

Return of Organization Exempt From Income Tax

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **MAY 1, 2022** and ending **APR 30, 2023**

B Check if applicable:	C Name of organization MOVEMBER FOUNDATION	D Employer identification number 77-0714052
Address change	Doing business as	E Telephone number 310-450-3331
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1616 17TH STREET	
Initial return	City or town, state or province, country, and ZIP or foreign postal code SANTA MONICA, CA 90404	G Gross receipts \$ 17,410,906.
Final return/terminated	F Name and address of principal officer: RICHARD DEUTSCH SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	J Website: WWW.MOVEMBER.COM	H(c) Group exemption number
	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

	1 Briefly describe the organization's mission or most significant activities: PLEASE REFER TO SCHEDULE O			
Activities & Governance	2 Check this box 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 2022 (Part V, line 2a)	5		40
	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	Current Year	
	9 Program service revenue (Part VIII, line 2g)	18,344,639.	16,405,924.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,072.	418,350.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	172,578.	19,184.	
		18,583,289.	16,843,458.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,983,726.	3,306,740.	
	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)	2,736,923.	2,722,528.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	3,481,977.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,605,476.	8,122,709.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,326,125.	14,151,977.	
19 Revenue less expenses. Subtract line 18 from line 12	4,257,164.	2,691,481.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	31,257,231.	36,883,094.	
	22 Net assets or fund balances. Subtract line 21 from line 20	2,011,478.	4,945,860.	
		29,245,753.	31,937,234.	

Part II Signature Block

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

Sign Here	Signature of officer RICHARD DEUTSCH, PRESIDENT	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JONATHAN P. SCHUBERT	Preparer's signature JONATHAN P. SCHUBERT	Date
	Firm's name SINGERLEWAK, LLP	Firm's EIN 95-2302617	Check if self-employed <input type="checkbox"/> PTIN P00103314
	Firm's address 18400 VON KARMAN AVE, SUITE #110 IRVINE, CA 92612	Phone no. 949-623-0540	

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 \$ 9,452,944. including grants of \$ 3,306,740.) (Revenue \$) SINCE 2003, MOVEMBER HAS BUILT A GLOBAL MEN'S HEALTH MOVEMENT, FUNDING MORE THAN 1,300 PROJECTS AROUND THE WORLD, CHALLENGING THE STATUS QUO, SHAKING UP MEN'S HEALTH RESEARCH AND TRANSFORMING THE WAY HEALTH SERVICES REACH AND SUPPORT MEN. MOVEMBER HAS TAKEN ON THREE OF THE BIGGEST HEALTH ISSUES AFFECTING MEN: PROSTATE CANCER, TESTICULAR CANCER, MENTAL HEALTH, AND SUICIDE.

MOVEMBER HAS:
- INVESTED ALMOST \$350 MILLION IN OVER 600 BIOMEDICAL RESEARCH PROJECTS, FOCUSING ON PROSTATE AND TESTICULAR CANCER.
- FUNDED 4 PROSTATE CANCER REGISTRIES, WITH OVER 200,000 MEN ENROLLED FROM 23 COUNTRIES.

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 9,452,944.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," 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, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY
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 - 310-450-3399
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, box 6 of 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) MARK HEDSTROM, UNTIL 04/23 COUNTRY DIRECTOR, PRESIDENT	40.00			X			210,852.	0.	9,069.	
(2) KELLIE PAICH GLOBAL DIRECTOR, CLINICAL	40.00				X		193,001.	0.	6,874.	
(3) CATE BENNETT SECRETARY, GENERAL COUNCIL	40.00			X			0.	186,301.	0.	
(4) TRAVIS GARONE DIRECTOR	2.00	X					0.	163,095.	0.	
(5) MICHELLE CARLSON COUNTRY DIRECTOR, TREASURER	40.00			X			152,000.	0.	10,419.	
(6) STACEY HARRIS, UNTIL 08/22 SENIOR DIRECTOR, FUNDRAISING	40.00				X		149,046.	0.	9,455.	
(7) BRITTANY VENERIS DIRECTOR, COMMUNITY DEVE	40.00				X		143,038.	0.	7,434.	
(8) JERRY JONES, UNTIL 03/23 DIRECTOR, EQUITY, DIVERSITY & INCLUS	40.00				X		128,133.	0.	10,998.	
(9) REBECCA ZADA ASSOC. DIRECTOR, CORP. ACCT. MGMT.	40.00				X		125,000.	0.	7,248.	
(10) NICK REECE, UNTIL 11/22 DIRECTOR, CHAIRPERSON	2.00	X					0.	29,431.	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	2.00	X					0.	0.	0.	
(17) ROCHELLE WEB DIRECTOR	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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,405,924.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			16,405,924.			
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)		418,350.			418,350.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	568,727.			
			(ii) Personal				
	b Less: rental expenses ...	6b	567,448.				
	c Rental income or (loss)	6c	1,279.				
	d Net rental income or (loss)			1,279.		1,279.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	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 EXCHAN	Business Code	900099	12,463.	12,463.		
	b OTHER INCOME		900099	5,442.	5,442.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			17,905.			
12 Total revenue. See instructions			16,843,458.	17,905.	0.	419,629.	

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 ...	3,306,740.	3,306,740.		
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	165,245.			165,245.
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	2,196,957.	1,554,922.		642,035.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	182,428.	120,851.		61,577.
10 Payroll taxes	177,898.	116,541.		61,357.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,433.		26,433.	
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.)	226,662.	110,321.	9,724.	106,617.
12 Advertising and promotion	1,365,400.	683,325.		682,075.
13 Office expenses				
14 Information technology	54,741.	17,039.	31,202.	6,500.
15 Royalties				
16 Occupancy	503,056.	141,127.	361,929.	
17 Travel	212,900.	127,624.	18,430.	66,846.
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	57,682.		57,682.	
23 Insurance	13,031.	3,595.	9,436.	
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	3,787,031.	2,221,464.	591,333.	974,234.
b HEALTH EDUCATION, AWARE	807,560.	403,780.		403,780.
c PROGRAM DELIVERY EXPENS	564,864.	564,864.		
d BANK AND MERCHANT FEES	339,099.	37,966.	10.	301,123.
e All other expenses	164,250.	42,785.	110,877.	10,588.
25 Total functional expenses. Add lines 1 through 24e	14,151,977.	9,452,944.	1,217,056.	3,481,977.
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)	807,560.	403,780.	0.	403,780.

