

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MOVEMBER FOUNDATION	Taxpayer identification number (TIN) 77-0714052
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1616 17TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA MONICA, CA 90404	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MOVEMBER GROUP PTY LTD - 4TH FL. 21-31 GOODWOOD ST. -

- The books are in the care of ▶ **RICHMOND VICTORIA AUSTRALIA 3121**

Telephone No. ▶ **3104503399** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MARCH 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **MAY 1, 2021**, and ending **APR 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Form **990**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning **MAY 1, 2021** and ending **APR 30, 2022**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOVEMBER FOUNDATION		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 \$ 18,800,573.
	1616 17TH STREET		
City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90404		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F Name and address of principal officer: MARK HEDSTROM SAME AS C ABOVE		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.MOVEMBER.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association 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 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 48
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 15,967,275. Current Year 18,344,639.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,888. 66,072.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,409. 172,578.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,194,572. 18,583,289.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,066,726. 3,983,726.
	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)	2,408,869. 2,736,923.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,057,172.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,217,825. 7,605,476.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,693,420. 14,326,125.	
19 Revenue less expenses. Subtract line 18 from line 12	2,501,152. 4,257,164.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 27,545,749. End of Year 31,257,231.
	21 Total liabilities (Part X, line 26)	2,557,160. 2,011,478.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,988,589. 29,245,753.

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 **DocuSigned by:** preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ **Mark Hedstrom** **10/21/2022 | 11:58 PDT**
D2F52E431E1148C...
MARK HEDSTROM, PRESIDENT
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JONATHAN P. SCHUBERT, CPA	Preparer's signature <i>Jonathan Schubert</i>	Date	Check if self-employed	PTIN P00103314
	Firm's name ▶ HLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.	Firm's EIN ▶ 33-0155525	Phone no. 949-833-2815		
	Firm's address ▶ 18400 VON KARMAN AVE, SUITE #110 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 or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,139,613. including grants of \$ 3,983,726.) (Revenue \$) MOVEMBER IS THE LEADING CHARITY CHANGING THE FACE OF MEN'S HEALTH ON A GLOBAL SCALE, FOCUSING ON MENTAL HEALTH AND SUICIDE PREVENTION, PROSTATE CANCER AND TESTICULAR CANCER. WHILE MOVEMBER RUNS ACTIVITIES YEAR-ROUND, EVERY NOVEMBER WE CHALLENGE MEN TO FUNDRAISE FOR MEN'S HEALTH BY GROWING A MOUSTACHE, COMMITTING TO A MOVE CHALLENGE OR HOST AN EVENT. WITH MONEY RAISED BY ITS GLOBAL COMMUNITY, MOVEMBER FUNDS GROUNDBREAKING MEDICAL RESEARCH, INNOVATIVE CANCER TESTS AND TREATMENTS, AND GAME-CHANGING MENTAL HEALTH INTERVENTIONS - OVER 1,250 MEN'S HEALTH PROJECTS AROUND THE WORLD AND COUNTING. ALONG THE WAY, MILLIONS HAVE JOINED THE MOVEMENT. IN ADDITION TO TACKLING THE KEY HEALTH ISSUES FACED BY MEN, MOVEMBER'S MISSION IS TO MOTIVATE MEN TO STAY HEALTHY IN ALL AREAS OF LIFE, WITH AN EMPHASIS ON SOCIAL

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

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

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

4e Total program service expenses 10,139,613.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 on Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

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

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

Table with columns for question number, description, and Yes/No responses. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

Check if Schedule O contains a response or note to any line in this Part VI [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 (9); 1b Enter the number of voting members included on line 1a, above, who are independent (7); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? (X).

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MOVEMBER GROUP PTY LTD - 3104503399 4TH FL. 21-31 GOODWOOD ST., RICHMOND VICTORIA AUSTRALIA 3121

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRAVIS GARONE DIRECTOR	2.00	X					0.	191,291.	0.	
(2) KELLIE PAICH GLOBAL DIRECTOR, CLINICAL QUALITY AN	40.00				X		180,231.	0.	6,527.	
(3) MARK HEDSTROM COUNTRY DIRECTOR, PRESIDENT	40.00			X			174,345.	0.	8,444.	
(4) CATE BENNETT SECRETARY, GENERAL COUNCIL	40.00			X			0.	178,067.	0.	
(5) CRAIG WERWA DIRECTOR, MARKETING	40.00				X		169,422.	0.	4,472.	
(6) WATTERSON, KERRY P DIRECTOR, MAJOR GIFT	40.00				X		146,886.	0.	6,661.	
(7) BRITTANY VENERIS DIRECTOR OF COMMUNITY DEVELOPMENT IN	40.00				X		130,811.	0.	6,909.	
(8) REBECCA ZADA ASSOCIATE DIRECTOR, CORPORATE PARTNE	40.00				X		111,360.	0.	6,903.	
(9) NICK REECE DIRECTOR, CHAIRPERSON	2.00	X					0.	56,520.	0.	
(10) SIMON TRAYNOR DIRECTOR, UNTIL 9/21	2.00	X					0.	0.	0.	
(11) KELLIE JOHNSTON DIRECTOR	2.00	X					0.	0.	0.	
(12) ROB MOODIE DIRECTOR	2.00	X					0.	0.	0.	
(13) LINNSEY CAYA DIRECTOR	2.00	X					0.	0.	0.	
(14) DEANNA LOMAS DIRECTOR	2.00	X					0.	0.	0.	
(15) DAMIEN ANGUS DIRECTOR	2.00	X					0.	0.	0.	
(16) CASSANDRA DUNN DIRECTOR, SINCE 2/22	2.00	X					0.	0.	0.	
(17) ROCHELLE WEB DIRECTOR, SINCE 4/22	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	632,500.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,712,139.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		18,344,639.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		66,072.		66,072.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	370,997.			
		(ii) Personal				
		6a				
	b Less: rental expenses	6b	217,284.			
	c Rental income or (loss)	6c	153,713.			
	d Net rental income or (loss)		153,713.		153,713.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a GAIN ON FOREIGN EXCHANGE	900099	18,119.	18,119.		
	b OTHER INCOME	900099	746.	746.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		18,865.			
12 Total revenue. See instructions		18,583,289.	18,865.	0.	219,785.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,983,726.	3,983,726.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,501.			208,501.
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	2,172,815.	1,651,890.		520,925.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	166,567.	112,276.		54,291.
10 Payroll taxes	189,040.	126,935.		62,105.
11 Fees for services (nonemployees):				
a Management				
b Legal	150.		150.	
c Accounting	23,948.		23,948.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	709,434.	431,174.	6,506.	271,754.
12 Advertising and promotion	1,299,168.	649,584.		649,584.
13 Office expenses				
14 Information technology	26,431.	8,418.	16,908.	1,105.
15 Royalties				
16 Occupancy	530,831.	204,816.	326,015.	
17 Travel	71,475.	33,575.	14,951.	22,949.
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	15,920.	197.	15,546.	177.
23 Insurance	12,392.	4,107.	8,285.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GLOBAL SERVICE ALLOCATI	3,207,961.	1,892,854.	627,537.	687,570.
b PROGRAM DELIVERY EXPENS	657,005.	657,005.		
c HEALTH EDUCATION, AWARE	517,022.	258,511.		258,511.
d BANK AND MERCHANT FEES	313,313.	25,026.		288,287.
e All other expenses	220,426.	99,519.	89,494.	31,413.
25 Total functional expenses. Add lines 1 through 24e	14,326,125.	10,139,613.	1,129,340.	3,057,172.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	517,022.	258,511.	0.	258,511.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,548,924.	1	2,883,541.
	2 Savings and temporary cash investments	20,947,301.	2	25,970,365.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	141,537.	4	754,893.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	251,808.	9	260,620.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 471,962.		
	b Less: accumulated depreciation	10b 252,847.	19,749.	10c 219,115.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,520,261.	12	1,012,528.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	116,169.	15	156,169.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,545,749.	16	31,257,231.	
Liabilities	17 Accounts payable and accrued expenses	1,924,660.	17	2,011,478.
	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 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	632,500.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,557,160.	26	2,011,478.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	24,959,616.	27	29,144,228.
	28 Net assets with donor restrictions	28,973.	28	101,525.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,988,589.	32	29,245,753.
33 Total liabilities and net assets/fund balances	27,545,749.	33	31,257,231.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,583,289.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,326,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,257,164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,988,589.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,245,753.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	X	
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
---	--

