORPORATED RUNS THE ANNUAL MEN'S HEALTH INITIATIVE, MOVEMBER. EACH YEAR, MOVEMBER, THE MONTH FORMERLY KNOWN AS NOVEMBER, CHALLENGES MEN TO GROW MOUSTACHES TO RAISE AWARENESS AND FUNDS FOR MEN'S HEALTH - SPECIFICALLY PROSTATE AND OTHER CANCERS AFFECTING MEN. MEN WHO GROW MOUSTACHES FOR THE MONTH OF MOVEMBER BECOME WALKING, TALKING BILLBOARDS FOR THE CAUSE, RAISING AWARENESS BY PROMPTING PRIVATE AND PUBLIC CONVERSATION AROUND THE OFTEN IGNORED ISSUE OF MEN'S HEALTH. AS AN ORGANIZATION WE ARE COMMITTED TO CONTINUALLY FINDING ENGAGING AND INNOVATIVE WAYS OF ENCOURAGING MEN TO BECOME AWARE OF AND ACTIVELY INVOLVED IN THEIR OWN HEALTH ISSUES. OF THE REVENUES RECORDED FOR THIS CAMPAIGN YEAR WE DONATED \$5,289,672 TO OUR BENEFICIARY PARTNERS, THE PROSTATE CANCER FOUNDATION AND THE LANCE ARMSTRONG

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,231,569.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
MOVEMBER GROUP PTY LTD - 3104503399
233 PUNT ROAD, RICHMOND VICTORIA, 3121 AUSTRALIA

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

Check if Schedule O contains a response to any question in this Part VII X

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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM GARONE SEE SCH J/O/R CEO	14.00	X		X				72,794.	0.	6,164.
PAUL VILLANTI DIRECTOR	2.00	X						0.	0.	0.
ELAINE FARRELLY DIRECTOR	2.00	X						0.	0.	0.
ANDREW GIBBINS DIRECTOR	2.00	X						0.	0.	0.
TRAVIS GARONE DIRECTOR	2.00	X						0.	0.	0.
MARK FEWELL DIRECTOR	2.00	X						0.	0.	0.
JOHN HUGHES DIRECTOR	2.00	X						0.	0.	0.
COLLEEN NELSON DIRECTOR	2.00	X						0.	0.	0.
DONNY KILLIAN US COUNTRY MANAGER	40.00			X				13,333.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,498,600.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		7,498,600.				
	Program Service Revenue	2 a	OTHER INCOME GALA PART	Business Code 900099	5,550.	5,550.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		5,550.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,078.			7,078.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a	24,713.					
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory		24,713.	24,713.				
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		7,535,941.	30,263.	0.	7,078.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,289,672.	5,289,672.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,958.	39,479.	15,792.	23,687.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	313,110.	178,902.	46,185.	88,023.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,615.	2,094.	18,449.	1,072.
10 Payroll taxes	37,952.	21,140.	5,999.	10,813.
11 Fees for services (non-employees):				
a Management				
b Legal	7,600.		7,600.	
c Accounting	20,199.		20,199.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	51,099.		10,000.	41,099.
12 Advertising and promotion	154,767.	153,905.		862.
13 Office expenses	18,043.		18,043.	
14 Information technology	33,997.	3,933.	20,538.	9,526.
15 Royalties				
16 Occupancy				
17 Travel	63,041.	47,594.		15,447.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,594.		2,594.	
23 Insurance	9,628.		9,628.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a GLOBAL SERVICE ALLOCATI	505,627.	185,024.	254,047.	66,556.
b HEALTH EDUCATION, AWARE	317,763.	309,826.		7,937.
c BANK AND MERCHANT FEES	228,627.		5,051.	223,576.
d FOREIGN EXCHANGE LOSS	23,149.		23,149.	
e PAYROLL PROCESSING AND	2,143.		2,143.	
f All other expenses	38,297.		38,297.	
25 Total functional expenses. Add lines 1 through 24f	7,217,881.	6,231,569.	497,714.	488,598.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	317,763.	309,826.	0.	7,937.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	37,243.	1	1,367,059.	
	2 Savings and temporary cash investments	1,266,160.	2	3,517,296.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	37,225.	4	7,129.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	150.	9	7,802.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,900.			
	b Less: accumulated depreciation	10b 2,850.	3,848.	10c	6,050.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	9,600.	15	9,600.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,354,226.	16	4,914,936.		
Liabilities	17 Accounts payable and accrued expenses	65,133.	17	551,312.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	207,031.	22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	1,003,752.	25	3,967,254.	
	26 Total liabilities. Add lines 17 through 25	1,275,916.	26	4,518,566.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	78,310.	27	396,370.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	78,310.	33	396,370.	
34 Total liabilities and net assets/fund balances	1,354,226.	34	4,914,936.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,535,941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,217,881.
3	Revenue less expenses. Subtract line 2 from line 1	3	318,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,310.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	396,370.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				3208672.	7498600.	10707272.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3				3208672.	7498600.	10707272.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						10707272.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4				3208672.	7498600.	10707272.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				6,906.	7,078.	13,984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						10721256.
12 Gross receipts from related activities, etc. (see instructions)					12	51,023.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		8,900.	2,850.	6,050.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,050.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) CHARITABLE DISTRIBUTIONS PAYABLE	3,967,254.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,967,254.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,535,941.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,217,881.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	318,060.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	318,060.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,535,941.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,535,941.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,535,941.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,217,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,217,881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,217,881.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **MOVEMBER, INC.** Employer identification number **77-0714052**