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	2,883,541.	1	7,197,715.
	2 Savings and temporary cash investments	25,970,365.	2	19,734,769.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	754,893.	4	763,878.
	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	260,620.	9	400,542.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 595,090.		
	b Less: accumulated depreciation	10b 310,531.	219,115.	10c 284,559.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,012,528.	12	4,922,196.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	156,169.	15	3,579,435.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,257,231.	16	36,883,094.	
Liabilities	17 Accounts payable and accrued expenses	2,011,478.	17	1,217,237.
	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		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	0.	25	3,728,623.
	26 Total liabilities. Add lines 17 through 25	2,011,478.	26	4,945,860.
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	29,144,228.	27	31,835,709.
	28 Net assets with donor restrictions	101,525.	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	29,245,753.	32	31,937,234.
	33 Total liabilities and net assets/fund balances	31,257,231.	33	36,883,094.

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	16,843,458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,151,977.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,691,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,245,753.
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	31,937,234.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,177,079.	17,919,710.	15,333,875.	17,712,139.	16,405,924.	85,548,727.
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	18,177,079.	17,919,710.	15,333,875.	17,712,139.	16,405,924.	85,548,727.
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.						85,548,727.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	18,177,079.	17,919,710.	15,333,875.	17,712,139.	16,405,924.	85,548,727.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	326,611.	371,461.	227,297.	219,785.	419,629.	1,564,783.
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.)	133,140.	114,150.		18,865.	17,905.	284,060.
11 Total support. Add lines 7 through 10						87,397,570.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2022 (line 6, column (f), divided by line 11, column (f))	14	97.88 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.30 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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... 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... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... 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... 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).		

Schedule A (Form 990) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

DRAFT

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

MOVEMBER FOUNDATION

Employer identification number

77-0714052

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILIPS NORTH AMERICA LLC 222 JACOBS ST 3RD FL CAMBRIDGE, MA 02141	\$ 605,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

2022

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for conservation easement statistics (2a-2d), and several Yes/No questions regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a regarding reporting requirements and asset values.

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? <input type="checkbox"/> | 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		227,744.	53,562.	174,182.
d Equipment		208,290.	178,474.	29,816.
e Other		159,056.	78,495.	80,561.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				284,559.

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) INVESTMENTS	4,922,196.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,922,196.	

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) DEPOSITS	137,719.
(2) RIGHT OF USE ASSET	3,441,716.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,579,435.

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) LEASE LIABILITIES - CURRENT PORTION	591,074.
(3) LEASE LIABILITIES - RIGHT OF USE ASSET	3,137,549.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,728,623.

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	16,842,179.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	16,842,179.
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	1,279.	
c	Add lines 4a and 4b		4c	1,279.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	16,843,458.

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	14,150,698.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	14,150,698.
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	1,279.	
c	Add lines 4a and 4b		4c	1,279.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	14,151,977.

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 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE REALLOCATION

PART XII, LINE 4B - 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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN AUSTRALIAN ASSOCIATION 50 BROADWAY SUITE NEW YORK, NY 10004	13-6151807	501 (C) (3)	40,000.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501 (C) (3)	29,392.	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
FIRST RESPONDER CENTER FOR EXCELLENCE (FRCE) - 95 RIVER ROAD, SUITE C - CANTON, CT 06019	06-0953216	501 (C) (3)	146,023.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
HARVARD 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	43,076.	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)	32,500.	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 **22.**
- 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) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOKUA KALIHI VALLEY 2239 NORTH SCHOOL HONOLULU, HI 96819	99-0149797	501 (C) (3)	64,044.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
MAYO CLINIC 200 FIRST STREET ROCHESTER, MI 55905	41-6011702	501 (C) (3)	8,450.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
MEMORIAL SLOAN-KETTERING CANCER CENTER - P.O. BOX 27106 - NEW YORK, NY 10004	13-1624082	501 (C) (3)	25,000.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
PROSTATE CANCER FOUNDATION 1250 FOURTH ST, SUITE 360 SANTA MONICA, CA 90401	95-4418411	501 (C) (3)	1,142,705.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
REGENTS OF THE UNIVERSITY OF MICHIGAN - NCRC RM G054-02, BLD 16, 2800 PLYMOUTH RD - ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	27,408.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - BOX 951738 - LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	467,636.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
SOUTH CENTRAL FOUNDATION 7033 E TUDAR DR ANCHORAGE, AK 99508	92-0086076	501 (C) (3)	81,463.	0.			TO PROVIDE FUNDS FOR MENTAL HEALTH PROGRAM FOR VETERANS, FIRST RESPONDERS AND LAW
SOUTHERN PLAINS TRIBAL HEALTH BOARD - PO BOX 16457 - OKLAHOMA CITY, OK 73113	73-1606600	501 (C) (3)	127,759.	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)	205,430.	0.			TO PROVIDE FUNDING FOR LEADERSHIP OF THE IRONMAN PROSTATE CANCER REGISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - BOX 957089, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095	94-3067788	501 (C) (3)	96,998.	0.			TO PROVIDE FUNDING FOR THE TRUE NORTH GLOBAL PROSTATE CANCER REGISTRY
UNITED WOMEN OF EAST AFRICA 6523 UNIVERSITY AVE SAN DIEGO, CA 92115	80-0516550	501 (C) (3)	130,000.	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)	76,917.	0.			PAYMENT FOR EVALUATION SERVICES FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVE, ALC 100 TAMPA, FL 33620	59-3102112	501 (C) (3)	110,500.	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)	320,439.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	44,000.	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