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16989270.	18177079.	17919710.	15333875.	17712139.	86132073.
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	16989270.	18177079.	17919710.	15333875.	17712139.	86132073.
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.						86132073.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	16989270.	18177079.	17919710.	15333875.	17712139.	86132073.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	107,956.	326,611.	371,461.	227,297.	455,188.	1488513.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						87620586.
12 Gross receipts from related activities, etc. (see instructions)					12	441,207.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.30	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.77	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MOVEMBER FOUNDATION

Employer identification number

77-0714052

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate values, and legal control.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about purpose of easements, number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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

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

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

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		241,054.	33,761.	207,293.
d Equipment				
e Other		230,908.	219,086.	11,822.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				219,115.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	18,800,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	217,284.
e	Add lines 2a through 2d	2e	217,284.
3	Subtract line 2e from line 1	3	18,583,289.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,583,289.

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

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

1	Total expenses and losses per audited financial statements	1	14,543,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	217,284.
e	Add lines 2a through 2d	2e	217,284.
3	Subtract line 2e from line 1	3	14,326,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,326,125.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REALLOCATION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REALLOCATION

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MOVEMBER FOUNDATION

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 ST, SUITE 360 SANTA MONICA, CA 90401	95-4418411	501 (C) (3)	1,384,584.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
PREVENTION INSTITUTE 221 OAK ST OAKLAND, CA 94607	94-3282858	501 (C) (3)	146,377.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - BOX 951738 - LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	219,462.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, SUITE 300 SEATTLE, WA 98105	91-6001537	501 (C) (3)	382,697.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVE, A1C 100 TAMPA, FL 33620	59-3102112	501 (C) (3)	50,000.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
REGENTS OF THE UNIVERSITY OF MICHIGAN - NCRG RM G054-02, BLD 16, 2800 PLYMOUTH RD - ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	91,426.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 20

3 Enter total number of other organizations listed in the line 1 table ▶

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Schedule I (Form 990) **MOVEMBER FOUNDATION**

77-0714052

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN PLAINS TRIBAL HEALTH BOARD - PO BOX 16457 - OKLAHOMA CITY, OK 73113	73-1606600	501 (c) (3)	80,000.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
KOKUA KALIHI VALLEY 2239 NORTH SCHOOL HONOLULU, HI 96819	99-0149797	501 (c) (3)	134,980.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
FIRST RESPONDER CENTER FOR EXCELLENCE (FRCE) - 95 RIVER ROAD, SUITE C - CANTON, CT 06019	06-0953216	501 (c) (3)	85,236.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
SINAI HEALTH SYSTEM 1500 S FAIRFIELD AVE, F125 CHICAGO, IL 60608	36-3166895	501 (c) (3)	80,000.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. 1236, P.O. BOX 121236 - DALLAS, TX 75312	35-2528741	501 (c) (3)	47,000.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
JOHNS HOPKINS SCHOOL OF MEDICINE 600 N. WOLFE STREET CMSC 130 BALTIMORE, MD 21287	52-0591550	501 (c) (3)	12,500.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
FARMINGTON VALLEY HEALTH DISTRICT 95 RIVER ROAD, SUITE C CANTON, CT 06019	06-0953216	501 (c) (3)	40,000.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
THE PROSTATE CANCER CLINICAL TRIALS CONSORTIUM - PROSTATE CANCER FOUNDATION - 1275 YORK AVENUE - NEW YORK, NY 10065	35-2506225	501 (c) (3)	239,925.	0.			TO PROVIDE FUNDING FOR LEADERSHIP OF THE IRONMAN PROSTATE CANCER REGISTRY PAYMENT FOR EVALUATION SERVICES FOR THE ROOTED & RISING FOR HEALTH PROMOTION PROGRAM
RESEARCH TRIANGLE INSTITUTE POST OFFICE BOX 90002 RALEIGH, NC 27513	56-0686338	501 (c) (3)	118,837.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL FOUNDATION 7033 E TUDAR DR ANCHIRAGE, AK 99508	92-0086076	501 (c) (3)	171,500.	0.			TO PROVIDE FUNDS FOR MENTAL HEALTH PROGRAM FOR VETERANS, FIRST RESPONDERS AND LAW
UNITED WOMEN OF EAST AFRICA 6523 UNIVERSITY AVE SAN DIEGO, CA 92115	80-0516550	501 (c) (3)	235,000.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 400 PARNASSUS AVE. ROOM A631 - SAN FRANCISCO, CA 94143	94-6036493	501 (c) (3)	241,090.	0.			PAYMENT FOR EVALUATION SERVICES FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - BOX 957089, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095	94-3067788	501 (c) (3)	219,462.	0.			TO PROVIDE FUNDING FOR THE TRUE NORTH GLOBAL PROSTATE CANCER REGISTRY

Schedule I (Form 990) 2021 **MOVEMBER FOUNDATION**

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

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

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

PART I, LINE 2:

MOVEMBER IS A PARTY TO A SEPARATE AGREEMENT (TITLED BENEFICIARY DEEDS) WITH THE PROSTATE CANCER FOUNDATION (PCF). THE AGREEMENT STIPULATES THAT PCF SHALL MAKE AVAILABLE DETAILS ABOUT HOW THE FUNDS DONATED BY MOVEMBER HAVE BEEN USED AND WHAT OUTCOMES HAVE BEEN ACHIEVED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH CENTRAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR MENTAL HEALTH

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MOVEMBER FOUNDATION

Employer identification number

77-0714052

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TRAVIS GARONE	BOARD OF DIRECTOR O	191,291.	PROVIDED CO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TRAVIS GARONE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD OF DIRECTOR OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PROVIDED CONSULTANCY SERVICES TO RELATED ORGANIZATION

SCHEDULE L, PART IV

TRAVIS GARONE IS DIRECTOR OF MOVEMBER GROUP PTY LTD AND IS ENGAGED AS NON-BOARD CAPACITY TO PROVIDE CONSULTANCY SERVICES TO THE GLOBAL BRAND AND MARKETING TEAM BY A RELATED ORGANIZATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021
Open to Public
Inspection

Name of the organization

MOVEMBER FOUNDATION

Employer identification number
77-0714052

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

MISSION STATEMENT

MOVEMBER IS THE LEADING GLOBAL CHARITY RAISING FUNDS AND AWARENESS FOR
MEN'S HEALTH. WE WANT TO HELP MEN LIVE LONGER, HEALTHIER AND HAPPIER
LIVES THROUGH INVESTING IN THESE KEY AREAS: MENTAL HEALTH AND SUICIDE
PREVENTION, PROSTATE CANCER AND TESTICULAR CANCER.