Part I **General Information on Grants and Assistance**

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401	95-4418411	501(C)(3)	2,644,836.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH.
LANCE ARMSTRONG FOUNDATION 2201 E 6TH STREET AUSTIN, TX 78702	74-2806618	501(C)(3)	2,644,836.	0.			TO PROVIDE FUNDING FOR SUPPORT SERVICES FOR MEN WITH CANCER.

2 Enter total number of section 501(c)(3) and government organizations ▶ **2.**

3 Enter total number of other organizations ▶

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: MOVEMBER IS A PARTY TO SEPARATE AGREEMENTS (TITLED BENEFICIARY DEEDS) WITH THE PROSTATE CANCER FOUNDATION (PCF) AND THE LANCE ARMSTRONG FOUNDATION (LAF). THE AGREEMENTS STIPULATE THAT PCF AND LAF SHALL MAKE AVAILABLE DETAILS ABOUT HOW THE FUNDS DONATED BY MOVEMBER HAVE BEEN USED AND WHAT OUTCOMES HAVE BEEN ACHIEVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ADAM GARONE	(i)	72,794.	0.	0.	0.	0.	72,794.	0.
	(ii)	0.	0.	0.	6,164.	0.	6,164.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B: THE SOLE MEMBER OF THE ORGANIZATION, MOVEMBER GROUP
PTY LTD (MGPL), MAKES MONTHLY PAYMENTS TO AN AUSTRALIAN RETIREMENT PLAN FOR
ADAM GARONE.

THE OFFICER REPORTED ON PART VII OF FORM 990 IS
COMPENSATED BY THE ORGANIZATION. THE COMPENSATION AMOUNTS REPORTED IN PART
VII OF FORM 990 REPRESENT THE PORTION OF THE COMPENSATION ALLOCATED TO THE
ORGANIZATION. THE OFFICER SERVES AS A CORPORATE OFFICER FOR THE AFFILIATED
ENTITY, MOVEMBER GROUP PTY LTD. THE ORGANIZATION RECEIVES REIMBURSEMENTS
FROM THE AFFILIATE FOR THE SHARED EMPLOYEE COSTS AND FURTHER DETAIL IS
PROVIDED ON SCHEDULE R AND O. ADAM GARONE DEVOTES 26 HOURS TO THE
AFFILIATED ENTITY AND 14 HOURS TO THE FILING ORGANIZATION. OF THE \$223,767
OF REPORTABLE W-2 COMPENSATION PAID BY THE ORGANIZATION, \$150,973 WAS
REIMBURSED BY THE AFFILIATE TO THE ORGANIZATION FOR THE AFFILIATE'S SHARE
OF THE COST. THE AMOUNT REPORTED ON PART VII OF FORM 990, \$72,794,
REPRESENTS THE ORGANIZATION'S SHARE OF THE COST. \$19,711 OF OTHER
COMPENSATION IS PAID BY THE AFFILIATE AND \$6,164 IS REIMBURSED BY THE
ORGANIZATION TO THE AFFILIATE FOR THE ORGANIZATION'S SHARE OF OTHER
COMPENSATION COSTS. THIS AMOUNT IS REPORTED ON PART VII OF FORM 990.