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

Part IV Supplemental Information

PROGRAM FOR VETERANS, FIRST RESPONDERS AND LAW ENFORCEMENT

DRAFT

**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

2022

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
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) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK HEDSTROM, UNTIL 04/23 COUNTRY DIRECTOR, PRESIDENT	(i)	210,852.	0.	0.	0.	9,069.	219,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KELLIE PAICH GLOBAL DIRECTOR, CLINICAL	(i)	193,001.	0.	0.	0.	6,874.	199,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CATE BENNETT SECRETARY, GENERAL COUNCIL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	186,301.	0.	0.	0.	0.	186,301.	0.
(4) TRAVIS GARONE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,095.	0.	0.	0.	0.	163,095.	0.
(5) MICHELLE CARLSON COUNTRY DIRECTOR, TREASURER	(i)	152,000.	0.	0.	0.	10,419.	162,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STACEY HARRIS, UNTIL 08/22 SENIOR DIRECTOR, FUNDRAISING	(i)	149,046.	0.	0.	0.	9,455.	158,501.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRITTANY VENERIS DIRECTOR, COMMUNITY DEVE	(i)	143,038.	0.	0.	0.	7,434.	150,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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	163,095.	PROVIDED CO		X
MARK HEDSTROM	COUNTRY DIRECTOR, P	5,000.	WIFE MANAGE		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

(A) NAME OF PERSON: MARK HEDSTROM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COUNTRY DIRECTOR, PRESIDENT

(D) DESCRIPTION OF TRANSACTION: WIFE MANAGED SANTA MONICA OFFICE FITOUT

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.

MARK HEDSTROM'S WIFE WAS PAID AN HONORARIUM FOR MANAGING THE SANTA

MONICA OFFICE FITOUT.

**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

2022

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 ARE THE LEADERS OF THE MEN'S HEALTH MOVEMENT. WE CONFRONT,
CHALLENGE AND CHANGE INDIVIDUAL BEHAVIOURS, SYSTEMS AND GENDER NORMS TO
ADDRESS HEALTH INEQUALITIES FOR MEN.

RESULTS WE SEEK TO ACHIEVE:

WE WILL CONTINUE TO LEAD THE CHARGE IN ENCOURAGING MEN TO ADOPT HEALTHY
BEHAVIORS, CHALLENGING HEALTH SYSTEMS AND CONFRONTING GENDER NORMS TO
REDUCE HEALTH INEQUALITIES AND SAVE MORE LIVES.

1. WE WILL WORK TO PREVENT THE PROGRESSION OF HIGH-RISK PROSTATE CANCER
TO ADVANCED, FATAL DISEASE WHILST CONTINUING TO IMPROVE QUALITY OF CARE
AND QUALITY OF LIFE INCLUDING IMPROVING SEXUAL HEALTH OUTCOMES FOR
THOSE WITH PROSTATE CANCER AND THEIR PARTNERS.

2. WE WILL CONTINUE TO RAISE THE PROFILE OF MEN'S HEALTH BY LEADING
RESEARCH AND BRINGING TOGETHER HEALTH EXPERTS AND GENDER-BASED
ORGANISATIONS TO CREATE BETTER MEN'S HEALTH FOR GENERATIONAL CHANGE AND
HEALTHIER SOCIETIES.WE BELIEVE THAT BY DOING THIS, HEALTHIER MEN CAN
SUPPORT A HEALTHIER WORLD.

3. WE WILL WORK WITH GOVERNMENTS TO ADVOCATE FOR POLICY CHANGES THAT
WILL BENEFIT MEN AND SOCIETY.

4. WE WILL CONTINUE TO DELIVER MEN'S HEALTH AWARENESS AND EDUCATION
CAMPAIGNS WHILE WORKING TO BETTER UNDERSTAND THE RELATIONSHIP BETWEEN
MASCULINITY AND YOUNG MEN'S MENTAL HEALTH.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
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5. WE WILL CONTINUE OUR WORK IN MENTAL HEALTH IN SPORT CONVENING
 POWERFUL PARTNERSHIPS TO COLLABORATE ON AN AGENDA THAT BENEFITS MEN AND
 WIDER SOCIETY.

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

- SUPPORTED INTERVENTIONS DESIGNED TO ASSIST AND GUIDE MEN THROUGH THE
 PROSTATE CANCER JOURNEY, OFFERING THEM RESOURCES AND INFORMATION SO
 THAT THEY ARE EMPOWERED TO MAKE THEIR OWN DECISIONS, MANAGE SYMPTOMS
 AND SHARE LIVED EXPERIENCES.

- SINCE TAKING ON MENTAL HEALTH AND SUICIDE AS A CAUSE AREA IN 2006,
 MOVEMBER HAS UNITED EXPERTS, FUNDED BOLD NEW APPROACHES AND EMBRACED
 FRESH PERSPECTIVES. WE'VE FOCUSED ON PREVENTION, EARLY INTERVENTION,
 AND HEALTH PROMOTION THROUGH A MALE LENS.

MOVEMBER IS FOR EVERYONE, NOT JUST FOR MEN. WE ARE A HEALTH MOVEMENT
 AND OUR INVITATION TO TAKE PART IS OPEN TO EVERYONE. WE CHAMPION
 HEALTHCARE THAT IS SENSITIVE TO THE NEEDS OF EVERYONE, INCLUDING MEN,
 SO THAT EVERYONE BENEFITS. AND WE HAVE A STRONG FOCUS ON HOW IMPROVING
 MEN'S HEALTH CAN HAVE A PROFOUNDLY POSITIVE IMPACT ON WOMEN, FAMILIES,
 AND SOCIETY AS A WHOLE. BUT WE LEAD THE CHARGE IN ENCOURAGING MEN TO
 ADOPT HEALTHY BEHAVIOURS, CHALLENGING HEALTH SYSTEMS AND CONFRONTING
 GENDER NORMS TO REDUCE HEALTH INEQUALITIES AND SAVE MORE LIVES.

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.

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

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

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

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

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 2023, RECOGNIZING THE SIGNIFICANT AMOUNT OF TIME AND RESOURCES
THAT IS DEDICATED TO THIS ROLE.

THE DIRECTORS OF THE TRUSTEE COMPANY ARE NOT USUALLY REMUNERATED FOR
THEIR DIRECTORSHIPS.