THE ANNUAL MOVEMBER CAMPAIGN - RESULTS WE SEEK TO ACHIEVE

FOR THE MONTH OF NOVEMBER, WE CHALLENGE MEN TO GROW A MOUSTACHE, MOVE
BY WALKING OR RUNNING 60 MILES OVER THE COURSE OF THE MONTH, HOST A
MO-MENT, OR "MO'ING THEIR OWN WAY" THROUGH AN IDEA OF THEIR OWN. ALL
WILL RAISE FUNDS AND AWARENESS FOR MEN'S HEALTH THAT WILL RESULT IN:

- FUNDING FOR THE MOVEMBER RESEARCH AND SUPPORT PROGRAMS
- CONVERSATIONS ABOUT MEN'S HEALTH THAT LEAD TO:
 - O AWARENESS AND UNDERSTANDING OF THE HEALTH RISKS MEN FACE
 - O MEN TAKING ACTION TO REMAIN WELL

PROSTATE AND TESTICULAR CANCER - RESULTS WE SEEK TO ACHIEVE

- OUR PROGRAMS CONTRIBUTE TO LESS MEN DYING FROM PROSTATE AND
TESTICULAR CANCER AND THAT THOSE LIVING WITH THESE DISEASES HAVE
GREATLY IMPROVED QUALITY OF LIFE, BOTH PHYSICALLY AND MENTALLY

MENTAL HEALTH RESULTS WE SEEK TO ACHIEVE

- PROGRAMS THAT ASSIST MEN AND BOYS IN BEING COMFORTABLE DISCUSSING
THE IMPACT OF SIGNIFICANT LIFE EVENTS AND THAT THEY REMAIN CONNECTED TO
THOSE THAT CAN POSITIVELY INFLUENCE THEIR LIVES.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
--	---

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

CONNECTION, TALKING MORE OFTEN AND OPENLY ABOUT THEIR HEALTH, AND REACHING OUT IN TOUGH TIMES.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF MOVEMBER IS THE AUSTRALIA BASED CHARITY MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER.

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

THE IRS FORM 990 IS REVIEWED BY SENIOR MANAGEMENT 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 MAINTAINS A "CONFLICTS REGISTER" THAT IS REGULARLY 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 15:

THE BOARD'S PEOPLE & CULTURE COMMITTEE OVERSEE MOVEMBER'S REMUNERATION AND PERFORMANCE FRAMEWORK. THIS INCLUDES REVIEWING THE REMUNERATION OF THE CEO AND ALL SENIOR EXECUTIVES. THE MEMBERSHIP OF MOVEMBER'S PEOPLE & CULTURE COMMITTEE COMPRISES TWO INDEPENDENT NON-EXECUTIVE DIRECTORS (LINNSEY CAYA

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
--	---

AND KELLIE JOHNSTON) AS WELL AS A THIRD INDEPENDENT NON-EXECUTIVE COMMITTEE MEMBER (MOANA WEIR). IN OVERSEEING EMPLOYEE REMUNERATION SETTING, THE PEOPLE & CULTURE COMMITTEE REVIEWS EMPLOYEE REMUNERATION AGAINST DATA SOURCED FROM THIRD PARTIES TO BENCHMARK COMPENSATION FOR EACH ROLE.

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.

FORM 990, PART VI SECTION C LINE 20

MOVEMBER GROUP PTY LTD MAY BE REACHED AT THE FOLLOWING TELEPHONE NUMBER, +61 3 8416 3900. THE ORGANIZATION'S PHONE NUMBER WAS USED AT SECTION C LINE 20 IN ORDER TO ELECTRONICALLY FILE THE RETURN TO THE IRS.

FORM 990, PART VII, COMPENSATION FROM RELATED PARTY

NICHOLAS REECE, AS CHAIRPERSON OF MOVEMBER GROUP PTY LTD, WAS REMUNERATED BY A RELATED ORGANIZATION DURING THE FINANCIAL YEAR ENDED 30 APRIL 2022, RECOGNIZING THE SIGNIFICANT AMOUNT OF TIME AND RESOURCES THAT IS DEDICATED TO THIS ROLE.

TRAVIS GARONE IS DIRECTOR OF MOVEMBER GROUP PTY LTD AND IS ENGAGED AS NON-BOARD CAPACITY TO PROVIDE CONSULTANCY SERVICES TO THE GLOBAL BRAND AND MARKETING TEAM BY A RELATED ORGANIZATION.

FORM 990, PART X, LINE 4

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
--	---

MOVEMBER GROUP PTY LTD 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 LEGAL SERVICES AND GENERAL MANAGEMENT WHICH INCLUDES PROGRAM IMPLEMENTATION AND BENEFICIARY PARTNER MANAGEMENT SERVICES. THE CHARGE FROM MGPL IS SIGNIFICANTLY LESS THAN IF MOVEMBER FOUNDATION WERE TO CONDUCT ALL OF THESE ACTIVITIES ON A STAND-ALONE LOCAL BASIS. AS OF APRIL 30, 2022, THE ORGANIZATION'S RECEIVABLE FROM MGPL FOR THE CROSS CHARGES TOTALED \$161,350. THIS BALANCE OF RELATED PARTY RECEIVABLE IS INCLUDED IN THE NET PARTY RECEIVABLE BALANCE IN THE AMOUNT OF \$169,048.

FORM 990, PART X, LINES 27 AND 33 OF THE \$29,245,753 OF TOTAL NET ASSETS, \$21,882,996 HAS BEEN DESIGNATED BY THE BOARD OF DIRECTORS TO FUND SPECIFIC MEN'S HEALTH PROGRAMS. THE REMAINING BALANCE OF NET ASSETS, THE UNDESIGNATED RESERVES, ARE TO COVER FUTURE CAMPAIGNS AND ENSURE THE LONG-TERM CONTINUITY OF THE ORGANIZATION. THE ORGANIZATION'S UNDESIGNATED RESERVES ARE ALLOCATED IN LINE WITH THE BOARD-APPROVED RESERVES POLICY, WHICH SETS AN ACCEPTABLE LEVEL OF RESERVES FOR THE ORGANIZATION (AND SIMILARLY FOR OTHER MOVEMBER ENTITIES OVERSEAS) TO MAINTAIN. THIS IS CURRENTLY SET AT BETWEEN 9 AND 12 MONTHS OF OPERATING COSTS, AND THE ORGANIZATION'S RESERVES ARE COMPLIANT WITH THIS POSITION.