Part III Supplemental Information

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

\$13,547 REPRESENTS THE AFFILIATE'S SHARE OF OTHER COMPENSATION COSTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION STATEMENT

DURING NOVEMBER EACH YEAR, MOVEMBER IS RESPONSIBLE FOR THE SPROUTING OF
MOUSTACHES ON THOUSANDS OF MEN'S FACES, IN THE US AND AROUND THE WORLD.

WITH THEIR MOUSTACHES, THESE MEN RAISE VITAL FUNDS AND AWARENESS FOR
MEN'S HEALTH, SPECIFICALLY PROSTATE CANCER AND OTHER CANCERS THAT
AFFECT MEN.

THE STRATEGIC GOALS FROM THE FUNDS RAISED ARE:

SURVIVORSHIP:

- WE WILL FUND SURVIVORSHIP INITIATIVES THAT PROVIDE INFORMATION AND
SUPPORT FOR MEN AND THEIR FAMILIES AFFECTED BY PROSTATE CONCERN AND
DEPRESSION THAT HELPS THEM MAKE INFORMED DECISIONS AND IMPROVES THEIR
QUALITY OF LIFE.

AWARENESS AND EDUCATION:

- THROUGH OUR ANNUAL CAMPAIGN AND FUNDED PROGRAMS WE WILL SIGNIFICANTLY
INCREASE THE UNDERSTANDING OF THE HEALTH RISK THAT MEN FACE AND
ENCOURAGE MEN TO ACT ON THAT KNOWLEDGE.

PROSTATE CANCER RESEARCH:

- WE WILL FUND CATALYTIC RESEARCH AND CLINICAL TRIALS INFRASTRUCTURE
THAT LEADS TO SIGNIFICANTLY IMPROVED DIAGNOSTIC AND PROGNOSTIC TESTS
AND TREATMENTS TO REDUCE THE BURDEN OF PROSTATE CANCER.

Name of the organization MOVEMBER, INC.	Employer identification number 77-0714052
--	--

INFLUENCING CHANGE IN MEN'S HEALTH:

- WE WILL FUND RESEARCH THAT HELPS TO INFORM HEALTH POLICY AND KNOWLEDGE TRANSLATION THAT ACCELERATES IMPROVED HEALTH OUTCOMES FOR MEN.

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

FOUNDATION AND A FURTHER \$728,166 WAS INVESTED IN MOVEMBER'S AWARENESS AND EDUCATION PROGRAM. OUR VISION IS TO HAVE AN EVERLASTING IMPACT ON THE FACE OF MEN'S HEALTH AND TO BE ACKNOWLEDGED AS THE CATALYST THAT FOREVER CHANGED THE FACE OF MEN'S HEALTH

FORM 990, PART VI, SECTION A, LINE 2: ADAM GARONE AND TRAVIS GARONE, BOTH FOUNDERS AND DIRECTORS, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF MOVEMBER, INC. IS THE AUSTRALIA BASED CHARITY MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 8B: DURING THIS PERIOD THERE WERE NO SUBCOMMITTEES FOR MOVEMBER, INC.

FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990 IS REVIEWED BY SENIOR MANAGEMENT (CEO AND CFO) OF MOVEMBER. AFTER MANAGEMENT IS SATISFIED THAT THE 990 IS ACCURATE AND COMPLETE, THE 990 IS MADE AVAILABLE TO THE DIRECTORS PRIOR TO FILING THE FORMS.

FORM 990, PART VI, SECTION B, LINE 12C: THE MOVEMBER GROUP PTY LTD

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

MAINTAINS A "CONFLICTS REGISTER" THAT IS REGULARY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. EVERY EFFORT IS MADE TO IDENTIFY POTENTIAL AREAS OF CONFLICT AND WHERE THEY ARE IDENTIFIED ACTION IS TAKEN TO REMOVE THE CONFLICT. THIS WOULD NORMALLY RESULT IN EXCLUSION OF THE CONFLICTEE FROM DELIBERATIONS AROUND OPERATIONAL AREAS WHERE THE CONFLICT ARISES.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO OF THE ORGANIZATION IS ALSO THE CEO OF THE MOVEMBER FOUNDATION. HIS SALARY WAS SET IN 2009 FOLLOWING BENCHMARKING BY AN INDEPENDENT CONSULTING FIRM AND HAS INCREASED ANNUALLY THEREAFTER BY MODEST AMOUNTS APPROXIMATING GENERAL PRICE INCREASES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE ON REQUEST.