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.

NICHOLAS REECE RESIGNED FROM THE BOARD AS THE CHAIRPERSON AND AS A
DIRECTOR ON 22 NOVEMBER 2022.

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

FORM 990, PART X, LINE 4

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, 2023, THE ORGANIZATION'S RECEIVABLE FROM MGPL FOR THE CROSS CHARGES TOTALED \$595,985. THIS BALANCE OF RELATED PARTY RECEIVABLE IS INCLUDED IN THE NET PARTY RECEIVABLE BALANCE IN THE AMOUNT OF \$596,275.

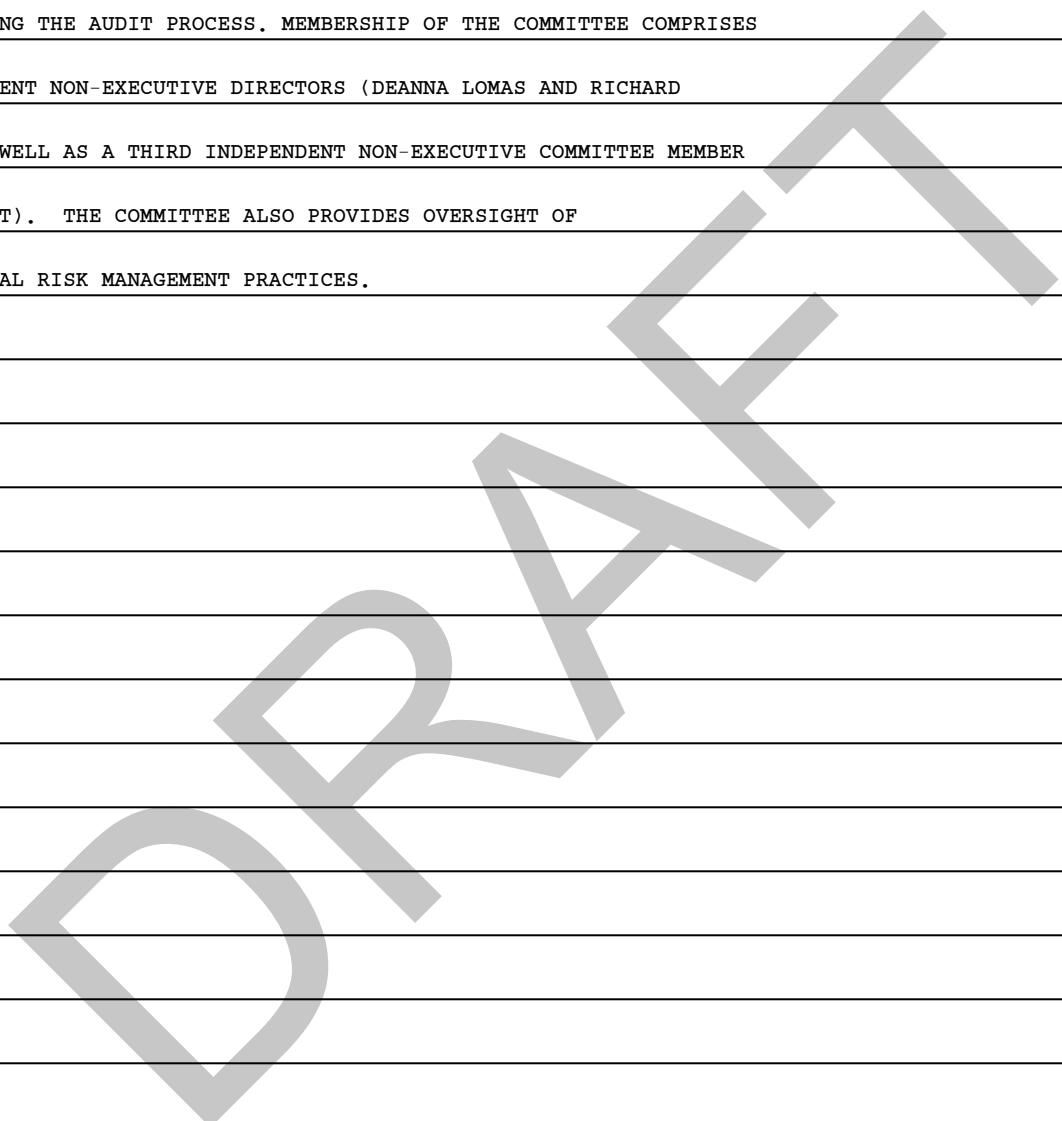
FORM 990, PART X, LINES 27 AND 33

OF THE \$31,937,234 OF TOTAL NET ASSETS, \$24,574,477 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 ORGANIZATION 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 RICHARD DEUTSCH) AS WELL AS A THIRD INDEPENDENT NON-EXECUTIVE COMMITTEE MEMBER (DAVID BRYANT). THE COMMITTEE ALSO PROVIDES OVERSIGHT OF ORGANIZATIONAL RISK MANAGEMENT PRACTICES.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE MOVEMBER GROUP PROPRIETARY LIMITED AS TRUSTEE FOR MOVEMBER FOUNDATION, 4TH FL, 21-31 GOODWOOD ST, RICHMOND, VICTORIA, AUSTRALIA	NOT FOR PROFIT CHARITY	AUSTRALIA					X
MOVEMBER CANADA 588 RICHMOND STREET WEST TORONTO, ONTARIO, CANADA	NOT FOR PROFIT CHARITY	CANADA					X
MOVEMBER EUROPE 52-54 ROSEBURY AVE LONDON, UNITED KINGDOM	NOT FOR PROFIT CHARITY	UNITED KINGDOM					X
MOVEMBER FOUNDATION NZ 4TH FL, 21-31 GOODWOOD ST RICHMOND, VICTORIA, AUSTRALIA	NOT FOR PROFIT CHARITY	AUSTRALIA					X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		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		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	O	339,517.	
(2) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	P	3,787,030.	
(3) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	Q	37,184.	
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