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
--	---

FORM 990, PART XII, LINE 2C

THE ORGANISATION HAS A SEPARATE AUDIT COMMITTEE, WHICH IS RESPONSIBLE FOR PROPOSING TO THE BOARD THE ENGAGEMENT OF INDEPENDENT AUDITORS AND FOR MONITORING THE AUDIT PROCESS. MEMBERSHIP OF THE COMMITTEE COMPRISES TWO INDEPENDENT NON-EXECUTIVE DIRECTORS (DEANNA LOMAS AND NICHOLAS REECE) AS WELL AS A THIRD INDEPENDENT NON-EXECUTIVE COMMITTEE MEMBER (DAVID BRYANT). THE CEO ATTENDS THE COMMITTEE MEETINGS BUT IS NOT A MEMBER. THE COMMITTEE ALSO PROVIDES OVERSIGHT OF ORGANISATIONAL RISK MANAGEMENT PRACTICES.

MOVEMBER FOUNDATION

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

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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No	
(1) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	O	532,475.			X	1a
(2) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	P	3,207,961.			X	1b
(3) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	Q	325,863.			X	1c
(4)					X	1d
(5)					X	1e
(6)					X	1f
					X	1g
					X	1h
					X	1i
					X	1j
					X	1k
					X	1l
					X	1m
					X	1n
					X	1o
					X	1p
					X	1q
					X	1r
					X	1s

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

THE MOVEMBER GROUP PROPRIETARY LIMITED AS TRUSTEE FOR

MOVEMBER FOUNDATION

4TH FL, 21-31 GOODWOOD ST

RICHMOND, VICTORIA, AUSTRALIA

2021 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
	FURNITURE & FIXTURES														
2	FURNITURE AND FIXTURES	VARIOUS	200DB	5.00	HY	17	61,156.				61,156.	55,288.		2,955.	58,243.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES						61,156.				61,156.	55,288.		2,955.	58,243.
	OTHER														
1	COMPUTER EQUIPMENT	VARIOUS	200DB	5.00	HY	17	169,752.				169,752.	148,978.		11,864.	160,842.
3	LEASEHOLD IMPROVEMENTS	VARIOUS	200DB	5.00	HY	17	49,862.				49,862.	32,661.		1,101.	33,762.
	LEASEHOLD IMPROVEMENTS IN														
4	PROGRESS	VARIOUS	NC	5.00	HY		191,192.				191,192.			0.	
	* 990 PAGE 10 TOTAL OTHER														
	* GRAND TOTAL 990 PAGE 10														
	DEPR						471,962.				471,962.	236,927.		15,920.	252,847.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2021

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MOVEMBER FOUNDATION

FORM 990 PAGE 10

77-0714052

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	15,920.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	15,920.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year:
43 Amortization of costs that began before your 2021 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

TAXABLE YEAR
2021

California Exempt Organization Annual Information Return

128941 12-29-21
FORM
199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **05/01/2021**, and ending (mm/dd/yyyy) **04/30/2022**

Corporation/Organization name MOVEMBER FOUNDATION		California corporation number 3053899
Additional information. See instructions.		FEIN 77-0714052
Street address (suite or room) 1616 17TH STREET		PMB no.
City SANTA MONICA	State CA	ZIP code 90404
Foreign country name	Foreign province/state/county	Foreign postal code

A First return	Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	Yes <input checked="" type="checkbox"/> No
B Amended return	Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust	Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$	Yes <input checked="" type="checkbox"/> No
D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)		L Is the organization a limited liability company?	Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other		M Did the organization file Form 100 or Form 109 to report taxable income?	Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) 990T (2) <input checked="" type="checkbox"/> Other 990 series		N Is the organization under audit by the IRS or has the IRS audited in a prior year?	Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions	Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending? Date filed with IRS	Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption? If "Yes," what is the parent's name?	Yes <input checked="" type="checkbox"/> No		

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	455,934	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	18,344,639	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 \$50,000, see General Information B	4	18,800,573	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	18,800,573	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	14,543,409	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,257,164	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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.

Sign Here	Signature of officer	Title PRESIDENT	Date	Telephone
	Preparer's signature <i>[Signature]</i>	Date	Check if self-employed	PTIN P00103314
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address HLBA, CERTIFIED PUBLIC ACCOUNTANTS, INC. 18400 VON KARMAN AVE, SUITE #110 IRVINE, CA 92612	Firm's FEIN 33-0155525	Telephone 949-833-2815	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

MOVEMBER FOUNDATION

77-0714052

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	66,072	00
	3	Dividends	•	3		00
	4	Gross rents	•	4	370,997	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income SEE STATEMENT 2	•	7	18,865	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	455,934	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 7	•	9	3,983,726	00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	208,501	00
	12	Other salaries and wages	•	12	2,172,815	00
	13	Interest	•	13		00
	14	Taxes	•	14	189,040	00
	15	Rents	•	15	748,115	00
	16	Depreciation and depletion (See instructions)	•	16	15,920	00
	17	Other expenses and disbursements SEE STATEMENT 4	•	17	7,225,292	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	14,543,409	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		24,496,225		• 28,853,906	
2 Net accounts receivable		141,537		• 754,893	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments STMT 5		2,520,261		• 1,012,528	
10 a Depreciable assets	256,678		471,962		
b Less accumulated depreciation	(236,929)	19,749	(252,847)		219,115
11 Land				•	
12 Other assets STMT 6		367,977		• 416,789	
13 Total assets		27,545,749			31,257,231
Liabilities and net worth					
14 Accounts payable		1,924,660		• 2,011,478	
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable		632,500		•	
18 Other liabilities				•	
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		24,988,589		• 29,245,753	
22 Total liabilities and net worth		27,545,749			31,257,231

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 \$50,000.			
1 Net income per books	• 4,257,164	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•	Subtract line 9 from line 6	4,257,164
6 Total. Add line 1 through line 5	4,257,164		

MOVEMBER FOUNDATION77-0714052

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
PHILIPS NORTH AMERICA LLC	222 JACOBS ST 3RD FL CAMBRIDGE, MA 02141	04/30/22	328,710.
KELLOGG COMPANY	1 KELLOGG'S SQUARE BATTLE CREEK, MI 49017	04/30/22	175,000.
MASTERCARD	100 MANHATTANVILLE ROAD PURCHASE, NY 10577	04/30/22	150,000.
YNAP CORPORATION	100 5TH AVE FL 11 NEW YORK, NY 10011	04/30/22	72,552.
OLLY	415 JACKSON ST FLOOR 2 SAN FRANCISCO, CA 94111	04/30/22	77,000.
ARETE SPORT	2685 VIKING CIRCLE SUTE 050 EAGAN, MN 55121	04/30/22	50,000.
JIM KENNEDY	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	04/30/22	94,360.
JOHNSON & JOHNSON CONSUMER HEALTH	ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	04/30/22	45,000.
MR. KNOX, LLC	222 N PACIFIC COAST HWY EL SEGUNDO, CA 90245	04/30/22	40,000.
KARAKA LLC	444 W LAKE ST STE 1700 CHICAGO, IL 60606	04/30/22	30,000.
VITOL FOUNDATION	2925 RICHMOND AVE., 11TH FL. HOUSTON, TX 77098	04/30/22	24,385.
COX ENTERPRISES	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	04/30/22	10,000.
PEPSICO	700 ANDERSON HILL ROAD PURCHASE, NY 10577	04/30/22	10,000.
SEEN GROUP	393 BROADWAY, FL 4 NEW YORK, NY 10013	04/30/22	10,000.