PART VII, SECTION A, LINE 1A

REPORTABLE COMPENSATION FROM ORGANIZATIONS FOR RELATED ORGANIZATIONS THE OFFICER REPORTED ON PART VII OF FORM 990 IS COMPENSATED BY THE ORGANIZATION. THE COMPENSATION AMOUNTS REPORTED IN PART VII OF FORM 990 REPRESENT THE PORTION OF THE COMPENSATION ALLOCATED TO THE ORGANIZATION. THE OFFICER SERVES AS A CORPORATE OFFICER FOR THE AFFILIATED ENTITY, MOVEMBER GROUP PTY LTD. THE ORGANIZATION RECEIVES REIMBURSEMENTS FROM THE AFFILIATE FOR THE SHARED EMPLOYEE COSTS AND FURTHER DETAIL IS PROVIDED ON SCHEDULE R. ADAM GARONE DEVOTES 26 HOURS TO THE AFFILIATED ENTITY AND 14 HOURS TO THE FILING ORGANIZATION. OF THE \$223,767 OF REPORTABLE W-2 COMPENSATION PAID BY THE ORGANIZATION, \$150,973 WAS REIMBURSED BY THE AFFILIATE TO THE ORGANIZATION FOR THE AFFILIATE'S SHARE OF THE COST. THE AMOUNT REPORTED ON PART VII OF FORM

Name of the organization MOVEMBER, INC.	Employer identification number 77-0714052
--	--

990, \$72,794, REPRESENTS THE ORGANIZATION'S SHARE OF THE COST. \$19,711 OF OTHER COMPENSATION IS PAID BY THE AFFILIATE AND \$6,164 IS REIMBURSED BY THE ORGANIZATION TO THE AFFILIATE FOR THE ORGANIZATION'S SHARE OF OTHER COMPENSATION COSTS. THIS AMOUNT IS REPORTED ON PART VII OF FORM 990. \$13,547 REPRESENTS THE AFFILIATE'S SHARE OF OTHER COMPENSATION COSTS.

FORM 990, PAGE 11, LINE 17

RELATED PARTY PAYABLE INCLUDED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES MGPL CHARGED THE ORGANIZATION FOR ITS SHARE OF CERTAIN COSTS FOR CENTRAL SERVICES. THESE SERVICES ARE CONDUCTED CENTRALLY TO ACHIEVE ECONOMIES OF SCALE FOR MOVEMBER'S GLOBAL PROGRAMS, THEREBY RESULTING IN LOWER COSTS IN EACH COUNTRY. THE SERVICES CARRIED OUT CENTRALLY INCLUDE: WEBSITE DEVELOPMENT; HOSTING AND MAINTENANCE; CAMPAIGN THEME DESIGN AND RELATED MATERIALS; FINANCIAL & ACCOUNTING SERVICES; HUMAN RESOURCES SERVICES AND GENERAL MANAGEMENT WHICH INCLUDES PROGRAM IMPLEMENTATION AND BENEFICIARY PARTNER MANAGEMENT SERVICES. THE CHARGE FROM MGPL IS SIGNIFICANTLY LESS THAN IF MOVEMBER INC WERE TO CONDUCT ALL OF THESE ACTIVITIES ON A STAND-ALONE LOCAL BASIS. AS OF APRIL 30, 2011, THE ORGANIZATION'S PAYABLE TO MGPL FOR THE CROSS CHARGES TOTALED \$503,962. THIS BALANCE IS INCLUDED IN THE ACCOUNTS PAYABLE AND ACCRUED EXPENSES BALANCE OF \$551,312.

FORM 990, PAGE 11, LINE 22

RELATED PARTY LOAN PAYABLE

MGPL ADVANCED FUNDS TO THE ORGANIZATION TO PAY FOR VARIOUS START UP AND OPERATING COSTS. THE LOAN AGREEMENT WAS DATED JULY 8, 2008 AND WAS

Name of the organization MOVEMBER, INC.	Employer identification number 77-0714052
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REPAID BY THE ORGANIZATION IN MAY 2010. AS OF APRIL 30, 2010 AMOUNTS
DUE TO MGPL TOTALED \$207,031.