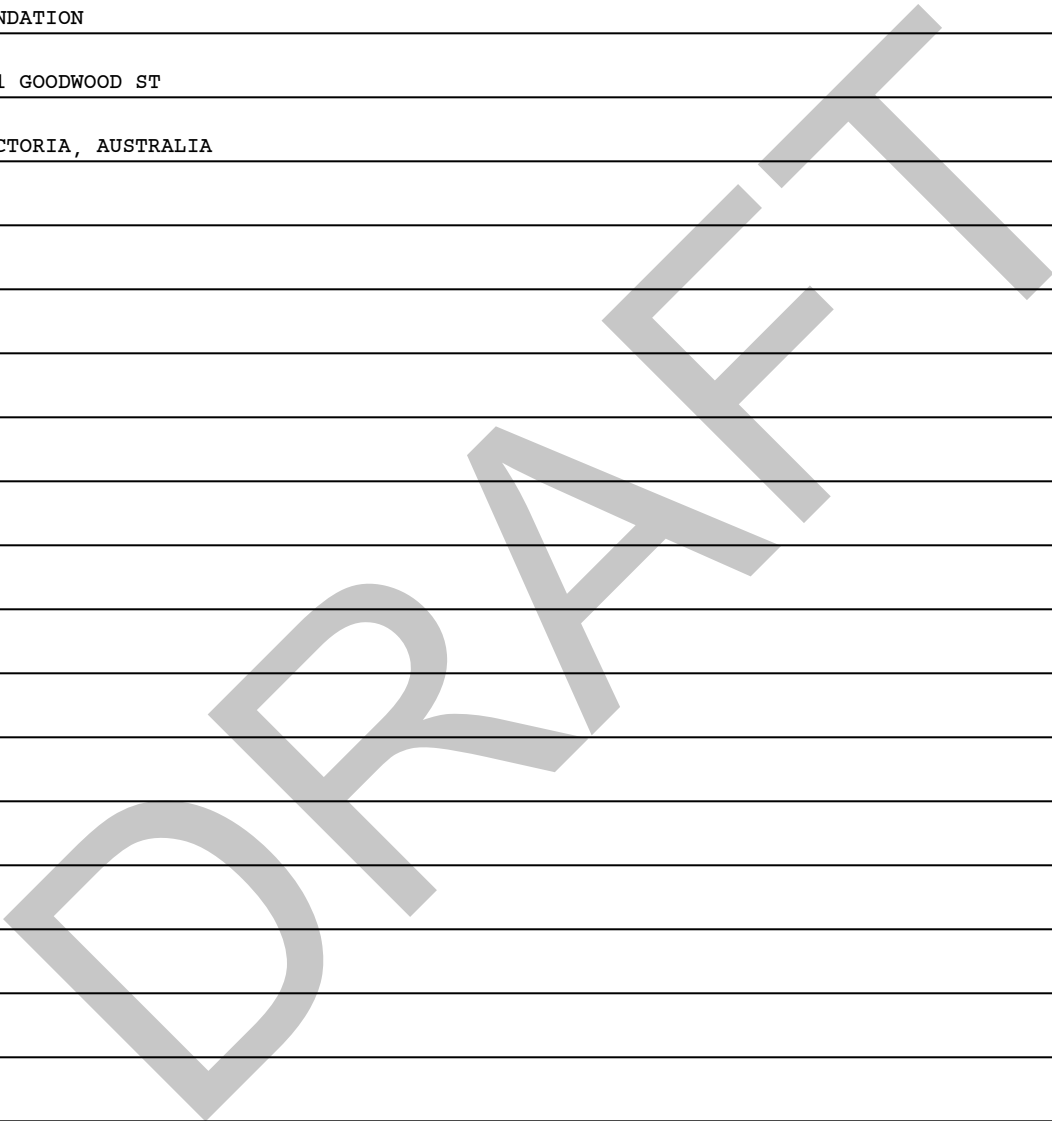
NAME AND ADDRESS OF RELATED ORGANIZATION:

THE MOVEMBER GROUP PROPRIETARY LIMITED AS TRUSTEE FOR

MOVEMBER FOUNDATION

4TH FL, 21-31 GOODWOOD ST

RICHMOND, VICTORIA, AUSTRALIA



2022 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		HY17	159,056.				159,056.	58,243.		20,252.	78,495.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						159,056.				159,056.	58,243.		20,252.	78,495.
	OTHER														
1	COMPUTER EQUIPMENT	VARIOUS	200DB	5.00		HY17	208,290.				208,290.	160,844.		17,630.	178,474.
3	LEASEHOLD IMPROVEMENTS	VARIOUS	200DB	5.00		HY17	227,744.				227,744.	33,762.		19,800.	53,562.
	* 990 PAGE 10 TOTAL OTHER						436,034.				436,034.	194,606.		37,430.	232,036.
	* GRAND TOTAL 990 PAGE 10 DEPR						595,090.				595,090.	252,849.		57,682.	310,531.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

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.

Table with 5 columns: Line number, Description, Amount, and two empty columns. Rows 1-13 detailing property election amounts and limitations.

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.)

Table with 3 columns: Line number, Description, and Amount. Rows 14-16 detailing special depreciation allowance.

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

Section A

Table with 3 columns: Line number, Description, and Amount. Rows 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows 19a-i detailing various property types.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Description, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows 20a-d detailing class life options.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Rows 21-23 summarizing listed property and total depreciation.

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and 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.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

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

Table with 6 columns: (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 2022 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

TAXABLE YEAR

2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
MOVEMBER FOUNDATION	77-0714052

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	16,843,458
2 Total gross income (Form 199, line 8)	2	16,843,458
3 Total expenses and disbursements (Form 199, line 9)	3	14,151,977

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> 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 _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

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 2022 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, 2022 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	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00103314
Must Sign	Firm's name (or yours if self-employed) and address SINGERLEWAK, LLP 18400 VON KARMAN AVE, SUITE #110 IRVINE, CA	Firm's FEIN 95-2302617	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	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code	

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 05/01/2022, and ending (mm/dd/yyyy) 04/30/2023

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

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	---

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	437,534	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	16,405,924	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	16,843,458	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	16,843,458	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	14,151,977	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,691,481	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

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

Sign Here	Signature of officer	Title PRESIDENT	Date	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> PTIN P00103314
Paid Preparer's Use Only	Preparer's signature JONATHAN P. SCHUBERT	Date	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> Firm's FEIN 95-2302617 <input type="checkbox"/> Telephone 949-623-0540
	Firm's name (or yours, if self-employed) and address SINGERLEWAK, LLP 18400 VON KARMAN AVE, SUITE #110 IRVINE, CA 92612			

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

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.

228951 01-10-23

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	00
	7	Other income	•	7	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	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	00
	12	Other salaries and wages	•	12	00
	13	Interest	•	13	00
	14	Taxes	•	14	00
	15	Rents	•	15	00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other expenses and disbursements	•	17	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash			•	
2 Net accounts receivable			•	
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			•	
10 a Depreciable assets				
b Less accumulated depreciation	()	()		
11 Land			•	
12 Other assets			•	
13 Total assets				
Liabilities and net worth				
14 Accounts payable			•	
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities				
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund			•	
22 Total liabilities and net worth				

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	•	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. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
PHILIPS NORTH AMERICA LLC	222 JACOBS ST 3RD FL CAMBRIDGE, MA 02141	04/30/23	605,920.
KELLOGG COMPANY	1 KELLOGG'S SQUARE BATTLE CREEK, MI 49017	04/30/23	50,000.
MASTERCARD	100 MANHATTANVILLE ROAD PURCHASE, NY 10577	04/30/23	300,000.
JIM KENNEDY	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	04/30/23	50,000.
COX ENTERPRISES	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	04/30/23	20,000.
PEPSICO	700 ANDERSON HILL ROAD PURCHASE, NY 10577	04/30/23	30,000.
GEMINI TRUST CO	315 PARK AVENUE SOUTH, 18TH FLOOR NEW YORK, NY 10010	04/30/23	14,870.
MARGARETTA TAYLOR	6205-B PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	04/30/23	25,000.
CAROLL & NANCY O'CONNOR FOUNDATION	1925 CENTURY PARK EAST 16 FL LOS ANGELES, CA 90067	04/30/23	25,000.
ROBIN L PEDERSON	5700 DEVILLE DRIVE EDINA, MN 55436	04/30/23	15,000.
DIVA CASSANDRA PARAMO	3368 BIRCHWOOD LANE SAN JOSE, CA 95132	04/30/23	11,837.
ALEXANDER MITCHELL	717 5TH AVENUE, 21ST FLOOR 2R NEW YORK, NY 10022	04/30/23	10,017.
KRISTINA LOFTUS	1180 SEMINOLE TRAIL SUITE 317 CHARLOTTESVILLE, VA 22901	04/30/23	8,016.
DOUGLAS SIEG	233 SPRINGFIELD AVENUE SUMMIT, NJ 07901	04/30/23	20,000.

MOVEMBER FOUNDATION77-0714052

DAVID F HANNASCH	701 N PHILLIPS AVE APT 432 SIOUX FALLS, SD 57104	04/30/23	5,000.
ALLEGIS GROUP FOUNDATION	7301 PARKWAY DRIVE SOUTH HANOVER, MD 21076	04/30/23	7,500.
THE SEAMAN - WEISNER CHARITABLE FUND	1616 17TH STREET SANTA MONICA, CA 90404	04/30/23	10,000.
WYNKOOP BREWING COMPANY	634 18TH ST DENVER, CO 80202	04/30/23	7,932.
COMMUNITY FOUNDATION OF TEXAS	5500 CARUTH HAVEN LN DALLAS, TX 75225	04/30/23	6,000.
BLUE SHIELD OF CA	610 12TH STREET OAKLAND, CA 94607	04/30/23	5,000.
FIS FOUNDATION DONATION	505 5TH AVE SOUTH SUITE 101 EDMONDS, WA 98020	04/30/23	5,000.
BRETT P CAYA	7861 EAST PORTICO TERRACE ORANGE, CA 92867	04/30/23	10,000.
SCHWAB CHARITABLE: DAVE & MARY BERNAUER FUND	P.O. BOX 628298 ORLANDO, FL 32862	04/30/23	40,000.
JOSEPH C FLAHERTY JR	44 CENTRAL STREET ANDOVER, MA 01810	04/30/23	5,000.
HOWARD BANCHIK	13027 SAN VICENTE BLVD. LOS ANGELES, CA 90049	04/30/23	5,000.
CVS HEALTH FOUNDATION	130 HART STREET TAUNTON, MA 02780	04/30/23	5,000.
HURON CONSULTING	550 WEST VAN BUREN CHICAGO, IL 60607	04/30/23	7,500.
ESTEE LAUDER COMPANIES GIFT MATCHING - MATTHEW SEMEL	189 SCHERMERHORN ST 4G BROOKLYN, NY 11201	04/30/23	155,000.
FACEBOOK OFFLINE PAYMENT	1 HACKER WAY MENLO PARK, CA 94025	04/30/23	191,759.
DULUTH TRADING COMPANY	1107 RIVER ST. BELLEVILLE, WI 53508	04/30/23	112,652.
STRAVA INC	208 UTAH STREET SAN FRANCISCO, CA 94103	04/30/23	35,000.
DANONE	12002 AIRPORT WAY BROOMFIELD, CO 80021	04/30/23	30,000.
STOK	12002 AIRPORT WAY BROOMFIELD, CO 80021	04/30/23	26,696.
JP MORGAN	270 PARK AVENUE NEW YORK, NY 10017	04/30/23	25,000.
MERCK	257 TUTTLE PARKWAY WESTFIELD, NJ 07090	04/30/23	25,000.
PERRY ROTELLA	40 RIVER ROAD APT 16L NEW YORK, NY 10044	04/30/23	20,102.
JOHNSON & JOHNSON	7861 PORTICO TERRACE ORANGE, CA 92867	04/30/23	20,000.
IMC DONATION	605 WEST MADISON STREET, 3709 CHICAGO, IL 60661	04/30/23	17,497.
EL DORADO HILLS PROFESSIONAL FIRE FIGHTERS	3941 PARK DRIVE #20-235 EL DORADO HILLS, CA 95762	04/30/23	15,550.
BLACKROCK	297 WOBURN STREET READING, MA 01867	04/30/23	15,200.
ADP	ONE ADP BOULEVARD ROSELAND, NJ 07068	04/30/23	15,000.

ERIC RADELAT	18555 COLLINS AVE 801 SUNNY ISLES BEACH, FL 33160	04/30/23	15,000.
BETTERPOOL LLC	383 N CORONA ST UNIT 819 DENVER, CO 80218	04/30/23	14,553.
RENAISSANCE CHARITABLE	8910 PURDUE ROAD, #555 INDIANAPOLIS, IN 46268	04/30/23	14,485.
SIGMA ALPHA EPSILON	607 W. GLENN AVE. APT 310 AUBURN, AL 36832	04/30/23	13,113.
MARKEL	4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	04/30/23	12,414.
LEE JONES	7 CROMWELL ROAD LONDON UNITED KINGDOM E17 9JN	04/30/23	11,544.
OLIVIA HAGERTY	235 FENCL LANE HILLSIDE, IL 60162	04/30/23	11,114.
ACCESS PUBLIC RELATIONS	720 CALIFORNIA ST FL 5 SAN FRANCISCO, CA 94108	04/30/23	10,000.
ASHLEY WATT	1912 W MCKINNEY ST HOUSTON, TX 77019	04/30/23	10,000.
BECKMAN COULTER	250 SOUTH KRAEMER BOULEVARD BREA, CA 92821	04/30/23	10,000.
CORSAIR INNOVATIONS	4071 E LA PALMA AVE ANAHEIM, CA 92807	04/30/23	10,000.
CRAIG STARKEY	4812 YEARWOOD DRIVE MIDLAND, TX 79707	04/30/23	10,000.
DHL EXPRESS	1210 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	04/30/23	10,000.
DHL REGIONAL SERVICES	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	04/30/23	10,000.
EDRINGTON CHARITABLE FOUNDATION	242 CANNON ROAD WILTON, CT 06897	04/30/23	10,000.
HOREJSI CHARITABLE FOUNDATION	57 GRAND STREET NEW YORK, NY 10013	04/30/23	10,000.
JR SCHNEIDER	4400 N SCOTTSDALE RD #91 SCOTTSDALE, AZ 85251	04/30/23	10,000.
LAMBDA CHI ALPHA FRATERNITY	13544 BRENTWOOD LANE CARMEL, IN 46033	04/30/23	10,000.
QUAKER OATS	433 W VAN BUREN ST CHICAGO, IL 60607	04/30/23	10,000.
571 DAUPHIN LLC	4176 HERON LAKES DRIVE MOBILE, AL 36693	04/30/23	9,834.
NORMA SMIHAL	1517 E. REZANOF DR KODIAK, AK 99615	04/30/23	8,000.
THE SELECT GROUP	8801 FAST PARK DRIVE, SUITE 301 RALEIGH, NC 27617	04/30/23	7,655.
COLUMBUS FOUNDATION	5567 VIA ALVITO DRIVE WESTERVILLE, OH 43082	04/30/23	7,600.
FIGO SALON	265 NORTH OLD WOODWARD AVENUE BIRMINGHAM, MI 48009	04/30/23	7,570.
JAKE EDWARD GOTTA	11809 MASON PARK WAY GLEN ALLEN, VA 23059	04/30/23	7,381.
DEVILS CARE FOUNDATION	25 LAFAYETTE ST NEWARK, NJ 07102	04/30/23	7,176.
GOOGLE	8280 NORTHEAST BAKER HILL ROAD BAINBRIDGE ISLAND, WA 98110	04/30/23	7,000.
MCCAMEY J&M ENERGY SERVICES LLC	707 ANNIS AVE MCCAMEY, TX 79752	04/30/23	7,000.
BRIDGET MCCANN	300 BARR HARBOR DRIVE SUITE 705 W.CONSHOHOCKEN, PA 19428	04/30/23	6,785.

REBECCA FAEDER	1501 BROOKMEADE PL VIENNA, VA 20003	04/30/23	6,700.
LUKE LAGATTUTA	40 TAREYTON COURT SAN RAMON, CA 94583	04/30/23	6,400.
OMAHA COMMUNITY FOUNDATION	1120 S. 101ST STREET, SUITE 320 OMAHA, NE 68124	04/30/23	6,197.
COMMERCIAL SCAFFOLDING INCORPORATED	14928 S. MAPLE AVE GARDENA, CA 90248	04/30/23	6,000.
LIA AVANESSIAN	8423 WILSHIRE BLVD BEVERLY HILLS, CA 90211	04/30/23	5,750.
NETWORK FOR GOOD	655 15TH STREET NW SUITE 650 WASHINGTON D.C., DC 20005	04/30/23	5,439.
MARYCLARE ADAME	1705 SW TAYLOR STREET PORTLAND, OR 97205	04/30/23	5,330.
SEAN MCDONALD	6600 MANZANITA STREET AUSTIN, TX 78759	04/30/23	5,255.
CHRISTINA STAMLER	300 TRI STATE INTERNATIONAL SUITE 272 LINCOLNSHIRE, IL 60069	04/30/23	5,180.
DEL TURA HOA INC	4046 AVENUE DEL TURA NORTH FORT MYERS, FL 33903	04/30/23	5,068.
ANTARES CAPITAL	299 PARK AVENUE NEW YORK, NY 10171	04/30/23	5,000.
ANTHONY VALENTE	55 WALKERS BROOK DRIVE 6TH FLOOR READING, MA 01867	04/30/23	5,000.
BMO FINANCIAL GROUP	800 RUE DE LA GAUCHETIERA O #5600 MONTREAL, QUEBEC, CANADA	04/30/23	5,000.
CHRISTY TUMMINELLO	20405 TOMBALL PARKWAY SUITE 200 HOUSTON, TX 77070	04/30/23	5,000.
CRAIG BRALY	3010 OLD RANCH PARKWAY SUITE 400 SEAL BEACH, CA 93312	04/30/23	5,000.
DARIA WALLACH	293 WURTEMBERG ROAD RHINEBECK, NY 10022	04/30/23	5,000.
DRISCOLL'S CORPORATE	345 WESTRIDE DRIVE WATSONVILLE, CA 95076	04/30/23	5,000.
DWIGHT DIERCKS	22068 VILLA OAKS LN SARATOGA, CA 95070	04/30/23	5,000.
FIDELITY	8 10TH ST, APT 3101 SAN FRANCISCO, CA 94103	04/30/23	5,000.
FIFTH'S GENERATION: TITO'S VODKA	12101 MOORE RD AUSTIN, TX 78719	04/30/23	5,000.
FIVE BELOW	701 MARKET STREET PHILADELPHIA, PA 19106	04/30/23	5,000.
GRIFONE FAMILY	1401 11TH AVE SACRAMENTO, CA 95818	04/30/23	5,000.
GT SERVICES	9891 IRVINE CENTER DR IRVINE, CA 92618	04/30/23	5,000.
HIDDEN ROAD PARTNERS	44 BERRY STREET APT 4G BROOKLYN, NY 11249	04/30/23	5,000.
LABMORGHINI AUSTIN	4108 N LAMAR BLVD AUSTIN, TX 78756	04/30/23	5,000.
JASON KRANTZ	12 BAY PATH LN SOUTHBOROUGH, MA 01772	04/30/23	5,000.
JOE ANDERSON	6125 E. INDIAN SCHOOL RD 2001 SCOTTSDALE, AZ 85251	04/30/23	5,000.
JOSH WISE	611 NORTHWEST 60TH STREET SEATTLE, WA 98107	04/30/23	5,000.

MOVEMBER FOUNDATION

77-0714052

MOUNTAIN AMERICA CREDIT UNION	P.O.BOX 2331 SANDY, UT 84091	04/30/23	5,000.
NELSON PUETT FOUNDATION	1718 W ANDERSON LN AUSTIN , TX 78757	04/30/23	5,000.
NORTHERN TRUST CIRCLE OF SERVICE	1312 NORTH BOSWORTH AVENUE, 3 CHICAGO, IL 60642	04/30/23	5,000.
PAT BROWNE	6 PORTLAND RD SUMMIT, NJ 07901	04/30/23	5,000.
PIA LEVINE-KESTENBAUM	466 BROOME STREET 4TH FLOOR NEW YORK, NY 10012	04/30/23	5,000.
REBECCA SEWELL	5 WOOD HOLLOW ROAD PARSIPPANY, NJ 07054	04/30/23	5,000.
ROBERT A LEE	75 STEWART RD 2 SHORT HILLS, NJ 07041	04/30/23	5,000.
SAAR YOSKOVITZ	211 OWATONNA STREET HAWORTH, NJ 07641	04/30/23	5,000.
SAMANTHA GRIFONE	3152 Q ST 200 SACRAMENTO, CA 95816	04/30/23	5,000.
SHAUN MACKENZIE	4/F 27 SHELLEY STREET HONG KONG, HONG KONG, HONG KONG	04/30/23	5,000.
SPERLING FAMILY CHARITABLE FUND	115 WEST 18TH STREET NEW YORK, NY 10011	04/30/23	5,000.
TAD HERZ	90 IVY STREET DENVER, CO 80220	04/30/23	5,000.
TOM O'HALLORAN	320 MIDDLE LINE HWY SAG HARBOR, NY 11963	04/30/23	5,000.
TYLER PLANTZ	213 W NEBRASKA ST FRANKFORT, IL 60423	04/23/23	5,000.
VOJIN KOS FAMILY FOUNDATION	1 EMBARCADERO CTR STE 2410 SAN FRANCISCO, CA 94111	04/30/23	5,000.
VONNIE FRENCH	3413 E RUBY HILL DR PLEASANTON, CA 94566	04/30/23	5,000.
WAGE BERGER	7800 JARRAH RD PLYMOUTH, IN 46563	04/30/23	5,000.
TOTAL INCLUDED ON LINE 3			<u>2,529,591.</u>

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

Form 199

FEIN

77-0714052

Corporation name

California corporation number

MOVEMBER FOUNDATION

3053899

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14 1 COMPUTER EQUIPMENT	VARIOUS	208,290	160,844	200DB	5.00	17,630	
2 FURNITURE AND FIXTURES	VARIOUS	159,056	58,243	200DB	5.00	20,252	
3 LEASEHOLD IMPROVEMENTS	VARIOUS	227,744	33,762	200DB	5.00	19,800	
TOTALS		595,090	252,849				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15				57,682	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	57,682
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	57,682
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instructions)	Period or percentage	Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22				

**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.

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

<p>MOVEMBER FOUNDATION Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>1616 17TH STREET Address (Number and Street)</p> <p>SANTA MONICA, CA 90404 City or Town, State, and ZIP Code</p> <p>310-450-3331 INFO.US@MOVEMBER.COM Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT0165186</p> <p>Corporation or Organization No. 3053899</p> <p>Federal Employer ID No. 77-0714052</p>
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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 05/01/2022 ending 04/30/2023) list:

Total Revenue (including noncash contributions) \$ 16,843,458 Noncash Contributions \$ 0 Total Assets \$ 36,883,094
 Program Expenses \$ 9,452,944 Total Expenses \$ 14,151,977

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? SEE STATEMENT 2	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 3	X	
5. During this reporting period, did the organization receive any governmental funding?		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.

RICHARD DEUTSCH	PRESIDENT	
Signature of Authorized Agent	Printed Name	Title
		Date

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 2

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.

MARK HEDSTROM'S WIFE RECEIVED AN HONORARIUM FOR MANAGING THE SANTA MONICA OFFICE FITOUT.

DRAFT

CA RRF-1

INFORMATION REGARDING COMMERCIAL
FUNDRAISING SERVICES
PART B, LINE 4

STATEMENT 3

CAFE RACER AFICIONADO PTY LTD
UNIT 4, 44 BOTANY ROAD
ALEXANDRIA NSW 2015
AUSTRALIA

DRAFT