MOVEMBER FOUNDATION77-0714052

SYNEOS HEALTH	1030 SYNC STREET. MORRISVILLE, NC 27560	04/30/22	20,000.
ANONYMOUS	1616 17TH STREET SANTA MONICA, CA 90404	04/30/22	10,000.
DUDE PRODUCTS	3501 N SOUTHPORT AVE # 476 CHICAGO, IL 60657	04/30/22	10,000.
OARS + ALPS	1538 N CLYBOURN AVE CHICAGO, IL 60610	04/30/22	5,000.
OLYMPUS CORPORATION OF THE AMERICAS	3500 CORPORATE PARKWAY CENTER VALLEY, PA 00000	04/30/22	5,000.
STANDARD DRYWALL GIFT MATCHING	9902 CHANNEL ROAD LAKESIDE, CA 92040	04/30/22	97,717.
GEMINI TRUST CO	315 PARK AVENUE SOUTH, 18TH FLOOR NEW YORK, NY 10010	04/30/22	273,175.
ANTHONY TAYLOR	10185 PARK MEADOWS DRIVE LONE TREE, CO 80124	04/30/22	30,000.
MARGARETTA TAYLOR	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	04/30/22	25,000.
CAROLL & NANCY O'CONNOR FOUNDATION	1925 CENTURY PARK EAST 16 FL LOS ANGELES, CA 90067	04/30/22	25,000.
ANEEL BHUSRI	2636 VALLEJO STREET SAN FRANCISCO, CA 94123	04/30/22	19,000.
SCHWAB CHARITABLE: NICK AND PENNY	P.O. BOX 628298 ORLANDO, FL 32862	04/30/22	15,000.
ROBIN L PEDERSON	5700 DEVILLE DRIVE EDINA, MN 55436	04/30/22	15,000.
KEITH ARCHER	1033 COURTLAND AVE PARK RIDGE, IL 60068	04/30/22	13,100.
STEPHAN J. DOLLING	257 TUTTLE PARKWAY WESTFIELD, NJ 07090	04/30/22	25,000.
HO CHUNK NATION COINS FOR A CAUSE	W8801 MISSION RD. BLACK RIVER FALLS, WI 54615	04/30/22	11,849.
DIVA CASSANDRA PARAMO	3368 BIRCHWOOD LANE SAN JOSE, CA 95132	04/30/22	10,950.
ALEXANDER MITCHELL	717 5TH AVENUE, 21ST FLOOR 2R NEW YORK, NY 10022	04/30/22	10,500.
KRISTINA LOFTUS	1180 SEMINOLE TRAIL SUITE 317 CHARLOTTESVILLE, VA 22901	04/30/22	10,377.
NFP	340 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10173	04/30/22	10,000.
TUCK PR CANCER FOUNDA	220 BETHANY FARMS DR BALL GROUND, GA 30107	04/30/22	10,000.
ADAM S TREBOLO	531 S UNION AVENUE SPRINGFIELD, MO 65802	04/30/22	10,000.
ROBERT & ELLEN GUTENSTEIN	1523 ROSWELL RD APT 633 MARIETTA, GA 30062	04/30/22	10,000.
DOUGLAS SIEG	233 SPRINGFIELD AVENUE SUMMIT, NJ 07901	04/30/22	20,000.
GERALD GARCIA	261 FIFTH AVENUE 26TH FL NEW YORK, NY 10016	04/30/22	10,000.
PHILANTHROPY INTERNATIONAL: FALCARTHY FOUNDATION	333 INDIAN HILL BLVD. CLAREMONT, CA 91711	04/30/22	10,000.
THE ANJULICIA FOUNDATION	6505 WILSHIRE BLVD #1200 LOS ANGELES, CA 90048	04/30/22	10,000.
DAVID F HANNASCH	701 N PHILLIPS AVE APT 432 SIOUX FALLS, SD 57104	04/30/22	10,000.

MOVEMBER FOUNDATION77-0714052

DANIEL MCCARTHY	15 TURNER RIDGE COURT WILTON, CT 06897	04/30/22	10,000.
JOHNSON & JOHNSON GIFT MATCHING	ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	04/30/22	10,000.
CUSHMAN & WAKEFIELD INC	10250 CONSTELLATION BLVD #22 LOS ANGELES, CA 90067	04/30/22	10,000.
MARY STEED	8849 CORRAN FERRY DRIVE AUSTIN, TX 78749	04/30/22	10,000.
MOLLY GILSON PARIS	PO BOX 620027 MIDDLETON, WI 53562	04/30/22	10,000.
TROY MEDLEY	10 WEST CARMEL DRIVE SUITE 220 CARMEL, IN 46032	04/30/22	10,000.
THE TRADE DESK INC.	42 N. CHESTNUT STREET VENTURA, CA 93001	04/30/22	10,000.
SELECTIVE INSURANCE GROUP	40 WANTAGE AVENUE BRANCHVILLE, NJ 07890	04/30/22	10,000.
SOUTHWIRE	1 SOUTHWIRE DRIVE CARROLLTON, GA 30119	04/30/22	10,000.
MODMED	4700 EXCHANGE COURT, SUITE 225 BOCA RATON, FL 33431	04/30/22	10,000.
ALLEGIS GROUP FOUNDATION	7301 PARKWAY DRIVE SOUTH HANOVER, MD 21076	04/30/22	10,000.
PEPSICO GRANT DONATION	700 ANDERSON HILL ROAD PURCHASE, NY 10577	04/30/22	10,000.
SEEN GROUP: AMERICAN CREW	393 BROADWAY, FL 4 NEW YORK, NY 10013	04/30/22	10,000.
PEPSICO GLOBAL	700 ANDERSON HILL ROAD PURCHASE, NY 10577	04/30/22	10,000.
E KAPLOW JACOBS	370 LEXINGTON AVE SUITE 1900 NEW YORK, NY 10017	04/30/22	9,756.
MAST-J	TEN BANK STREET WHITE PLAINS, NY 10606	04/30/22	9,400.
CAF AMERICA	225 REINEKERS LANE, SUITE 375 ALEXANDRIA, VA 22314	04/30/22	29,806.
DEL TURA HOA INC	609 SIERRA MADRE NORTH FORT MYERS, FL 33903	04/30/22	8,311.
INTEGRAL AD SCIENCE	95 MORTON ST NEW YORK, NY 10114	04/30/22	8,000.
BOSTON BEER COMPANY	ONE DESIGN CENTER PLACE, SUITE 850 BOSTON, MA 02210	04/30/22	7,969.
HENDERSON ORGANIC REMEDIES	2463 MUIRFIELD AVE HENDERSON, NV 89074	04/30/22	7,933.
THE ISN CHARITABLE GIVING FUND	1616 17TH STREET SANTA MONICA, CA 90404	04/30/22	7,832.
ADAM BALLIN	ONE GEORGE STREET SINGAPORE, CENTRAL, SINGAPORE 49145	04/30/22	13,124.
MR. DAVID SOHIGIAN AND MS. META BRUNER	752 LAKE FOREST DR LAKE OSWEGO, OR 97034	04/30/22	7,500.
MARIO BARBATO	582 4TH AVE NORTH BRUNSWICK, NJ 08902	04/30/22	7,500.
AMERICAN ENDOWMENT FOUNDATION	5700 DARROW RD # 118 HUDSON, OH 44236	04/30/22	7,500.
GOLUB CAPITAL LLC	150 S. WACKER DRIVE 5TH FLOOR CHICAGO, IL 60606	04/30/22	7,252.
BEAU CLARK & STASS	1616 17TH STREET SANTA MONICA, CA 90404	04/30/22	7,135.
THE SEAMAN - WEISNER CHARITABLE FUND	1616 17TH STREET SANTA MONICA, CA 90404	04/30/22	7,000.