FORM 990, PART XI, LINE 2C
AUDIT AND COMPLIANCE COMMITTEE
FOR THE PAST 2 YEARS OF OPERATION, THE AUDIT COMMITTEE OF THE MOVEMBER
GROUP (THE PARENT ENTITY OF MOVEMBER, INC.) HAS UNDERTAKEN
RESPONSIBILITY FOR ENGAGING INDEPENDENT AUDITORS AND MONITORING THE
AUDIT PROCESS. A SEPERATE AUDIT COMMITTEE FOR MOVEMBER INC. HAS BEEN
SET UP, COMPRISED FULLY OF INDEPENDENT DIRECTORS. THE CEO ATTENDS THE
COMMITTEE MEETINGS BUT IS NOT A MEMBER.

PART VI SECTION C LINE 20
PHONE NUMBER OF THE PERSON WHO POSSESSES THE BOOKS AND RECORDS
MOVEMBER GROUP PTY LTD MAY BE REACHED AT THE FOLLOWING TELEPHONE
NUMBER, +1 310 450 3331. THE ORGANIZATION'S PHONE NUMBER WAS USED AT
SECTION C LINE 20 IN ORDER TO ELECTRONICALLY FILE THE RETURN TO THE
IRS.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE MOVEMBER GROUP PROPRIETY LIMITED AS TRUSTEE FOR THE MOVEMBER FOUNDATION, 233 PUNT ROAD, RICHMOND, AUSTRALIA	NOT FOR PROFIT CHARITY	AUSTRALIA					X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	N	150,973.	
(2) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	O	505,627.	
(3) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	N	-6,164.	
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	COMPUTER EQUIPMENT	10/10/09	SL	3.00		HY16	3,668.				3,668.	256.		1,467.	1,723.
2	FURNITURE	10/10/09	SL	3.00		HY16	436.				436.			174.	174.
3	DELL P4'S	05/14/10	SL	3.00		HY16	374.				374.			150.	150.
4	ACER 17" WIDESCREEEN LCD MONITOR	05/19/10	SL	3.00		HY16	209.				209.			84.	84.
5	DELL P4'S - TECHSOUP	06/28/10	SL	3.00		HY16	374.				374.			137.	137.
6	MACBOOK PRO - DK	01/14/11	SL	3.00		HY16	2,093.				2,093.			279.	279.
7	APPLE 27" LED DISPLAY - DK	01/14/11	SL	3.00		HY16	1,050.				1,050.			140.	140.
8	DIGITAL TELLER SCANNER	10/14/10	SL	3.00		HY16	696.				696.			163.	163.
	* 990 PAGE 10 TOTAL														
	MANAGEMENT AND GENERAL						8,900.				8,900.	256.		2,594.	2,850.
	* GRAND TOTAL 990 PAGE 10 DEPR						8,900.				8,900.	256.		2,594.	2,850.

TAXABLE YEAR
2010

California Exempt Organization Annual Information Return

028941 12-16-10
FORM

199

Calendar Year 2010 or fiscal year beginning month **MAY** day **1** year **2010**, and ending month **APRIL** day **30** year **2011**.

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701 **d** (insert letter)
IRC Section 4947(a)(1) trust

CORP #
C3053899

Corporation/Organization Name
MOVEMBER, INC.

FEIN
77-0714052

Address
1518 ABBOTT KINNEY BLVD.

City
VENICE

State
CA

ZIP Code
90291

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption? Yes No

(a) Is this a group filing for affiliates? See General Instruction L Yes No

(b) If "Yes," enter the number of affiliates

(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

(e) Federal Group Exemption Number

(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	37,341.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	7,498,600.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	7,535,941.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	7,535,941.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	7,217,881.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	318,060.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Signature of officer **US COUNTRY MAN** Title
Date Telephone

Preparer's signature Date Check if self-employed Preparer's PTIN/SSN **P00032866**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.
19600 FAIRCHILD, STE 320
IRVINE, CA 92612** FEIN **33-0155525** Telephone **949-833-2815**