MOVEMBER FOUNDATION77-0714052

FIDELITY DONATION	PO BOX 770001 CINCINNATI, OH 45277	04/30/22	7,000.
BARON CAPITAL GIFT MATCHING	767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153	04/30/22	6,564.
WYNKOOP BREWING COMPANY	634 18TH ST DENVER, CO 80202	04/30/22	6,377.
STANLEY BLACK & DECKER INC.	1000 STANLEY DRIVE NEW BRITAIN, CT 06053	04/30/22	6,330.
COREY A CHRISTIANSEN	125 1ST STREET CHARLOTTE, IA 52731	04/30/22	6,300.
PATRICK CONDY	24 YOUNG AVENUE VILLAGE OF PELHAM, NY 10803	04/30/22	6,145.
BARCLAYS	P.O. BOX 8801 WILMINGTON, DE 19899	04/30/22	39,070.
KERN VALLEY STATE PRISON	3000 W CECIL AVE DELANO, CA 93215	04/30/22	6,068.
COMMUNITY FOUNDATIONS	5500 CARUTH HAVEN LN DALLAS, TX 75225	04/30/22	6,000.
MICHAEL T VAIL	2796 VENTURA AVENUE SANTA ROSA, CA 95403	04/30/22	6,000.
BOB HUGUELET	421 NAPOLEON ST. SOUTH BEND, IN 46617	04/30/22	6,000.
CRESCENT GIFT MATCHING	"11100 SANTA MONICA BLVD LOS ANGELES, CA 90025	04/30/22	5,955.
BARCLAYS GIFT MATCHING	P.O. BOX 8801 WILMINGTON, DE 19899	04/30/22	5,888.
CHRISTOPHER P LANDRY	3941 PARK DR. STE. 20-235 EL DORADO HILLS, CA 95672	04/30/22	5,880.
DAN B CROSS	913 REDBIRD LANE ALLEN, TX 75013	04/30/22	5,866.
PITTSBURGH PENGUINS FOUNDATION	ONE CHATHAM CENTER, SUITE 300 PITTSBURGH, PA 15219	04/30/22	5,755.
INSTAGRAM	1 HACKER WAY MENLO PARK, CA 94025	04/30/22	5,741.
COX AUTOMOTIVE GUIDING COALITION	3003 SUMMIT BLVD SUITE 200 ATLANTA, GA 30319	04/30/22	5,640.
DILLON BALSAMO	602 WASHINGTON AVENUE UNION BEACH, NJ 07735	04/30/22	5,580.
SCHWAB CHARITABLE PAT DERAMO	P.O. BOX 628298 ORLANDO, FL 32862	04/30/22	5,500.
ARMANDO GIL	55 5TH AVENUE 17TH FLOOR NEW YORK, NY 10003	04/30/22	5,420.
COCATALYST:NORIKO WATANABE	2100 GENG ROAD SUITE 210 PALO ALTO, CA 94303	04/30/22	5,298.
JEFF HARRIS	750 N. ORLEANS ST STE#210 CHICAGO, IL 60654	04/30/22	5,251.
STEVEN SHOEMATE	50 BOND STREET 6 NEW YORK, NY 10012	04/30/22	5,000.
MICHELLE CLATTERBUCK	11303 STONEMONT PT SAN DIEGO, CA 92131	04/30/22	5,000.
GREGORY CHAPMAN	5055 LAURELGROVE AVE. VALLEY VILLAGE, CA 91607	04/30/22	5,000.
F T OHALLORAN	320 MIDDLE LINE HWY SAG HARBOR, NY 11963	04/30/22	5,000.
ALEX TALYOR	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30071	04/30/22	5,000.

MOVEMBER FOUNDATION77-0714052

ALEXANDER M SOO	1507 MISSOURI STREET HOUSTON, TX 77006	04/30/22	5,000.
KEVIN M SIMONSEN	10614 STONY RIDGE WAY SAN DIEGO, CA 92131	04/30/22	5,000.
TAD R HERZ	90 IVY STREET DENVER, CO 80220	04/30/22	5,000.
JENNIFER LAUNCHI	5 WOOD HOLLOW ROAD PARSIPPANY, NJ 07054	04/30/22	5,000.
MARJORIE A COTTING	417 DANA LANE BARRINGTON HILLS, IL 60010	04/30/22	5,000.
HURON CONSULTING GIFT MATCHING	550 WEST VAN BUREN CHICAGO, IL 60607	04/30/22	5,000.
KATHY J OTT	625 FILBERT CT WALNUT CREEK, CA 94598	04/30/22	5,000.
BLUE SHIELD OF CA	610 12TH STREET OAKLAND, CA 94607	04/30/22	5,000.
LINDA PATEL	37 ROSEBROOK DR LINCOLN PARK, NJ 07035	04/30/22	5,000.
JC DALUMPINES	16192 COASTAL HWY LEWES LEWES, DE 19968	04/30/22	5,000.
ANDREA ZIEMER	1800 WAZEE ST STE 300 DENVER, CO 80202	04/30/22	5,000.
THE HEAD HEART HANDS FOUNDATION	696 SAN RAMON VALLEY BLVD STE 230 DANVILLE, CA 94526	04/30/22	5,000.
FIS FOUNDATION DONATION	505 5TH AVE SOUTH SUITE 101 EDMONDS, WA 98020	04/30/22	5,000.
BRETT P CAYA	7861 EAST PORTICO TERRACE ORANGE, CA 92867	04/30/22	5,000.
ROBERT A LEE	75 STEWART RD 2 SHORT HILLS, NJ 07078	04/30/22	5,000.
SCHWAB CHARITABLE: DAVE & MARY BERNAUER FUND	P.O. BOX 628298 ORLANDO, FL 32862	04/30/22	5,000.
TYRONE MCKILLEN	743 SEWARD ST LOS ANGELES, CA 90038	04/30/22	5,000.
THOMAS MALONE	15 HILLSIDE AVE MADISON, NJ 07940	04/30/22	5,000.
MATTHEW SIGNORE	7 REBECCA DR MIDDLETOWN, NJ 07748	04/30/22	5,000.
MARTIN FOGELMAN III	1010 16TH ST APT 267 SAN FRANCISCO, CA 94107	04/30/22	5,000.
DARIA L FOSTER	293 WURTEMBERG ROAD RHINEBECK, NY 12572	04/30/22	5,000.
PAT BROWNE	6 PORTLAND RD SUMMIT, NJ 07901	04/30/22	5,000.
JIM GRAY	2601 GARFIELD AVE S. 205 MINNEAPOLIS, MN 55408	04/30/22	5,000.
JAMIE L SAKKI	3560 HARRIET AVE SHOREVIEW, MN 55126	04/30/22	5,000.
LAU KA YEE-EVENT	ROOM 902, LEE GARDEN ONE, 33 HYSAN AVENUE, CAUSEWAY BAY HONG KONG, WAN CHAI,	04/30/22	5,000.
ALEXANDER CRAWFORD	11 PINE RIDGE RD GREENWICH, CT 06830	04/30/22	5,000.
LOUIS CARR	4901 S. GREENWOOD AVE. CHICAGO, IL 60615	04/30/22	5,000.

MOVEMBER FOUNDATION77-0714052

W PHILIP WILMINGTON	4501 GULF SHORE BLVD UNIT 901 NAPLES, FL 34103	04/30/22	5,000.
MATTHEW D. SABEL	1 DALTON STREET UNIT 4105 BOSTON, MA 02115	04/30/22	5,000.
JOSEPH C FLAHERTY JR	JOSEPH C FLAHERTY JR ANDOVER, MA 01810	04/30/22	5,000.
MICHAEL W ROBERGE	29 HIGH ROCK RD WAYLAND, MA 01778	04/30/22	5,000.
J. JUSTIN WILKERSON	59 DAMONTE RANCH PKWY SUITE B 506 RENO, NV 89521	04/30/22	5,000.
TERESA RAMIREZ	20405 TOMBALL PARKWAY SUITE 220 HOUSTON, TX 77070	04/30/22	5,000.
JOHN DEVANEY	2665 S BAYSHORE DRIVE PH1 MIAMI, FL 33131	04/30/22	5,000.
HOWARD BANCIK	13027 SAN VICENTE BLVD. LOS ANGELES, CA 90049	04/30/22	5,000.
CENTRAL MINNESOTA CREDIT UNION.	20 4TH AVE SE MELROSE, MN 56352	04/30/22	5,000.
CVS HEALTH FOUNDATION	ONE CVS DRIVE WOONSOCKET, RI 02895	04/30/22	5,000.
US CHARITABLE GIFT TRUST: MERRITT FAMILY FUND	8910 PURDUE ROAD, SUITE 500 INDIANAPOLIS, IN 46268	04/30/22	5,000.
LAWRENCE E SUDBAY	900 CROSSWIND DRIVE CHARLOTTE, VT 05445	04/30/22	5,000.
T. KEVIN BEATTY	10 RADCLIFFE ROAD WELLESLEY, MA 02482	04/30/22	5,000.
LINDSEY CLARK	1 ROGERS STREET CAMBRIDGE, MA 02142	04/30/22	5,000.
JOESPH H RYAN	400 WATER STREET SUITE 200 EXCELSIOR, MN 55331	04/30/22	5,000.
COMMUNITY FOUNDATION GREATER DES MOINES: KUM &	1915 GRAND AVE DES MOINES, IA 50309	04/30/22	5,000.
GO CHARITABLE FUN MORGAN STANLEY -	1585 BROADWAY NEW YORK, NY 10036	04/30/22	5,000.
KATHERINE M TREACY	5364 ALLISON STREET UNIT E ARVADA, CO 80002	04/30/22	5,000.
CHEMTREAT	5640 COX RD GLEN ALLEN, VA 23060	04/30/22	5,000.
PRECISION MEDICINE GROUP	2 BETHESDA METRO CENTER SUITE 850 BETHESDA, MD 20814	04/30/22	5,000.
CIGNA FOUNDATION	1601 CHESTNUT STREET PHILADELPHIA, PA 19192	04/30/22	5,000.
LANI STONE	8032 MAIN STREET HOUMA, LA 70360	04/30/22	5,000.
JOHNSON & JOHNSON GIFT MATCHING - JACOB MEISKIN	255 YORKSHIRE CIRCLE EWING, NJ 08628	04/30/22	5,000.
HURON CONSULTING	550 WEST VAN BUREN CHICAGO, IL 60607	04/30/22	5,000.
ESTEE LAUDER COMPANIES GIFT MATCHING - MATTHEW SEMEL	189 SCHERMERHORN ST 4G BROOKLYN, NY 11201	04/30/22	5,000.
BMO FINANCIAL GROUP DONATION - ALAN TANNENBAUM	60 RIVERSIDE BLVD ATP 1901 NEW YORK, NY 10069	04/30/22	5,000.
ZACHARY R NOLAN	3920 HYDEN DRIVE ODESSA, TX 79762	04/30/22	5,000.

MOVEMBER FOUNDATION

77-0714052

TOTAL INCLUDED ON LINE 3

2,599,321.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

GAIN ON FOREIGN EXCHANGE

18,119.

OTHER INCOME

746.

TOTAL TO FORM 199, PART II, LINE 7

18,865.

MOVEMBER FOUNDATION77-0714052

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
TRAVIS GARONE 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR 2.00	0.
MARK HEDSTROM 1616 17TH STREET SANTA MONICA, CA 90404	COUNTRY DIRECTOR, PRESIDEN 40.00	208,501.
CATE BENNETT 1616 17TH STREET SANTA MONICA, CA 90404	SECRETARY, GENERAL COUNCIL 40.00	0.
NICK REECE 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR, CHAIRPERSON 2.00	0.
SIMON TRAYNOR 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR, UNTIL 9/21 2.00	0.
KELLIE JOHNSTON 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR 2.00	0.
ROB MOODIE 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR 2.00	0.
LINNSEY CAYA 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR 2.00	0.

MOVEMBER FOUNDATION

77-0714052

DEANNA LOMAS 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR 2.00	0.
DAMIEN ANGUS 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR 2.00	0.
CASSANDRA DUNN 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR, SINCE 2/22 2.00	0.
ROCHELLE WEB 1616 17TH STREET SANTA MONICA, CA 90404	DIRECTOR, SINCE 4/22 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11		<u>208,501.</u>
-------------------------------------	--	-----------------

CA 199	OTHER EXPENSES	STATEMENT 4
<u>DESCRIPTION</u>		<u>AMOUNT</u>
GLOBAL SERVICE ALLOCATI		3,207,961.
PROGRAM DELIVERY EXPENS		657,005.
HEALTH EDUCATION, AWARE		517,022.
BANK AND MERCHANT FEES		313,313.
OTHER EMPLOYEE BENEFITS		166,567.
LEGAL FEES		150.
ACCOUNTING FEES		23,948.
OTHER PROFESSIONAL FEES		709,434.
ADVERTISING AND PROMOTION		1,299,168.
INFORMATION TECHNOLOGY		26,431.
TRAVEL		71,475.
INSURANCE		12,392.
ALL OTHER EXPENSES		220,426.
TOTAL TO FORM 199, PART II, LINE 17		<u>7,225,292.</u>

MOVEMBER FOUNDATION

77-0714052

CA 199	OTHER INVESTMENTS	STATEMENT 5
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
INVESTMENTS	2,520,261.	1,012,528.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,520,261.	1,012,528.