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

028951 12-16-10

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	24,713.00
	2	Interest	•	2	7,078.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	5,550.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	37,341.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	5,289,672.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	78,958.00
	12	Other salaries and wages	•	12	313,110.00
	13	Interest	•	13	00
	14	Taxes	•	14	37,952.00
	15	Rents	•	15	00
	16	Depreciation and depletion (See instructions)	•	16	2,594.00
	17	Other	•	17	1,495,595.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	7,217,881.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,303,403.		4,884,355.
2	Net accounts receivable		37,225.		7,129.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans _____)				
9	Other investments				
10 a	Depreciable assets	4,104.		8,900.	
b	Less accumulated depreciation	(256.)	3,848.	(2,850.)	6,050.
11	Land				
12	Other assets		9,750.		17,402.
13	Total assets		1,354,226.		4,914,936.
Liabilities and net worth					
14	Accounts payable		65,133.		551,312.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable		207,031.		
17	Mortgages payable				
18	Other liabilities		1,003,752.		3,967,254.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		78,310.		396,370.
22	Total liabilities and net worth		1,354,226.		4,914,936.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	•	318,060.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		318,060.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		318,060.

FORM 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
OTHER INCOME GALA PARTY	5,550.
TOTAL TO FORM 199, PART II, LINE 7	5,550.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ADAM GARONE 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	SEE SCH J/O/R CEO 14.00	78,958.
PAUL VILLANTI 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
ELAINE FARRELLY 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
ANDREW GIBBINS 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
TRAVIS GARONE 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
MARK FEWELL 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
JOHN HUGHES 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
COLLEEN NELSON 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		78,958.

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
GLOBAL SERVICE ALLOCATI		505,627.	
HEALTH EDUCATION, AWARE		317,763.	
BANK AND MERCHANT FEES		228,627.	
FOREIGN EXCHANGE LOSS		23,149.	
PAYROLL PROCESSING AND		2,143.	
OTHER EMPLOYEE BENEFITS		21,615.	
LEGAL FEES		7,600.	
ACCOUNTING FEES		20,199.	
OTHER PROFESSIONAL FEES		51,099.	
ADVERTISING AND PROMOTION		154,767.	
OFFICE EXPENSES		18,043.	
INFORMATION TECHNOLOGY		33,997.	
TRAVEL		63,041.	
INSURANCE		9,628.	
ALL OTHER EXPENSES		38,297.	
TOTAL TO FORM 199, PART II, LINE 17		1,495,595.	

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	150.	7,802.	
DEPOSITS	9,600.	9,600.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	9,750.	17,402.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	207,031.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	207,031.	0.	

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CHARITABLE DISTRIBUTIONS PAYABLE	1,003,752.	3,967,254.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,003,752.	3,967,254.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 77-0714052

Corporation name

California corporation number

MOVEMBER, INC.

C3053899

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000																											
2 Total cost of IRC Section 179 property placed in service	2																												
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000																											
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																												
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected IRC Section 179 cost)</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from prior taxable years</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12</td> <td style="text-align: center;">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property (elected IRC Section 179 cost)	7		8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8		9 Tentative deduction. Enter the smaller of line 5 or line 8	9		10 Carryover of disallowed deduction from prior taxable years	10		11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
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13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13																												

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	9	8,900.	256.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	2,594.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	2,594.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	2,594.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

CA 3885		DEPRECIATION				STATEMENT 9	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	COMPUTER EQUIPMENT						
	10/10/09	3,668.	256.	SL	3.00	1,467.	
2	FURNITURE						
	10/10/09	436.		SL	3.00	174.	
3	DELL P4'S						
	05/14/10	374.		SL	3.00	150.	
4	ACER 17" WIDESCREEEN LCD MONITOR						
	05/19/10	209.		SL	3.00	84.	
5	DELL P4'S - TECHSOUP						
	06/28/10	374.		SL	3.00	137.	
6	MACBOOK PRO - DK						
	01/14/11	2,093.		SL	3.00	279.	
7	APPLE 27" LED DISPLAY - DK						
	01/14/11	1,050.		SL	3.00	140.	
8	DIGITAL TELLER SCANNER						
	10/14/10	696.		SL	3.00	163.	
TOTAL DEPR TO FORM 3885		8,900.	256.			2,594.	

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT _____ MOVEMBER, INC. <small>Name of Organization</small> 1518 ABBOTT KINNEY BLVD. <small>Address (Number and Street)</small> VENICE, CA 90291 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>3053899</u> Federal Employer I.D. No. <u>77-0714052</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2010 ending 04/30/2011) list:
 Gross annual revenue \$ 7,535,941. Total assets \$ 4,914,936.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 310-450-3331

Organization's e-mail address INFO.US@MOVEMBER.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

DONNY KILLIAN
US COUNTRY MANAGER
Signature of authorized officer Printed Name Title Date