CA 199	OTHER ASSETS	STATEMENT 6
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES AND DEFERRED CHARGES	251,808.	260,620.
DEPOSITS	116,169.	156,169.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	367,977.	416,789.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 7
--------	---	-------------

ACTIVITY CLASSIFICATION

RESEARCH, EDUCATION AND AWARENESS OF MEN'S HEALTH ISSUES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PROSTATE CANCER FOUNDATION	1250 FOURTH ST, SUITE 360 - SANTA MONICA, CA 90401	NONE	1,384,584.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PREVENTION INSTITUTE	221 OAK ST - OAKLAND, CA 94607	NONE	146,377.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS UNIVERSITY OF CALIFORNIA LOS ANG	BOX 951738 - LOS ANGELES, CA 90095	NONE	219,462.

MOVEMBER FOUNDATION77-0714052

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF WASHINGTON	4300 ROOSEVELT WAY NE, SUITE 300 - SEATTLE, WA 98105	NONE	382,697.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF SOUTH FLORIDA	4202 E. FOWLER AVE, ALC 100 - TAMPA, FL 33620	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REGENTS OF THE UNIVERSITY OF MICHIGAN	NCRC RM G054-02, BLD 16, 2800 PLYMOUTH RD - ANN ARBOR, MI 48109	NONE	91,426.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTHERN PLAINS TRIBAL HEALTH BOARD	PO BOX 16457 - OKLAHOMA CITY, OK 73113	NONE	80,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KOKUA KALIHI VALLEY	2239 NORTH SCHOOL - HONOLULU, HI 96819	NONE	134,980.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIRST RESPONDER CENTER FOR EXCELLENCE (F	95 RIVER ROAD, SUITE C - CANTON, CT 06019	NONE	85,236.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SINAI HEALTH SYSTEM	1500 S FAIRFIELD AVE, F125 - CHICAGO, IL 60608	NONE	80,000.

MOVEMBER FOUNDATION77-0714052

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VANDERBILT UNIVERSITY MEDICAL CENTER	DEPT. 1236, P.O. BOX 121236 - DALLAS, TX 75312	NONE	47,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOHNS HOPKINS SCHOOL OF MEDICINE	600 N. WOLFE STREET CMSC 130 - BALTIMORE, MD 21287	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FARMINGTON VALLEY HEALTH DISTRICT	95 RIVER ROAD, SUITE C - CANTON, CT 06019	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE PROSTATE CANCER CLINICAL TRIALS CONS	1275 YORK AVENUE - NEW YORK, NY 10065	NONE	239,925.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RESEARCH TRIANGLE INSTITUTE	POST OFFICE BOX 900002 - RALEIGH, NC 27513	NONE	118,837.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SOUTH CENTRAL FOUNDATION	7033 E TUDAR DR - ANCHIRAGE, AK 99508	NONE	171,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WOMEN OF EAST AFRICA	6523 UNIVERSITY AVE - SAN DIEGO, CA 92115	NONE	235,000.

MOVEMBER FOUNDATION77-0714052

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	400 PARNASSUS AVE. ROOM A631 - SAN FRANCISCO, CA 94143	NONE	241,090.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE REGENTS OF THE UNIVERSITY OF CA	BOX 957089, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095	NONE	219,462.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DUKE UNIVERSITY	P.O. BOX 602651 - CHARLOTTE, NC 28202	NONE	3,650.

TOTAL FOR THIS ACTIVITY	3,983,726.
-------------------------	------------

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u><u>3,983,726.</u></u>
---	--------------------------

MOVEMBER FOUNDATION

77-0714052

CA 3885

DEPRECIATIONSTATEMENT 8

<u>ASSET NO./ DESCRIPTION</u>	<u>DATE IN SERVICE</u>	<u>COST OR BASIS</u>	<u>PRIOR DEPR</u>	<u>METHOD</u>	<u>LIFE</u>	<u>DEPRE- CIATION</u>	<u>BONUS</u>
1 COMPUTER EQUIPMENT	VARIOUS	169,752.	148,978.	200DB	5.00	11,864.	
2 FURNITURE AND FIXTURES	VARIOUS	61,156.	55,288.	200DB	5.00	2,955.	
3 LEASEHOLD IMPROVEMENTS	VARIOUS	49,862.	32,661.	200DB	5.00	1,101.	
4 LEASEHOLD IMPROVEMENTS	IN PROGRESS						
	VARIOUS	191,192.			5.00	0.	
TOTAL TO FORM 3885		<u>471,962.</u>	<u>236,927.</u>			<u>15,920.</u>	

022
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name MOVEMBER FOUNDATION	Identifying number 77-0714052
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	18,800,573
2 Total gross income (Form 199, line 8)	2	18,800,573
3 Total expenses and disbursements (Form 199, line 9)	3	14,543,409

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--------------------------------------	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	6 Account number	7 Type of account:	Checking	Savings
-------------------------	-------------------------	---------------------------	----------	---------

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here **PRESIDENT**

Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed	ERO's PTIN P00103314
	Firm's name (or yours if self-employed) and address HLBA, CERTIFIED PUBLIC ACCOUNTANTS, I 18400 VON KARMAN AVE, SUITE #110 IRVINE, CA				Firm's FEIN 33-0155525 ZIP code 92612

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature 	Date	Check if self-employed	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code

STATE OF CALIFORNIA
 RRF-1
 (Rev. 02/2021)
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400
 WEBSITE ADDRESS:
 www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE
 (For Registry Use Only) PAGE 1 of 5

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>MOVEMBER FOUNDATION</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>1616 17TH STREET</u> Address (Number and Street)</p> <p><u>SANTA MONICA, CA 90404</u> City or Town, State, and ZIP Code</p> <p><u>310-450-3331</u> <u>INFO.US@MOVEMBER.COM</u> Telephone Number E-mail Address</p>	<p>Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0165186</u></p> <p>Corporation or Organization No. <u>3053899</u></p> <p>Federal Employer ID No. <u>77-0714052</u></p>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2021 ending 04/30/2022) list:

Total Revenue (including noncash contributions) \$ 18,583,289 Noncash Contributions \$ 0 Total Assets \$ 31,257,231
 Program Expenses \$ 10,139,613 Total Expenses \$ 14,326,125

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page 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, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 9	X	
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 10	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

MARK HEDSTROM	PRESIDENT		
Signature of Authorized Agent	Printed Name	Title	Date

MOVEMBER FOUNDATION

77-0714052

CA RRF-1

INFORMATION REGARDING COMMERCIAL
FUNDRAISING SERVICES
PART B, LINE 4

STATEMENT 9

CAFE RACER AFICIONADO PTY LTD
UNIT 4, 44 BOTANY ROAD
ALEXANDRIA NSW 2015
AUSTRALIA
PHONE +61 (0) 433 321 430

MOVEMBER FOUNDATION

77-0714052

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 10

ON JANUARY 25, 2021, THE FOUNDATION RECEIVED A SECOND LOAN UNDER THE PPP OF \$632,500 FROM SUNWEST BANK. THE FOUNDATION USED THE ENTIRE LOAN AMOUNT FOR QUALIFYING EXPENSES AND HAS APPLIED FOR FULL FORGIVENESS. THE FOUNDATION RECOGNIZED AN EQUIVALENT AMOUNT AS OTHER INCOME IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS.