Form 990 (Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



A For the 2019 calendar year, or tax year beginning MAY 1, 2019 and ending APR 30, 2020											
B C a	heck if pplicabl	C Name of organization D Employer identification number									
	Addre chang	e MOVEMBER FOUNDATION									
	Name chang	77-071405	52								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Final return termir	8559 HIGUERA ST.		310-450-3							
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,405,321.						
	return	COLVER CITY, CA 90232		H(a) Is this a group re							
	Applic tion pendi			for subordinates?	? Yes 🗶 No						
		^{ng} SAME AS C ABOVE empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o		H(b) Are all subordinates inc							
		empt status: X 501(c)(3)501(c) ()(insert no.)4947(a)(1) ote:WWW.MOVEMBER.COM	r 527		list. (see instructions)						
		forganization: X Corporation Trust Association Other		H(c) Group exemption							
	nrt I	Summary	L Year	of formation: 2007	State of legal domicile: CA						
	1	Briefly describe the organization's mission or most significant activities:									
Ce	•	PLEASE REFER TO SCHEDULE O									
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ote						
ver				1 1	5						
ß											
ŝ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	••••••	5	<u>4</u> 57						
Activities &	6	Total number of volunteers (estimate if necessary)		6	0						
Ictiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.							
-	b	Net unrelated business taxable income from Form 990-T, line 39			0.						
				Prior Year	Current Year						
ē	8	Contributions and grants (Part VIII, line 1h)		18,177,079.	17,919,710.						
Revenue	9	Program service revenue (Part VIII, line 2g)		133,140.	114,150.						
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		326,611.	371,461.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,636,830.	18,405,321.						
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,626,326.	4,999,593.						
		Benefits paid to or for members (Part IX, column (A), line 4)	······	0.	0.						
ses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	······	2,043,845.	2,451,028.						
Expenses	h	Total fundraising expenses (Part IX, column (A), line 11e)		0.	0.						
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,281,972.	8,441,971.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	12,952,143.	15,892,592.						
		Revenue less expenses. Subtract line 18 from line 12		5,684,687.	2,512,729.						
OL				ginning of Current Year	End of Year						
Net Assets (Fund Balanci	20	Total assets (Part X, line 16)		22,906,323.	23,927,161.						
Ass	21	Total liabilities (Part X, line 26)		2,931,615.	1,439,724.						
		Net assets or fund balances. Subtract line 21 from line 20		19,974,708.	22,487,437.						
D:	ort II	Signature Block			-,,,						

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 MARK HEDSTROM, PRESIDE Type or print name and title		Date 11.2.	20						
Paid	Print/Type preparer's name JONATHAN P. SCHUBERT, CPA		Date	Check if self-employed	PTIN P0010331	4				
Preparer		PUBVIC ACCOUNTANTS,	INC.	Firm's EIN > 33	8-0155525					
Use Only	Firm's address 🕨 19600 FAIRCHILD	#320								
IRVINE, CA 92612 Phone no.949-833-2815										
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	132001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Se	•	
	Check if Schedule O contains a re	esponse or note to any line in this Part III	X
1	Briefly describe the organization's missi		
	SEE SCHEDULE O FOR C	RGANIZATION'S MISSION STAT	EMENT.
2	Did the organization undertake any sign	ificant program services during the year which were	not listed on the
_		······································	
	If "Yes," describe these new services or		
~			
3			program services? Yes X No
	If "Yes," describe these changes on Scl		
4		rvice accomplishments for each of its three largest p	
	Section 501(c)(3) and 501(c)(4) organiza	tions are required to report the amount of grants and	d allocations to others, the total expenses, and
	revenue, if any, for each program servic		
4a	(Code:) (Expenses \$ 10 ,	. 751,963. including grants of \$4,99	9,593.) (Revenue \$ 114,150.
	MOVEMBER IS THE LEAD	ING CHARITY CHANGING THE F	ACE OF MEN'S HEALTH ON A
	GLOBAL SCALE, FOCUSI	NG ON MENTAL HEALTH AND SU	ICIDE PREVENTION,
	PROSTATE CANCER AND		MOVEMBER RUNS ACTIVITIES
		VEMBER WE CHALLENGE MEN TO	
	-	MOUSTACHE, COMMITTING TO A	
		RAISED BY ITS GLOBAL COMM	
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		-CHANGING MENTAL HEALTH IN	
		'S AROUND THE WORLD AND COU	
		THE MOVEMENT. IN ADDITION	
		BY MEN, MOVEMBER'S MISSION	
	STAY HEALTHY IN ALL	AREAS OF LIFE, WITH AN EMP	HASIS ON SOCIAL
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
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4c 4d	Other program services (Describe on So	chedule O.)	
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	Other program services (Describe on So	chedule O.)	evenue \$
4d	Other program services (Describe on So (Expenses \$	chedule O.) including grants of \$) (Re 10,751,963.	evenue \$) Form 990 (201
4d 4e	Other program services (Describe on So (Expenses \$	chedule O.)	evenue \$) Form 990 (201

 Form 990 (2019)
 MOVEMBER
 FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		110	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	aan	(2019)
132003	01-20-20	rorm	230	(∠019)

932003 01-20-20

3 2019.04030 MOVEMBER FOUNDATION

Form 990 (2019)	MOVEMBER		
Part IV	Checklist	of Required Sched	lules	(continued)

MOVEMBER FOUNDATION

22 Dot the organization report more than 85:000 of grants or other assistance to or for domestic individuals on Part X, fouring S, fouries S, checkule L, Part and M. 22 X 23 Did the organization answer. "Ket" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and forms offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, H" No, " to point base with an oddatading principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 24b through 24d and complete Schedule K. H" No, " go to line 22a 24a 24b				Yes	No
23 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officer, director, truates, key employee, and highest compensated employee3/11 **es, * complete Schedule J. 22 X 24 Did the organization marks a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list did of the year, that was situed after December 31, 2002? /* **es, * answer lines 24 through 24d and complete Schedule K. If *No.* go to line 25a 24a X 25 Did the organization marks any proceeds of trave-sempt bonds outstanding at any time during the year 0 defease any tax-evempt bonds? 24d 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization anarce that 1 engaged in an excess benefit transaction with a disqualified person using the year? 24d 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations in pior Forms 900 r900 E27 // r*es, * complete Schedule L, Part 1 25a X 26 Did the organization aver that 1 engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a distructure person 27 // r*es, * complete Schedule L, Part 1 26 X 27 Did the organization reported an any of the organizatistion controbutor, substantial contributor, re	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," <i>answer lines 24b through 24d and complete Schedule K II "No." op to bine 25a</i> 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and the transaction with a disqualified person during the year? 24a X 25a Schedule L, Part 1 25a X 25b X 25b Did the organization avae that 1 engaged in an excess benefit transaction with a disqualified person in a prory year, and the transaction with a disqualified person in a prory year, and the transaction with a complex benefor framity member of any of these persons? If "Yes," complete Schedule L, Part I 25b X 25b Did the organization proved arg amount on Part X, line 5 or 22, for recensults from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 27b 26b X 25b Did the organization proved arg amount on Part X, line 5 or 22, for recensults from or payabl		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule J, If 'No,' or to line 25a. 24a X 24b Did the organization mean proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Section 50(16)(3), 50(16)(4), and 50(16)(30) complete Schedule L, Part I 24a X 25 Section 50(16)(3), 50(16)(4), and 50(16)(30) complete Schedule L, Part I 25a X 25 Section 50(16)(3), 50(16)(4), and 50(16)(30) complete Schedule L, Part I 25a X 25 Section 50(16)(3), 50(16)(4), and 50(16)(30) complete Schedule L, Part I 25a X 26 Did the organization exare that the angaged in an excess benefit transaction with a disqualified person in a proof the angage in an excess benefit transaction with a disqualified person in a proof the angage in an excess complete Schedule L, Part I 25b X 27 Did the organization neor that an any of the organization sport forms 980 or 980-E27 If Yes,' complete Schedule L, Part I 26b X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes,' complete Schedule L, Part IV 27b X 29 Was the organization neover and windu	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dot the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "tes," answer lines 24b Intrough 24d and complete Schedule I, 1%%, "or other 25a 24a X 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2 Did the organization invest any proceeds of tax-exempt bonds outstanding acrow at any time during the year 1 defease any tax-exempt bonds? 24d X 2 Did the organization avera that it engaged in an excess bonefit transaction with a disqualified person during the year? (1 'Yes," complete Schedule L, Part 1 25a X 2 Bis the organization avere that it engaged in a excess benefit transaction with a disqualified person during the year? (1 'Yes," complete Schedule L, Part 1 25a X 2 Bis the organization avere that it engaged in a excess benefit transaction with a disqualified person orpoy any of the organization appoint period exception or payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 5% 25b X 2 Bis the organization aver that the key key orphoyee, creator or founder, substantial contributor, or 36% 26 X 2 Was the organization are part burst, the so or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 2 Was the organization execute that perevent or famy of these persons? I'Yes,' complete Sc		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Schedule K, If "No," go to line 25a 24b X D bit the organization maintain an escrew account other than a refunding escrew at any time during the year? 24b 24b C bit the organization maintain an escrew account other than a refunding escrew at any time during the year? 24d 24d Section 501(63), 501(44), and 501(250) organization. Dub the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I 25a X D bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I 25b X D bit the organization report on any amount on Part X, line 5 or 22, for reservables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an enployee thereol, a garnt selection committe member, or to a 35% controlled entity of none or more individual described in line 28a* If "Yes," complete Schedule L, Part II 26a X 28 Was the organization provide a grant or other assistance to any current or former officer, furstee, key employee, creator or founder, substantial contributor? H 7%s, complete Schedule L, Part II 26a X 28 Was the organization provide a grant or other assistance to		Schedule J	23	Х	
Schedule K. If 'No.'go to line 25a 24a X D Did the organization investary proceeds of tax-exempt bonds beyond a temporary period exception? 24b X C Did the organization and the screen account other than a refunding escreen at any time during the year to defease any tax-exempt bonds? 24c 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization regord in a process benefit transaction with a disqualified person during the year? 24d 25b 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization spice for Section (4). L, Part II 25a 25b X 26a Controlled entry or tames report any amount on Part X, line 5 or 22, for receivables from or payables to any current or form office, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26b X 27b Did the organization provide agrant or other assistance to any complete Schedule L, Part II 26b X 28b A current or former office, director, trustee, key employee, creator or founder, substantial contributory? If Yes, 'complete Schedule L, Part II 27c X 28a X 27c X 27c X	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If 'No.'go to line 25a 24a X D Did the organization investary proceeds of tax-exempt bonds beyond a temporary period exception? 24b X C Did the organization and the screen account other than a refunding escreen at any time during the year to defease any tax-exempt bonds? 24c 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization regord in a process benefit transaction with a disqualified person during the year? 24d 25b 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization spice for Section (4). L, Part II 25a 25b X 26a Controlled entry or tames report any amount on Part X, line 5 or 22, for receivables from or payables to any current or form office, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26b X 27b Did the organization provide agrant or other assistance to any complete Schedule L, Part II 26b X 28b A current or former office, director, trustee, key employee, creator or founder, substantial contributory? If Yes, 'complete Schedule L, Part II 27c X 28a X 27c X 27c X		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt books? 24c 25 Section 501(c)(3), 501(c)(4), and 501(c)(29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 26 Section 501(c)(3), 501(c)(4), and 501(c)(29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustes, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization apport any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustes, key employee, creator or founder, substantial contributor or 35% controlled entity or babines transaction with one of the following parties (see Schedule L, Part II 26 X 28 Was the organization a part (see, they employee, creator or founder, substantial contributor? I 28a X 28 Was the organization receive more than \$25,000 in non-cash contributions or payles Schedule L, Part IV 28a X 29 Did the organization neceive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 30 X <td></td> <td></td> <td>24a</td> <td></td> <td>X</td>			24a		X
any tax-exempt bonds? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I 25a 25a Did the organization avare that it engaged in an excess benefit transaction with a disqualified person has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I 25a 25b Did the organization one of that it engaged in an excess benefit transaction with a disqualified person has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I 25b 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part I/ 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I/ 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part I/ 28a X 20 Did the organization neceive contributions of an, historical trassures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M 20 20 <	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof of ramily member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III) 28 X 29 National provide a grant or organizations, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 A A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization receive any target more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization ony 100% of an entity disregarde		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes	38				
Check if Schedule O contains a response or note to any line in this Part V	De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Yes No	ra				
		Uneck it Schedule U contains a response or note to any line in this Part V	<u></u>		
	4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1c Form 990 (2019)

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4 2019.04030 MOVEMBER FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance continued Yes No 2a Eter the number of employees reported on Form V43, Transmittal of Wage and Tax Statements, ted cardiar year andres with a way and the super coverset by this nuturn 2a 57 b If at least one is reported on line 2a, did the organization lite all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a -Aie loce instruction 3a X b If at least one is reported on line 2a, did the organization have an intervestin, or a signature or their autority over, a financial account year, did the organization have an intervestin, or a signature or their autority over, a financial account is provide an explicit as a provide an explicit as a control with the signature or their autority over, a financial account is provide an explicit as a provide an explicit as a control with the averant? 4a X B If "Yes," in the armonic the lenge noutrin y be reported at an explicit as a provide an explicit as a control with the averant? 5a X B Was the organization in broke and STA method as an other handial accountis (EAF). 5a X D B Yes, 'odd the organization file all twas or is a party to a prohibited tax sheets thansaction? 5c 5c B D Control the organiza		<u>990 (2019)</u> MOVEMBER FOUNDATION 77-0714	052	Р	age 5					
2a Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, 2a 57 bit at least one is reported on line 2a, dd the organization file all required federal employment tax returns? 2b X 3a Dott the organization have unrelated business gross income of 31, 300 more during the year? 3a X 3b Diff Yes, "hast filed a Form 50-01 for this year," if Wor's or ine 3b, provide an explanation on Schedule O 3b 4a bit Yes, "hast filed a form 50-07 for this year, diff the organization have an interest in, or a signiture or other autority over, a financial account in a foreign country way. 3b 4a bit Yes, "tast filed a foreign country way. bit any time during that super? 5c 5c 3c V Se instructions for timp requirements for FniCEN Form 114, Paport of Foreign Bank and Financial Accounts (FBAN). 5a X 3c I''''' to ine 5a or 5b, diff the organization for BMB F07 5c X 5d X 3c I'''''' to ine 8a orbit diff the schedulations and sprease statement that such contributions solicit any contributions that way on elegaciation in explace statement that such contributions or gffs were not tax doductible? 5a X 3c I''''''''''''''''''''''''''''''''''''	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
Interform Image: Ima				Yes	No					
b If at least one is reported on line 28, did the organization file all required tear-line (see instructions) 26 X 30 Did the organization have unrelated business grass income of \$1,000 on one during the year? 36 X 31 Did the organization have unrelated business grass income of \$1,000 on one during the year? 36 X 34 At any time the hane of hereign country, south as a bank account, southless account, or other financial accounts (FRAR), 56 36 X 35 Wash to be son sho, did the organization have sholer stansation at any time during the tax year? 56 56 36 Wash to organization apark to erganization have sholer stansation at any time during the tax year? 58 56 X 36 Wash to organization apark to erganization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. any contributions that was receive doductible as charitable contributions? 58 X 37 Organization apark to ruby the door or dimension aparts a contributions or gifts were not tax deductible as charitable contributions? 50 X 38 If "Yes," indicate the number of Forms 8282? Hol during the year? 7a X 39 If "Yes," indicate the number of Forms 8282? Hol during the year? 7a X 30 If "Yes," ind	2a									
Note: If the sum of lines 1 and 2 as greater than 250, you may be required to a-rise (see instructions) Image:										
3a Def the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if Yes, has if field a Form 980-T for this year? if 'Wo' to <i>line 3b</i> , provide an explanation on Schedule O 3b	b									
b If Yes," hait Iffield a form 900-T for this yea? If Yes," hait Iffield a form 900-T for this yea? If innoisi account in a foreign county (such as a bank account, securities account, or other athinoity over, a financial account in a foreign county (such as a bank account, securities account, or other financial account)? If Yes," their the name of the foreign county is the as a bank account, securities account, or other financial accounts? If Yes," their the name of the foreign county is the as a bank account, securities account, or other athinoital accounts? If Yes," their the organization has a bank account, securities account, or party to a prohibited tax shelter transaction? If Xes," their the organization has a count accounts or the athinoit accounts (FEAR). 5a MX If Yes," to a prohibited tax shelter transaction? If Xes," their degradization their was or is a party to a prohibited tax shelter transaction? If Xes," their degradization their was or is a party to a prohibited tax shelter transaction? If Xes," their degradization their was party to a prohibited tax shelter transaction? If Xes," their degradization shelt was or is a party as a coll the organization shelt are organization and explase action 170(c). If Yes," tidd the organization network explase that are normally greater than \$100,000, and did the organization shell are organization network explase that are normality organization network explase thathare that are normated the network of forms 8										
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c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organizations that may receive deductible contributions under section 170(c). 7a X 10 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 11 If "Yes," did the organization include with every solicitation an express tatement that such contributions or gifts 7a X 11 If "Yes," did the organization include solicit as a tortification or the value of the goods or services provided? 7b X 11 If "Yes," indicate the number of Forms 8282 filed during the year 7d X X 12 If the organization received a contribution of qualified intellectual property. Gif the organization file Form 8998 are required? 7a X 12 If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 13 Soction 501(c)(7) organizati										
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	~									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X			14a		x					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X										
excess parachute payment(s) during the year?										
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					·					
	16	Is the experimentian and the stimuli activity the explored to the section 1000 evolution to the experiment in section 20	16		Х					
		•								

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MOVEMBER FOUNDATION

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

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

Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	37	x			
6	Did the organization have members or stockholders?			6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_					
	more members of the governing body?			<u>7a</u>		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			71		x			
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b					
8 a			-	8a	x				
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			00					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				1				
		Venue	00000./		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
		•	· · ·	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х				
b	Describe in 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			12a					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")	/es," d	escribe						
	in Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X	 			
b	Other officers or key employees of the organization			15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th a			v			
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101					
<u>Sec</u>	exempt status with respect to such arrangements?			16b					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA								
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ad 000	T (Section 501(c))		availa	blo			
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990		ijs oniyj	avalla	DIE			
	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, co		,	nd finan	cial				
	statements available to the public during the tax year.		, interest policy, a		Jui				
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records						
	MOVEMBER GROUP PTY LTD - 3104503399		······································						
	4TH FL. 21-31 GOODWOOD ST., RICHMOND VICTORIA AUSTR	RALI	A 3121						
932006	01-20-20			Forr	n 990	(2019)			
	6					,			

^{2019.04030} MOVEMBER FOUNDATION

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	X							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a. Complete this table for all persons required to be listed. Beport compensation for the calendar year ending with or within the organization's tax year								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

MOVEMBER FOUNDATION

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-271033-10100)		and related
	below	dual t	n stit utio nal tru stee	-	mplo	est col	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) ANDREW GIBBINS	2.00									
DIRECTOR		х						0.	0.	0.
(2) COLLEEN NELSON	2.00									
DIRECTOR		Х						0.	0.	0.
(3) NICK REECE	2.00									
CHAIRPERSON		Х						0.	0.	0.
(4) SIMON TRAYNOR	2.00									
DIRECTOR SEE SCH O		Х						0.	182,793.	0.
(5) KELLIE JOHNSTON	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN HUGHES	2.00									
CHAIRMAN UNTIL 2/20		Х						0.	38,233.	0.
(7) KATHERINE HOWARD	2.00									
DIRECTOR, UNTIL 2/20		Х						0.	0.	0.
(8) MARK HEDSTROM	40.00									
PRESIDENT, COUNTRY DIRECTOR				Х				172,289.	0.	7,455.
(9) AMY FITZHENRY	40.00									
SECRETARY, LEGAL COUNSEL, UNTIL 1/20				Х				164,512.	0.	6,398.
(10) JENNIFER SHEU	40.00									
TREASURER				Х				97,953.	0.	6,229.
(11) CATE BENNETT	6.00									
SECRETARY, GENERAL COUNSEL				Х				0.	121,644.	0.
(12) KELLIE PAICH	40.00									
GLOBAL DIRECTOR, CLINICAL QUAL & SUR						X		173,792.	0.	5,927.
(13) ELIZABETH PHIPPS DREWETT	40.00									
DIRECTOR, CORP PARTNERSHIPS						X		121,033.	0.	5,697.
(14) KEITH SEXTON	40.00									
SR MGR, COMMUNITY DEVELOPMENT						X		100,512.	0.	6,594.
(15) SUSAN TODD	40.00									
US DIRECTOR, MENTAL HEALTH & SUICIDE						X		110,822.	0.	6,297.
										= 000 (as (a)

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Form 990 (2019) MOVEMBER									77-07	1405	2	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		· ,			<u>,</u>
(A) Name and title	(B) Average hours per week	box, offic	not cl unles	ss per	ition more rson is	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	n amount of I other		ated nt of er
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(C)	from organiz and re	zation
1b Subtotal								940,913.	342,67		44,	597.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0. 940,913.	342,67	0.	44,	0. 597.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			12
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on		Ye	
line 1a? <i>If "Yes," complete Schedule J for st</i> 4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization			X
and related organizations greater than \$150Did any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	om a	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ich p</u>	Ders	on .				5		X
 Complete this table for your five highest cor the organization. Report compensation for t 	•	•								ensation	from	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C) pensa	tion
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•				C			•				<u></u>

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					BER FO	UN	DATION			77-0714	052 Page 9
Pa	rt \	VII	Statement of Re	even	ue						
			Check if Schedule O	cont	ains a respo	nse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under sections 512 - 514
ts	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b						
s, G Ame		с	Fundraising events								
Gift lar		d	Related organizations								
ns, j Simi			Government grants (cont								
utio		f	All other contributions, gifts,				17 010 710				
trib.		~	similar amounts not included			,	17,919,710.				
Sont		-	Noncash contributions included in Total. Add lines 1a-1f					17,919,710.			
0.0							Business Code	, , , -			
e	2	2 a	OTHER INCOME SALE O	F GC	DODS		900099	114,150.	114,150.		
e e		b				_					
i Se		с									
Program Service Revenue		d									
rog		е									
а.			All other program service					114,150.			
	3		Total. Add lines 2a-2f Investment income (inclu-					114,150.			
		•	other similar amounts)					371,461.			371,461.
	4	ŀ	Income from investment								
	5	5	Royalties	<u></u>			►				
					(i) Real		(ii) Personal				
	6	6 a Gross rents 6a									
			• • • • • • • • • • • • • • • • • • • •	6b							
			Rental income or (loss)	6c							
	7		Net rental income or (loss Gross amount from sales of	-	(i) Securit	ies	(ii) Other				
	'	a	assets other than inventory	7a			(, 0				
		b	Less: cost or other basis								
an			and sales expenses	7b							
venue		с	Gain or (loss)	7c							
Re			Net gain or (loss)				🕨				
Other	8	a a	Gross income from fundrais								
Ò			including \$								
			contributions reported on Part IV line 18		-	8a					
		h	Part IV, line 18			8b					
			Net income or (loss) from				>				
	9		Gross income from gamir				-				
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s	▶				
	10) a	Gross sales of inventory,								
		۲	and allowances Less: cost of goods sold			10a					
			Net income or (loss) from								
	-			Juic		1	Business Code				
sno	11	a									
ane		b									
Miscellaneous Revenue		с									
Mis			All other revenue								
			Total. Add lines 11a-11d					19 405 201	114 150	0	271 461
	12		Total revenue. See instructi	ons			▶	18,405,321.	114,150.	0.	371,461.

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MOVEMBER FOUNDATION 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 4,939,587. 4,939,587. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 60,006. individuals. See Part IV, lines 15 and 16 60,006. Benefits paid to or for members 4 5 Compensation of current officers, directors, 477,123. 477,123. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,668,727. 1,544,187. 124,540. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 101,717. 147,233. 45,516. Other employee benefits 9 157,945. 111,913. 46,032. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 6,540. 6,540. b Legal 23,041. 23,041. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 65,942. 4,025. 122,908. 52,941. column (A) amount, list line 11g expenses on Sch 0.) 1,825,091. 914,223. 910,868. Advertising and promotion 12 Office expenses 13 39,318. 11,283. 28,035. Information technology 14 15 Royalties 169,047. 278,720. 447,767. 16 Occupancy 92,747. 149,310. 15,710. 40,853. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 18,159. 26,460. 4,238. 4,063. Depreciation, depletion, and amortization 22 12,142. 12,142. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3,651,303. 861,459. 1,567,207. 1,222,637. GLOBAL SERVICE ALLOCATI а 375,806. HEALTH EDUCATION, AWARE 751,612. 375,806. h 634,845. 634,845. PROGRAM DELIVERY EXPENS С 336,101. 24,226. 276. 311,599. d BANK AND MERCHANT FEES 76,955. 415,533. 134,989. 203,589. e All other expenses _ 15,892,592. 10,751,963. 1,451,696. 3,688,933. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

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educational campaign and fundraising solicitation.

Check here X if following SOP 98-2 (ASC 958-720)

10

751,612.

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375,806.

375,806.

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0.

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MOVEMBER FOUNDATION

Fai		Dalalice Sheet					
		Check if Schedule O contains a response or note	e to any li	ne in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			910,863.	1	2,346,966.
	2	Savings and temporary cash investments			16,512,779.	2	18,175,605.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,132,726.	4	1,084,659.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use			2,799.	8	2,397.
As	9	Prepaid expenses and deferred charges			207,518.	9	182,772.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	247,023.			
	b	Less: accumulated depreciation		214,816.	38,439.	10c	32,207.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			1,996,150.	12	1,997,506.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			105,049.	15	105,049.
	16	Total assets. Add lines 1 through 15 (must equa			22,906,323.	16	23,927,161.
	17	Accounts payable and accrued expenses			885,552.	17	1,439,724.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Ś	22	Loans and other payables to any current or form	er officer,	, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial con	tributor, or 35%			
abil		controlled entity or family member of any of thes	e persons	s		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third par	ties		24	
	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D			2,046,063.	25	0.
	26				2,931,615.	26	1,439,724.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			19,974,708.	27	22,450,436.
Ba	28	Net assets with donor restrictions		L		28	37,001.
pur		Organizations that do not follow FASB ASC 9	58, check	khere 🕨 🗌			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment f	fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances			19,974,708.	32	22,487,437.
	33	Total liabilities and net assets/fund balances			22,906,323.	33	23,927,161.

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Form 990 (2019)
Part X Balance Sheet

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Form	1990 (2019) MOVEMBER FOUNDATION	77	-0714052	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,40	5,3	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,89	2,5	92.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,51	2,7	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,97	<u>4,7</u>	08.
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	22,48	7,4	.37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	Х	
	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 X Both consolidated and separate basis				
с	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit		
	Act and OMB Circular A-133?	-			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		0		

Form **990** (2019)

932012 01-20-20

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne o	of t	he organization							identification number
Pa	rt		Reason for Public C	MBER FOUND		malata th	ia nart \ Ca			7-0714052
								e instructions	ö.	
	org	jani T	zation is not a private found		•					
1	F	4	A church, convention of chu	-				1)(A)(I).		
2			A school described in secti		•					
3		_	A hospital or a cooperative					-		41 1 ¹ 1 - 1 ¹
4			A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,
-		_	city, and state: An organization operated for	r the henefit of a col	laga ar university owned	l or operat		vorpmontolu	nit dooorib	ad in
5					lege of university owned	or operation	eu by a go	vernmentaru	nit describe	
•		_	section 170(b)(1)(A)(iv). (C							
6 -			A federal, state, or local gov	-						and the state of the state of the
1			An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from tr	ie general j	Dudiic described in
~			section 170(b)(1)(A)(vi). (C							
8			A community trust describe						1	
9			An agricultural research org				-		-	-
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
10		٦	university:	III	than 22 1/20/ of its own	a aut frama a	ootributio	na mambaral	in face on	d areas reasints from
10			An organization that norma							
			activities related to its exem							-
			income and unrelated busin		(less section 511 tax) inc	m busines	ses acqui	red by the org	anization a	iller June 30, 1975.
44		_	See section 509(a)(2). (Con		volute test for public co	fatu Caa	oootion El	O(a)(4)		
11	\vdash		An organization organized a	•					way out the	nurnanan of ana ar
12			An organization organized a	-	-	-			•	
			more publicly supported or	-						Sheck the box in
_	ſ		lines 12a through 12d that						-	
а	L		Type I. A supporting orga	-	-	• • •	-			
			the supported organization			majority o	of the aired	ctors or truste	es of the su	ipporting
Ŀ.	ſ		organization. You must o						n (n) huu hau	
b	L		Type II. A supporting org	-				-		-
			control or management o			ame perso	ns that co	ntroi or manag	ge the supp	ortea
_	ſ		organization(s). You mus	-						al ithe
С	L		Type III functionally inte						ly integrate	a with,
-	ſ		its supported organization	.,.	•	-				
d	L		Type III non-functionally						-	
			that is not functionally int			•		-	anallenin	reness
_	ſ		requirement (see instructi							
е	L		Check this box if the orga					турет, туре	п, туре ш	
		nto	functionally integrated, or r the number of supported of		any integrated supporting	ng organiz	ation.			
			ide the following information	•	d organization(c)					
<u> </u>	-) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount or	fmonetary	(vi) Amount of other
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 13

Schedule A (Form 990 or 990-EZ) 2019 MOVEMBER FOUNDATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17091358.	18544282.	16989270.	<u>18177079.</u>	<u>17919710.</u>	88721699.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	17091358.	18544282.	16989270.	18177079.	17919710.	88721699.
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)						
	Public support. Subtract line 5 from line 4.						88721699.
	ction B. Total Support		[1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1/091328.	18544282.	16989270.	<u>181//0/9.</u>	17919710.	88/21099.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	01 556	-1 -1 4	100 000	206 611		0.000
	and income from similar sources \dots	21,576.	51,344.	107,956.	326,611.	371,461.	878,948.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						89600647.
12						12	711,361.
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
Sar	organization, check this box and stor ction C. Computation of Public	<u>p here</u>	contago				
				. (2)			00.02
	Public support percentage for 2019 (14	<u>99.02</u> % 99.42%
	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the	0					
	stop here. The organization qualifies		-				······································
D	33 1/3% support test - 2018. If the						
47.	and stop here. The organization qua						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
1-	meets the "facts-and-circumstances"	-	-	• • • •		17a and line 15 ia	
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						e ► □
40	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	DI UIU NOT CHECK A	box on line 13, 16	a, 100, 17a, or 17b			
					SCHO	edule A (Form 990	· UI 33U-EZ) ZU 19

Schedule A (Form 990 or 990-EZ) 2019 MOVEMBER FOUNDATION

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

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

Section A. Public Support						
Calendar year (or fiscal year beginnin	g in) ▶ (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, ar	nd					
membership fees received. (D	o not					
include any "unusual grants.")					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to t organization's tax-exempt pur	per- in he					
3 Gross receipts from activities	that					
are not an unrelated trade or l						
4 Tax revenues levied for the or						
ization's benefit and either pa or expended on its behalf	id to					
5 The value of services or facilit	ies					
furnished by a governmental u	unit to					
the organization without charg	ge					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 3 received from disqualified p	·					
b Amounts included on lines 2 and 3 receifrom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	t e					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from Section B. Total Support	n line 6.)					
Calendar year (or fiscal year beginnin	g in) 🕨 (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source	l on es,					
b Unrelated business taxable incom	ie					
(less section 511 taxes) from bus acquired after June 30, 1975	sinesses					
c Add lines 10a and 10b		1				
11 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on	usiness 10b,					
12 Other income. Do not include or loss from the sale of capita	d l					
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, a		1	1			
14 First five years. If the Form 9		s first, second, thi	rd, fourth, or fifth t	tax year as a sectior	n 501(c)(3) org	anization,
check this box and stop here)			-		
Section C. Computation of	f Public Support Per	rcentage				
15 Public support percentage for	r 2019 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage fro	om 2018 Schedule A, Part	III, line 15			16	%
Section D. Computation of	f Investment Incom	e Percentage				
17 Investment income percentag					17	%
18 Investment income percentag					18	%
19a 33 1/3% support tests - 2019						ine 17 is not
more than 33 1/3%, check thi						►
b 33 1/3% support tests - 2018	-					
line 18 is not more than 33 1/3						tion
20 Private foundation. If the org	anization did not check a	box on line 14, 19	a, or 19b, check t			····· •
932023 09-25-19		15	5	Sch	edule A (Forn	n 990 or 990-EZ) 2019

^{2019.04030} MOVEMBER FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	з		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions		
2	Activities Test. Answer (a) and (b) below.	, 	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 MOVEMBER FOUNDATION 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.

Secti	on 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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional			ni-ation (acc

7 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 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 MOVEMBER FOUNDATION

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
2	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	(Form 990 or 990-EZ) 2019			
Part VI	Supplemental Inform	nation Drovido	the explanations required by Dart II	Llino 10: Dort II. lir

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a line 1; Part IV, Section D, lines 2 and 3; Part IV	ne explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ; Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, n E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 09-25-19	Schedule A (Form 990 or 990-EZ) 201
1102 758425 10583-10.000	20 2019.04030 MOVEMBER FOUNDATION 1058

SCHEDULE D)
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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	on.



Nama	- 4 4 4	
Name	ot the	organizatio

Nam	e of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
~	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	comparts during the year
7	Amount of expenses incurred in morntoning, inspecting, nandling of violations, and emorcing conservation ea \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(()
U	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990. Part X	► \$

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2019.04030 MOVEMBER FOUNDATION

Sche		R FOUNDATIC						77-07			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	^r Other	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the f	ollowing that	make si	gnificant ı	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	d	L	oan or exc	hange progra	m					
b	Scholarly research	е	c	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	y further th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1 a	Is the organization an agent, trustee, custodi		•					_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing ta	ble:							
									Amoun	t	
C	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Or	Ending balance								Yes		1
	Did the organization include an amount on Fe						ity?	L	_ res		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										<u> </u>
		(a) Current year		ior year	(c) Two year	I	(d) Three y	ware hack	(e) Four	Veare	hack
1a	Beginning of year balance	(a) Ourrent year		ioi yeai		3 Dack			(e) i oui	ycar 3	Dack
h	Contributions										
c c	Net investment earnings, gains, and losses										
d d	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a)) held as:	•					
a	Board designated or quasi-endowment		%		,						
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for th	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or of basis (investm		.,	or other (other)	• •	ccumulate preciation	ed	(d) Boo	k value	÷
1a	Land										
b	Buildings										
с	Leasehold improvements			3	2,661.		32,6	61.			0.
d	Equipment										
	Other				4,362.		182,1	55.		2,20	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X <u>, columr</u>	n (B), line 1	0c.)				3	2,20)/.

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019		FOUNDATION
Part VII Investments - C	Other Securities	

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	1,997,506.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 000 500		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	1,997,506.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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" of the organization and the	Dn Form 990, Part IV, line T Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) BOOK value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)(9)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 25	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-)
(1) Tederal income taxes (2)			
(3)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	•	
(Column (b) must equal i omi 330, i alt A, col. (b) ille	<u> </u>	······	

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 MOVEMBER FOUNDATION		77-	0714052 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	18,405,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			18,405,321.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			18,405,321.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total expenses and losses per audited financial statements		1	15,892,592.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	2b		
с	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			15,892,592.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			15,892,592.
Pa	rt 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.

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	tment of the Treasury Il Revenue Service	► Go to	www.irs.gov/Fc	Attach to Form 990. rm990 for instructions and the latest	information.		Open to Public Inspection
	e of the organization		0			Employer	identification number
MOI	EMBER FOUN	ΝΛΨΤΟΝ				77-071	11052
Pa			ctivities Out	side the United States. Comple	te if the organ	ization answe	ered "Yes" on
		art IV, line 14b.			5		
1				ds to substantiate the amount of its gra			T7
	the grantees' eligibil	ity for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	X Yes No
2	For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
3				an be duplicated if additional space is no			
	(a) Region	(b) Number of offices in the region	employees,	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a pro describe	vity listed in (gram service specific type (s) in the regi	e expenditures for and
	Subtotal		0				0.
b	Total from continuat sheets to Part I		0				0.
с	Totals (add lines 3a and 3b)	0	0				0.

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

932071 10-12-19

SCHEDULE F (Form 990) MOVEMBER FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES	48,535.		0.		
		EAST ASIA AND THE	TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES	11,471.		0.		
by the IRS, or for whi	ch the grantee or cou	insel has provided a sect	recognized as charities by the t tion 501(c)(3) equivalency lette	r				2

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 MOVEMBER FOUNDATION

(b) Region

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

27

Schedule F (Form 990) 2019

(h) Method of valuation (book, FMV, appraisal, other)

77 - 0714052

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V	Supplemental	Information	
Schedule F	(Form 990) 2019	MOVEMBER	FOUNDATION

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

BOTH FOREIGN GRANTS WERE PAYMENTS TO SPECIFIED FUNDED ACTIVITIES AS

DETAILED IN CONTRACTS AND AWARD LETTERS. BOTH RECIPIENTS ARE NON-PROFIT

ORGANIZATIONS IN THEIR RESPECTIVE COUNTRIES.

Schedule F (Form 990) 2019

932075 10-12-19

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organizatio	d Individual	s in the Ŭni [.]	ted States		2019
Department of the Treasury			Attach to For		,		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization MOVEMBER	FOUNDATIO	N					Employer identification number $77 - 0714052$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monite	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	I	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE PREVENTION INSTITUTE							TO PROVIDE FUNDING FOR
221 OAK ST							MENTAL HEALTH SERVICES
OAKLAND, CA 94607	94-3282858	501 (C) (3)	2,943,704.	0.			AND PROGRAMS
UCSF DEPT OF UROLOGY 400 PARNASSUS AVE, ROOM A631	04 6026402	F01 (G) (C)	162 500				TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH
SAN FRANCISCO, CA 94143	94-6036493	501 (C) (3)	163,582.	0.			STUDIES
UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVE, ALC 100 TAMPA, FL 33620	59-3102112	501 (C) (3)	478,716.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, SUITE 300 SEATTLE, WA 98105	91-6001537	501 (C) (3)	554,245.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
JOHN HOPKINS SCHOOL OF MEDICINE 600 N. WOLFE STREET CMSC 130 BALTIMORE, MD 21287	52-0591550	501 (C) (3)	50,745.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH AND RESEARCH INITIATIVES FOR THE GAP PROGRAM
MEMORIAL SLOAN - KETTERING CANCER CENTER - 1725 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501 (C) (3)	43,076.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
2 Enter total number of section 501(c)(3) and	nd government org	anizations listed in the	e line 1 table			•	7.
3 Enter total number of other organizations	s listed in the line 1	I table					

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Schedule I (Form 990) (2019)

MOVEMBER FOUNDATION

Schedule I (Form 990) MOVEMBER FOUNDATION 77 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 77									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
۲ ۵									
39 CAMPBELL AVENUE							TO PROVIDE MENTAL HEAL		
LINGTON, VA 22206	53-0242992	501 (C) (3)	700,000.	0.			SERVICES AND PROGRAMS		

Schedule I (Form 990)

MOVEMBER FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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

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

PART I, LINE 2:

MOVEMBER IS A PARTY TO SEPARATE AGREEMENTS (TITLED BENEFICIARY DEEDS) WITH

THE PROSTATE CANCER FOUNDATION (PCF) AND THE LIVESTRONG FOUNDATION (LSF).

THE AGREEMENTS STIPULATE THAT PCF AND LSF SHALL MAKE AVAILABLE DETAILS

ABOUT HOW THE FUNDS DONATED BY MOVEMBER HAVE BEEN USED AND WHAT OUTCOMES

HAVE BEEN ACHIEVED.

Page 2

Schedule I (Form 990) (2019)

Part III

Part III can be duplicated if additional space is needed.

SCHEDULE J		Compensation Information		OMB No. 1545-0047		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and High Compensated Employees	hest	20	19	
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 23.	Open t		
	rtment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest inform	nation.		ection	
	ne of the organization			oyer identificat	ion nu	mber
		MOVEMBER FOUNDATION	7	7-071405	2	
Pa	rt I Question	s Regarding Compensation	<u> </u>			
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed c	on Form 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	charter travel Housing allowance or residence for	or personal use			
	Travel for com	panions Payments for business use of per-	sonal residence	e		
	Tax indemnific	cation and gross-up payments Health or social club dues or initia	ation fees			
	Discretionary	spending account Personal services (such as maid, o	chauffeur, chef)		
b	•	on line 1a are checked, did the organization follow a written policy regarding paymen				
~		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all direct			37	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	<u> </u>
•	ladiaata udalala ifaa		in ations in			
3		ny, of the following the organization used to establish the compensation of the organi actor. Check all that apply. Do not check any boxes for methods used by a related or				
		ation of the CEO/Executive Director, but explain in Part III.	yanization to			
			action committ			
	F0111 990 01 0	The organizations [Approval by the board of compen	isation committ	lee		
4	During the year, did	any person listed on Form 990. Part VII. Section A. line 1a. with respect to the filing				
а	-			4a	Х	
b						X
с						X
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	pensation			
	contingent on the r	evenues of:				
						X
						X
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	pensation			
	-	-				
а	The organization?			<u>6a</u>		X
b	Any related organiz	ation?		6b		X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7						
				7		X
8	-		ject to the			
						X
9						
		Compensation committee Image: Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Image: Compensation survey or study Image: Compensation or a related organization: Image: Compensation committee inization or a related organization: Image: Compensation committee icipate in, or receive payment from, a supplemental nonqualified retirement plan? Image: Compensation provide the applicable amounts for each item in Part III. resction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Compensation provide the applicable amounts for each item in Part III. resction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Compensation provide the organization pay or accrue any compensation ingent on the revenues of: organization? Image: Compensation pay or accrue any compensation ingent on the revenues of: organization? Image: Compensation pay or accrue any compensation ingent on the net earnings of: organization? Image: Compensation pay or accrue any compensation ingent on the net earnings of: organization? Image: Compensation provide any nonfixed payments described on Norm 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	S	Schedule J (For	m 990) 2019

932111 10-21-19

77-0714052

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SIMON TRAYNOR	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	182,793.	0.	0.	0.	0.	182,793.	0.	
(2) MARK HEDSTROM	(i)	172,289.	0.	0.	0.	7,455.	179,744.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	164,512.	0.	0.	0.	6,398.	170,910.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KELLIE PAICH	(i)	173,792.	0.	0.	0.	5,927.	179,719.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
((ii)								
	(i)								
((ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
(ii)								
	(i)								
(ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
(ii)								

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

AMY FITZHENRY RECEIVED A SEVERANCE PAYMENT IN APRIL 2020 IN THE AMOUNT OF

\$25,850.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



77-0714052

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

MOVEMBER FOUNDATION

MISSION STATEMENT

MOVEMBER IS THE LEADING GLOBAL CHARITY RAISING FUNDS AND AWARENESS FOR

MEN'S HEALTH. WE WANT TO HELP MEN LIVE LONGER, HEALTHIER AND HAPPIER

LIVES THROUGH INVESTING IN THESE KEY AREAS: MENTAL HEALTH AND SUICIDE

PREVENTION, PROSTATE CANCER AND TESTICULAR CANCER.

THE ANNUAL MOVEMBER CAMPAIGN - RESULTS WE SEEK TO ACHIEVE

FOR THE MONTH OF MOVEMBER, WE CHALLENGE MEN TO GROW A MOUSTACHE, MOVE

BY WALKING OR RUNNING 60 MILES OVER THE COURSE OF THE MONTH, OR HOSTING

A MO-MENT. ALL WILL RAISE FUNDS AND AWARENESS FOR MEN'S HEALTH THAT

WILL RESULT IN:

- FUNDING FOR THE MOVEMBER FOUNDATION'S RESEARCH AND SUPPORT PROGRAMS

- CONVERSATIONS ABOUT MEN'S HEALTH THAT LEAD TO:

O AWARENESS AND UNDERSTANDING OF THE HEALTH RISKS MEN FACE

O MEN TAKING ACTION TO REMAIN WELL

PROSTATE AND TESTICULAR CANCER - RESULTS WE SEEK TO ACHIEVE

- OUR PROGRAMS CONTRIBUTE TO LESS MEN DYING FROM PROSTATE AND

TESTICULAR CANCER AND THAT THOSE LIVING WITH THESE DISEASES HAVE

GREATLY IMPROVED QUALITY OF LIFE, BOTH PHYSICALLY AND MENTALLY

MENTAL HEALTH RESULTS WE SEEK TO ACHIEVE

- PROGRAMS THAT ASSIST MEN AND BOYS IN BEING COMFORTABLE DISCUSSING

THE IMPACT OF SIGNIFICANT LIFE EVENTS AND THAT THEY REMAIN CONNECTED TO

THOSE THAT CAN POSITIVELY INFLUENCE THEIR LIVES.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization

MOVEMBER FOUNDATION

77-0714052

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

CONNECTION, TALKING MORE OFTEN AND OPENLY ABOUT THEIR HEALTH, AND

REACHING OUT IN TOUGH TIMES.

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

THE SOLE MEMBER OF MOVEMBER IS THE AUSTRALIA BASED CHARITY MOVEMBER GROUP

PTY LTD AS TRUSTEE FOR THE MOVEMBER.

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

THE IRS FORM 990 IS REVIEWED BY SENIOR MANAGEMENT OF MOVEMBER. AFTER

MANAGEMENT IS SATISFIED THAT THE 990 IS ACCURATE AND COMPLETE, THE 990 IS

MADE AVAILABLE TO THE DIRECTORS PRIOR TO FILING THE FORMS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES OF THE CEO, OFFICERS AND KEY EMPLOYEES FORM PART OF A

COMPANY-WIDE ANNUAL COMPENSATION REVIEW PROCESS. THIS IS CARRIED OUT BY THE

BOARD'S REMUNERATION COMMITTEE, WHICH COMPRISES THREE INDEPENDENT

 NON-EXECUTIVE DIRECTORS (ANDREW GIBBINS, NICK REECE AND KATHERINE HOWARD).

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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 37

 13421102 758425 10583-10.000
 2019.04030 MOVEMBER FOUNDATION
 10583-11

Schedule O (Form 990 or 990-EZ) (2019)	Page 2	
Name of the organization MOVEMBER FOUNDATION	Employer identification number $77-0714052$	
UPON RESIGNATION OF KATHERINE HOWARD ON TH	E 15TH OF FEBRUA	RY 2020, THE

REMUNERATION COMMITTEE COMPRISED OF ANDREW GIBBINS AND NICK REECE UNTIL THE

END OF THE FINANCIAL YEAR. MOVEMBER USES THIRD-PARTY DATA TO APPROPRIATELY

BENCHMARK COMPENSATION FOR EACH ROLE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE ON REQUEST.

FORM 990, PART VI SECTION C LINE 20

MOVEMBER GROUP PTY LTD MAY BE REACHED AT THE FOLLOWING TELEPHONE

NUMBER, +61 3 8416 3900. THE ORGANIZATION'S PHONE NUMBER WAS USED AT

SECTION C LINE 20 IN ORDER TO ELECTRONICALLY FILE THE RETURN TO THE

IRS.

FORM 990, PART VII, COMPENSATION FROM RELATED PARTY

JOHN HUGHES, BOARD MEMBER, RECEIVED COMPENSATION FOR SERVICES FROM A	
RELATED PARTY FOR SERVING AS INTERIM EXECUTIVE CHAIRMAN BEFORE THE NEW	
CEO BEGAN WITH THE ORGANIZATION. SIMON TRAYNOR, BOARD MEMBER, RECEIVED	
COMPENSATION FOR SERVICES FROM A RELATED PARTY FOR SERVING AS INTERIM	
EXECUTIVE DIRECTOR FROM JULY 2019 THROUGH JANUARY 2020 BEFORE THE NEW	
CEO BEGAN WITH THE ORGANIZATION. THE ORGANIZATION DID NOT INCUR ANY	
COSTS NOR DIRECTLY REIMBURSE THE RELATED PARTY FOR COMPENSATION RELATED	
TO JOHN HUGHES NOR SIMON TRAYNOR.	

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FORM 990, PART X, LINE 4

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization MOVEMBER FOUNDATION	Employer identification number $77 - 0714052$
	11 0114032
MOVEMBER GROUP PTY LTD CHARGED THE ORGANIZATION FOR ITS SH	ARE OF
CERTAIN COSTS FOR CENTRAL SERVICES. THESE SERVICES ARE CON	DUCTED
CENTRALLY TO ACHIEVE ECONOMIES OF SCALE FOR MOVEMBER'S GLO	BAL PROGRAMS,
THEREBY RESULTING IN LOWER COSTS IN EACH COUNTRY. THE SERV	ICES CARRIED
OUT CENTRALLY INCLUDE: WEBSITE DEVELOPMENT; HOSTING AND MA	INTENANCE;
CAMPAIGN THEME DESIGN AND RELATED MATERIALS; FINANCIAL & A	CCOUNTING
SERVICES; HUMAN RESOURCES LEGAL SERVICES AND GENERAL MANAG	EMENT WHICH
INCLUDES PROGRAM IMPLEMENTATION AND BENEFICIARY PARTNER MA	NAGEMENT
SERVICES. THE CHARGE FROM MGPL IS SIGNIFICANTLY LESS THAN	IF MOVEMBER
FOUNDATION WERE TO CONDUCT ALL OF THESE ACTIVITIES ON A ST	AND-ALONE
LOCAL BASIS. AS OF APRIL 30, 2020, THE ORGANIZATION'S RE	CEIVABLE FROM
MGPL FOR THE CROSS CHARGES TOTALED \$490,208. THIS BALANCE	OF RELATED
PARTY RECEIVABLE IS INCLUDED IN THE NET PARTY RECEIVABLE B	ALANCE IN THE
AMOUNT OF \$669,090.	

FORM 990, PART X, LINES 27 AND 33

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.

932212 09-06-19

Name of the organization MOVEMBER FOUNDATION	Employer identification number 77-0714052
FORM 990, PART XI, LINE 2C	
THE ORGANIZATION HAS A SEPARATE AUDIT COMMITTEE, WHICH IS	RESPONSIBLE
FOR ENGAGING INDEPENDENT AUDITORS AND MONITORING THE AUDIT	PROCESS.

ATTENDS THE COMMITTEE MEETINGS BUT IS NOT A MEMBER. THIS STRUCTURE HAS

SUBSEQUENT EVENTS

SCHEDULE O

MANAGEMENT HAS EVALUATED SUBSEQUENT EVENTS THROUGH SEPTEMBER 10, 2020,

THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED.

BEEN IN EFFECT IN PRIOR YEARS AND WAS NOT CHANGED IN 2019.

IN DECEMBER 2019, AN OUTBREAK OF A NOVEL STRAIN OF CORONAVIRUS (COVID-19) SPREAD TO A NUMBER OF COUNTRIES WORLDWIDE, INCLUDING THE U.S. ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION CHARACTERIZED COVID-19 AS A PANDEMIC. IN ADDITION, SEVERAL STATES IN THE U.S., INCLUDING CALIFORNIA, WHERE THE FOUNDATION IS HEADQUARTERED, HAVE DECLARED A STATE OF EMERGENCY.

COVID-19 IS LIKELY TO HAVE AN IMPACT ON MOVEMBER'S OPERATIONS AND ACTIVITIES SUBSEQUENT TO THE END OF THE FISCAL YEAR. WHILE MANAGEMENT HAS APPROVED A COMPREHENSIVE SET OF PLANS TO MITIGATE SOME RISKS ARISING FROM THE IMPACT OF COVID-19, IT IS NOT POSSIBLE TO ACCURATELY DETERMINE THE NATURE OR EXTENT OF THE IMPACTS OR THE TIME OVER WHICH THE FOUNDATION WILL BE IMPACTED.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MOVEMBER FOUNDATION	Employer identification number $77 - 0714052$
ON MAY 13, 2020, MOVEMBER RECEIVED A LOAN FROM SUNWEST BAN	K TOTALING
\$633,400, PURSUANT TO THE PAYCHECK PROTECTION PROGRAM (PPP) UNDER
DIVISION A, TITLE I OF THE CARES ACT, WHICH WAS ENACTED ON	MARCH 27,
2020. THE LOAN, WHICH WAS IN THE FORM OF A NOTE DATED MAY	13, 2020,
MATURES ON MAY 13, 2022 AND BEARS INTEREST AT A RATE OF 1%	PER ANNUM,
PAYABLE MONTHLY COMMENCING ON NOVEMBER 13, 2020. THE NOTE	MAY BE
PREPAID BY THE FOUNDATION AT ANY TIME PRIOR TO MATURITY WI	TH NO
PREPAYMENT PENALTIES. FUNDS FROM THE LOAN MAY ONLY BE USED	FOR PAYROLL
COSTS, MORTGAGE INTEREST PAYMENTS, LEASE PAYMENTS, RENT, U	TILITIES, AND
INTEREST ON OTHER DEBT OBLIGATIONS INCURRED. UNDER THE TER	MS OF THE
PPP, THE FOUNDATION INTENDS TO USE THE ENTIRE LOAN AMOUNT	FOR
QUALIFYING EXPENSES. CERTAIN AMOUNTS OF THE LOAN MAY BE FO	RGIVEN IF
THEY ARE USED FOR QUALIFYING EXPENSES AS DESCRIBED IN THE	CARES ACT.

932161 09-10-19 LHA

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

SEE PART VII FOR CONTINUATIONS

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Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service Name of the organization

MOVEMBER FOUNDATION

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

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 Part II 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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
THE MOVEMBER GROUP PROPRIETARY LIMITED AS							
TRUSTEE FOR MOVEMBER FOUNDATION, 4TH FL,							
21-31 GOODWOOD ST, RICHMOND, VICTORIA,	NOT FOR PROFIT CHARITY	AUSTRALIA					Х
MOVEMBER CANADA							
588 RICHMOND STREET WEST							
TORONTO, ONTARIO, CANADA	NOT FOR PROFIT CHARITY	CANADA					х
MOVEMBER EUROPE							
52-54 ROSEBURY AVE							
LONDON, UNITED KINGDOM	NOT FOR PROFIT CHARITY	UNITED KINGDOM					х
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 Instructio	ns for Form 990.	÷		•	Schedule R	Form 99	0) 2019

Attach to Form 990.

2019 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 77-0714052

SCHEDULE R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	cont	g) 512(b)(13 trolled ization?
				501(c)(3))		Yes	No
MOVEMBER E.V							
PRINZREGENTENSTRASSE 11A, 80538							
MUNICH, GERMANY	NOT FOR PROFIT CHARITY	GERMANY					х
	1	1	1	1	1	1	1

Schedule R (Form 990) 2019 MOVEMBER FOUNDATION

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	1										
	1										
	-										
	4										
	4										
	4										

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	(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	contr	i) tion o)(13) rolled ity?	
		country)						Yes	No	

Schedule R (Form 990) 2019 MOVEMBER FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х

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
THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR			
(1) THE MOVEMBER FOUNDATION	0	579,509.	
THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR			
(2) THE MOVEMBER FOUNDATION	Р	3,651,303.	
THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR			
(3) THE MOVEMBER FOUNDATION	Q	765,619.	
(4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2019 MOVEMBER FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	2)	(f)	(g)	()	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	l or P	ercentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019

47 2019.04030 MOVEMBER FOUNDATION

932165 09-10-19

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	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 * 990 PAGE 10 TOTAL	VARIOUS	200DB	5.00	ну	17	61,156.				61,156.	49,355.		2,978.	52,333.
	FURNITURE & FIXTURES						61,156.				61,156.	49,355.		2,978.	52,333.
	OTHER														
1	COMPUTER EQUIPMENT	VARIOUS	200DB	5.00	НУ	17	153,206.				153,206.	106,340.		23,482.	129,822.
3	LEASEHOLD IMPROVEMENTS	VARIOUS	200DB	5.00	НУ	17	32,661.				32,661.	32,661.		0.	32,661.
	* 990 PAGE 10 TOTAL OTHER						185,867.				185,867.	139,001.		23,482.	162,483.
	* GRAND TOTAL 990 PAGE 10 DEPR						247,023.				247,023.	188,356.		26,460.	214,816.

928111 04-01-19

(D) - Asset disposed

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

Form 4562	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172 20 19

Attachment Sequence No. **179**

Identifying number

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

мо	VEMBER FOUNDATION		FC	RM 990 P	AGE 10		77-0714052
Pa	art I Election To Expense Certain Property	y Under Section 17	79 Note: If you have any	listed property,	complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)					1	1,020,000.
2	Total cost of section 179 property place						
	Threshold cost of section 179 property b						2,550,000.
	Reduction in limitation. Subtract line 3 fr					4	
5	Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing separately, se	e instructions		5	
6	(a) Description of prop	perty	(b) Cost (bu	siness use only)	(c) Elected	cost	
7	Listed property. Enter the amount from I	ine 29		7			
8	Total elected cost of section 179 proper	ty. Add amounts	in column (c), lines 6 an	d 7		8	
9	Tentative deduction. Enter the smaller of	of line 5 or line 8				9	
10	Carryover of disallowed deduction from	line 13 of your 20	018 Form 4562			10	
11	Business income limitation. Enter the sm	aller of business	s income (not less than z	ero) or line 5 🛛		11	
12	Section 179 expense deduction. Add line	es 9 and 10, but	don't enter more than li	ne 11		12	
	Carryover of disallowed deduction to 202			🕨 13			
	te: Don't use Part II or Part III below for lis	sted property. In	stead, use Part V.				
Pa	art II Special Depreciation Allowan	ce and Other D	epreciation (Don't inclu	ude listed proper	ty.)		
14	Special depreciation allowance for qualif	ied property (oth	ner than listed property)	placed in service	during		
	the tax year					14	
15	Property subject to section 168(f)(1) elec	tion				15	
						16	
Pa	art III MACRS Depreciation (Don't i	nclude listed pro					
			Section A				0.5.4.50
17	MACRS deductions for assets placed in	service in tax ye	ears beginning before 20	19		17	26,460.
18	If you are electing to group any assets placed in service				►		
	Section B - Assets I	(b) Month and	(c) Basis for depreciation	r Using the Gen	eral Deprecia	tion Syste	m
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property						
b	5-year property						
C	7-year property						
d							
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
<u> </u>		/			MM	S/L	
	Section C - Assets Pl	aced in Service	During 2019 Tax Year	Using the Alterr	native Deprec	ation Syst	tem
<u>20a</u>	Class life					S/L	
b	,			12 yrs.		S/L	
C		/		30 yrs.	MM	S/L	
d		/		40 yrs.	MM	S/L	
	art IV Summary (See instructions.)						
	Listed property. Enter amount from line 2					21	
	Total. Add amounts from line 12, lines 1						
	Enter here and on the appropriate lines of			ations - see instr		22	26,460.
	For assets shown above and placed in s	ervice during the	e current year, enter the				
			, ,				
	portion of the basis attributable to section 51 12-12-19 LHA For Paperwork Reduc		•	23			Form 4562 (2019)

10583-11

 $13421102 \ 758425 \ 10583 - 10.000$

	<u>m 4562 (2019)</u>	MOV	EMBER F	OUND.	ATIO	N						77-	<u>0714</u>	052	Page 2
Pa	entertainment,				ner vehic	les, cer	tain aircr	aft, an	d property	used for					
	Note: For any				standar	d milead	ge rate o	r dedu	cting lease	e expens	e, comp	olete on	lv 24a,		
	24b, columns	(a) through (c	c) of Section A,	all of Se	ection B,	and Se	ection C	if appli	icable.						
			on and Other I			ution:	See the i		1		-				
<u>24a</u>	Do you have evidence to	1		nt use cla	timed?	<u> </u>	<u>/es</u>	No	24b If "Y			nce writt I	en?	_ Yes	<u>No</u>
	(a)	(b) Date	(c) Business/		(d)	Ba	(e) sis for depre	eciation	(f)		g)		h)		(i) ected
	Type of property (list vehicles first)	placed in	investment		Cost or her basis	(hi	usiness/inve	stment	Recovery period		hod/ ention		ciation uction	section	on 179
	, ,	service	use percentag	Je			use only							C	ost
	Special depreciation all						0								
	used more than 50% in				<u></u>				<u></u>		25				
26	Property used more that								1	1		1			
		: :		6										<u> </u>	
		: :		6											
07	Property used 50% or le														
21	Troperty used 5070 of R	: :		6					1	S/L -					
		: :		6						S/L -				1	
				6						S/L -				1	
28	Add amounts in column) (h) lines 25			and on	line 21	nage 1				28			1	
	Add amounts in column												29		
25		<u>1 (i), iii lo 20. E</u>					on Use							L	
Cor	nplete this section for ve	ehicles used l	-							r related	oerson.	If you pr	ovided v	vehicles	
	our employees, first ans		,												
,		no no que								.9					
				(;	a)		(b)		(c)	(0	d)	(e)	(f)
30	Total business/investment	miles driven d	uring the		nicle		hicle	V	/ehicle	Veh	-	-	nicle		nicle
	year (don't include commu	Iting miles)	-												
	Total commuting miles														
32	Total other personal (no	oncommuting) miles												
	driven	-													
	Total miles driven during														
	Add lines 30 through 32	2													
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions f	or Empl	oyers W	ho Pro	vide Veh	icles 1	for Use by	/ Their E	mploye	es			
	swer these questions to			ception	to comp	pleting S	Section E	8 for ve	ehicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rel	•													
	Do you maintain a writte													Yes	No
	employees?														
	Do you maintain a writte			-				-							
	employees? See the ins				~										
	Do you treat all use of v														_
	Do you provide more th														
	the use of the vehicles,														
	Do you meet the require Note: If your answer to														
	art VI Amortization	37, 30, 39, 4	0,014115 10	5, 0011	Comple	le Seci		the co		licies.					
	(a)			(b)	I	(c)			(d)		(e)			(f)	
	Description o	f costs		amortization		Amortiza amoun	ble		Code section		Amortiza	tion	Ar	mortization or this year	
42	Amortization of costs th	nat begins du		begins I tax vea	r:	amoun		- 1	0000011		period or per	ueniaye		. and your	
72					 										
				<u>. :</u> : :											
43	Amortization of costs th	nat began het	fore your 2019	tax vea	r			- 1		I		43			
												44			
													F	orm 456	2 (2019)
43 44	Amortization of costs tr Amortization of costs th Total. Add amounts in o	nat began bef	fore your 2019	i i tax year	r							43 44		orm 456	

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	r Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificat	ion number (TIN)
print	MOVEMBER FOUNDATION				77-0	714052
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.		77-0	14032
return. S instructio		oreign add	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (fil	e a separat	te application for each return)			
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form §	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form §	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form §	90-PF	04	Form 5227			10
Form §	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form §	90-T (trust other than above)	06	Form 8870 TD - 4TH FL. 21-31			12
• If the box •	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the org calendar year or ► X tax year beginning MAY 1, 2019 f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta <u>MAR(</u> anization's	mption Number (GEN), I ch a list with the names and TINs of <u>CH 15, 2021</u> , to file return for: d ending <u>APR 30, 2020</u>	f this is fo all membe	r the whole ers the extension opt organiz	
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720 any nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
•	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
<u>(</u>	estimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			
	ising EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions. For Privacy Act and Paperwork Reduction Act Notice.			153-EO an		79-EO for payment 8868 (Rev. 1-2020)

TAXAE	_{E YEAR} California Exempt Organization				928941 12 FORM	2-04-19
20	19 Annual Information Return				199	
Calendar `	aar 2019 or fiscal year beginning (mm/dd/yyyy) 05/01/2019 , and ending (mm/d	dd/yyyy))	04	/30/2020	
Corporatio	Organization name	Califor	rnia corpo			
MOVEN	BER FOUNDATION		0.5.2			
	formation. See instructions.	FEIN	053	899	,	
		7	7-0	714	052	
	ss (suite or room)	F	PMB no.			
8559 City	HIGUERA ST. State		ZIP code			
	R CITY CA		023	2		
Foreign co			Foreign p		ode	
A First	eturn Yes 🔀 No J If exempt under R&TC Section					_
B Amer C IRC S	ed Return • Yes X No engaged in political activities? ction 4947(a)(1) trust Yes X No K Is the organization exempt unc	See ins	struction	ıs	• Yes X	
	ction 4947(a)(1) trust Yes X No K Is the organization exempt und					_] No
• [Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public char					
	section 23701d and meets the					
	accounting method: (1) Cash (2) X Accrual (3) Other box. No filing fee is required I return filed? (1) ● 990⊤(2) ● 990PF (3) ● Sch H (990) M is the organization a Limited L				• X	-
	I return filed? (1) ● 990⊤ (2) ● 990PF (3) ● Sch H (990) M Is the organization a Limited L Other 990 series N Did the organization file Form				• Yes 🔀	_ No
	a group filing? See instructions • Yes X No report taxable income?				• Yes X	No
	organization in a group exemption Yes X No 0 Is the organization under audit	t by the	IRS or	has th	ne	
lf "Ye	" what is the parent's name? IRS audited in a prior year?					No
I Did th	e organization have any changes to its guidelines P Is federal Form 1023/1024 per Date filed with IRS					No
	e organization have any changes to its guidelines Date filed with IRS ported to the FTB? See instructions • Yes X No					
Part I	Complete Part I unless not required to file this form. See General Information B and C.					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	485,61	1 00
	2 Gross dues and assessments from members and affiliates 3 Gross contributions, oiffs, grants, and similar amounts received	Mm 1	•	2	17 010 71	00
Receipt	3 Gross contributions, gifts, grants, and similar amounts received STI 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		•	3	17,919,71 18,405,32	0 <u>00</u> 1 00
and Revenue	5 Cost of goods sold 5		00	T	10/100/02	<u>-100</u>
nevenu	6 Cost or other basis, and sales expenses of assets sold • 6		00			
	7 Total costs. Add line 5 and line 6			7	10 405 20	00
	 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, line 18 		•	8	<u>18,405,32</u> 15,892,59	$\frac{1}{2}$
Expense	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	· · · · · · · · · · · · · · · · ·		10	2,512,72	
	11 Total payments		•	11		00
	 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 			12		00
Filing Fe				13 14		00
	15 Filing fee \$10 or \$25. See General Information F	••••••	•	15	N/A	00
	16 Penalties and Interest. See General Information J			16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	d to the b	O	17	edge and belief	00
Sign			owledge.			
Here	Signature Much Huldron PRESIDENT	Date	2.2	D	10) 450 - 33	399
	Preparer's m manual Date	Check if			• PTIN	
Deld	signature	self-empl	loyed		P00103314	
Paid Preparer's	Firm's name (or yours, if self-				• Firm's FEIN	
Use Only	employed 19600 FAIRCHILD #320				33-0155525 ● Telephone	
	and address IRVINE, CA 92612				949-833-281	5
	May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No	

022 3651194

Γ

MOVEMBER FOUNDATION

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.

928951 12-04-19

2,512,729

1 Gross states or recepts from all business activities. See instructions 1 1 00 2 371,4612 00 3 00 3 00 for so readings from all business activities. See instructions 5 00 6 6 for so readings from other sources. Add ins 1 through time 7. Enter there and on Side 1, Part 1, line 1 5 00 6 6 for so small solid STATEMENT 2 7 114,150,00 0 0 businessmits to or to members. 0 10 2845,611,00 10 4845,611,00 10 0 businessmits to or to members. 10 10 11 477,123,00 11 477,123,00 10 14 taxes 5 40,00 18 14,592,592,100 18 15,892,592,100 18 14,592,592,100 18 14,592,592,100 18 15,892,592,100 18 15,892,592,100 18 15,892,592,100 18 15,892,592,592 10 18 15,892,592,592 10 18 15,892,592,592 10 19,997,536 11 1,992,593,50 10,992,593,							
Baseline 3 Dividentities 4 Goss reprise 4 4 00 0 6 Goss reprise 4 00 0 0 5 Goss reprise 4 00 0 0 Goss reprise 6 000 0 <t< th=""><th></th><th></th><th>1 Gross sales or receipts from all</th><th>business activities. See inst</th><th>ructions</th><th>•</th><th></th></t<>			1 Gross sales or receipts from all	business activities. See inst	ructions	•	
3 Dividents 3 00 trom 5 Gross rensis 4 00 Sources 7 1144 (155 0 co 5 0 0 0 0 Gross amount received from other sources. Add line 1 through line 7. Enter here and on Sile 1, Part 1, line 1 8 4.85, 6.11 (0) 0 0 Gross rensis 5 7 1.144, 1.55 (0) 0 Disbursements to or for members STATEMENT 8 8 4, 9.99, 5.93 (0) 10 Disburse-tements to or for members 11 4, 7, 7, 71 (2) 0 11 Chernes and on Sole 1, Part 1, line 1 11 1, 668, 727 (0) 15 11 Torr, 9, 458 (0) 11 1, 668, 727 (0) 16 2, 7, 460 (0) 17 14, 1, 577, 945 (0) 14 147, 7, 717 (0) 16 2, 7, 767 (0) 16 2, 7, 767 (0) 16 2, 7, 767 (0) 16 2, 7, 767 (0) 16 2, 642 (0) (0) (0) 17 1, 1, 144, 9, 977 (0) 15, 144, 9, 977 (0) 15, 144, 9, 977 (0) 15, 144, 9, 977 (0) 16, 144, 9, 977 (0) 16, 144, 9			2 Interest			•	<u>2</u> 371,461 <u>00</u>
trom Other 6 Gross regulates 6 6 0 6 Gross anount received from sale of assets (See Instructors) SEE STATEMENT 2 7 114.1.50.00 8 Tetal gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Site 1, Part 1, line 1 0 0 4.49.99.5.93.00 10 Disbursements to or for members.						-	3 00
Other Sources 6 Gross amount received from sale of assets (See Instructions) SEE STATEMENT 6 6 8 order income 8 detail gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Sile 1, Part Line 1 8 4 48.5, 6.11 (order income) 9 Databursements to or formembers 9 4, 993, 9533 (order income) 9 4, 993, 9533 (order income) 9 10 Dotsusements to or formembers 9 1, 14, 15, 150 (order income) 9 1, 14, 150 (order income) 9 11 Compensation of offeers, directors, and fusites SEE STATEMENT 3 9 11 4, 77, 703 (order income) 12 Other salaries and wages 9 14 157, 79, 45 (order income) 18 157, 79, 45 (order income) 18 157, 79, 45 (order income) 18 15, 892, 592 (order income) 18 11, 14, 17, 70 (order income) 11 15, 892, 592 (order income) 11 15, 892, 592 (order income) 11 15, 892, 592 (order income) 10 15, 892, 592 (orderincome) 10 10, 884, 659	Receij	pts	4 Gross rents			•	4 00
Sources 7 Other income SEE STATEMENT 2 7 1 14,150 9 Contributions, gits, grans, and similar amounts paid STATEMENT 8 9 4 485,611 9 4 4999,593 0 10 Disbussements to or for members 0 11 4 477,7123 00 10 10 10 10 0 0 11 4 485,7271 00 11 4 77,7123 00 11 4 77,7143 00 11 4 77,7123 00 11 4 77,7143 00 11 4 77,7143 00 11 4 77,7143 00 11 4 77,77143 00 11 4 77,77143 00 15 11 4 77,77143 00 16 2 6,705 16 2 6,705 16 2 6,705 16 2 6,705 16 2 6,705 17 18,14,9771 00 17 16,264,640 17,423,642 2 0,522,571 1 1 15,925,252 0 16 16,70,725,252,523 1,997,506 1,927,506 1,927,506 <td< td=""><td>from</td><td></td><td>5 Gross royalties</td><td></td><td></td><td>•</td><td>5 00</td></td<>	from		5 Gross royalties			•	5 00
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 1, line 1 8 4.85, 611 [o.0] 9 Contributions, grits, gratis, and similar amounts pail STATEMENT 8 • 10 10 Disbursements to or for members	Other		6 Gross amount received from sal	e of assets (See Instruction	s)	•	-
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 1, line 1 8 4.85, 611 [o.0] 9 Contributions, grits, gratis, and similar amounts pail STATEMENT 8 • 10 10 Disbursements to or for members	Source	es	7 Other income		SEE STA	TEMENT 2 \bullet	
10 Disbursements to or for members 0 00 11 Compensation of officers, directors, and trustees SEE STATEMENT 3 1 477, 123 00 11 Depression 13 Interstat 00 11 477, 123 00 12 1, 668, 727 00 13 00 0 13 00 15 Rents 14 157, 945 00 15 8447, 767 00 16 26, 460 00 17 8, 114, 977 100 18 126, 7460 00 17 8, 114, 977 100 18 158, 892, 592, 00 Schedule L Balance Sheet 86 (n) (n) (c) (d) 18 116, 7423, 642 20, 522, 571 18 158, 892, 592, 00 Schedule L Balance Sheet 8 (n) 17, 423, 642 20, 522, 571 13 10, 84, 659 14 10, 84, 659 14 10, 84, 659 1, 997, 506 1, 997, 506 10 1, 997, 506 1, 997, 506 1, 997, 506 10 22, 67, 95 247, 023 23, 2207 11 11 10 10 10 10 <t< td=""><td></td><td></td><td>8 Total gross sales or receipts fro</td><td>m other sources. Add line 1</td><td>through line 7. Enter here and o</td><td>on Side 1, Part I, line 1</td><td></td></t<>			8 Total gross sales or receipts fro	m other sources. Add line 1	through line 7. Enter here and o	on Side 1, Part I, line 1	
Interst SEE STATEMENT Interst Interst <thinterst< th=""> <thinterst< th=""> <thint< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thint<></thinterst<></thinterst<>							
Lepenses 12 Other salaries and wages 13 Interest 13 Interest 00 13 interest 14 TS7, 945, 00 00 00 00 16 Depreciation and depletion (See instructions) 15 447, 767, 00 16 26, 460, 00 17 8, 114, 977, 00 18 25, 460, 00 17 8, 114, 977, 00 18 15, 892, 552, 00 18 15, 892, 552, 00 18 15, 892, 552, 00 End of taxable year End of taxable year End of taxable year 18 15, 892, 552, 00 19, 00, 50, 522, 571, 13 18 15, 892, 552, 00 0 10, 084, 659 1, 084, 659 1, 084, 659 1, 084, 659 1, 084, 659 1, 084, 659 1, 084, 659 1, 094, 059 1, 097, 506 1, 997, 506 1, 997, 506 1, 997, 506 1, 997, 506 1, 997, 506 1, 997, 506 1, 1, 996, 150 1, 1, 997, 506 1, 997, 506 1, 22, 906, 323 23, 927, 161 11 14 Acounts payable 1, 438, 356 38, 439 214, 816 32, 207 1 1, 439, 724 0 1, 439, 724 </td <td></td> <td> 1</td> <td>0 Disbursements to or for membe</td> <td>rs</td> <td></td> <td></td> <td></td>		1	0 Disbursements to or for membe	rs			
Expenses and Disturse- ments 13 1 Interest 14 1 Taxes 13 1 Total expenses and distursements 13 1 Total expenses and distursements 10 1 Expenses and distursements 00 1 Expenses 3 Checkline Laboration and depletion (See instructions) 11 1 Expenses 2 Checkline Laboration and depletion (See instructions) 11 1 Expenses 2 Checkline Laboration and depletion (See instructions) 11 1 Expenses 2 Checkline Laboration 2 Checkline Checkline Laboration 2 Checkline Laboration 2 Checkline Checkli		1					
and Disburse- 15 14 Taxes 14 Taxes 14 Taxes 14 Taxes 15 Refts 15 Refts 16 C2, 7, 7, 7, 7, 00 16 C2, 6, 460 16 C2, 5, 25, 25, 20 17 8, 11, 4, 9, 77, 100 18 15, 892, 592, 100 18 15, 892, 592, 100 18 15, 892, 592, 100 18 15, 892, 592, 100 18 15, 892, 592, 100 18 15, 892, 592, 100 10, 104, 459 10, 104, 104 10, 104, 104 10, 104, 104 10, 104, 104 10, 104, 104 10, 104, 104 10, 104, 104 10, 104, 104 10, 104, 104, 104 10, 104, 104, 104 10, 104, 104, 104		1					
Disburse- ments 15 Rents 15 447,767 00 17 Other Expenses and Disbursements SEE STATEMENT 4 16 26,460 00 17 8,114,977 00 18 Total expenses and Disbursements SEE STATEMENT 4 18 15,892,592 00 Schedule L Batace Street Egginning of taxable year End of taxable year 60 (0) (1) 12 1,084,659 Assets (a) (b) (c) (d)	Expen	ses 1					
ments 16 Depreciation and depletion (See instructions) • 16 26,460 00 10 Other Expenses and Obsursements. Add line 9 through line 17. Enter here and on Sids 1, Part I, line 9 • 16 26,460 00 20 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 1 Cash 17,423,642 • 20,522,5711 2 Net accounts receivable 3,132,726 • 1,084,659 3 Net notes receivable - • • 0 4 Investments in other bonds - • 0 0 1 Investments in stock - • 0 1,997,506 10 a Depreciable assets STMT_5 226,795 247,023 0 2,927,161 11 Land - - - - - - 12 Other assets STMT_6 312,567 23,927,161 -	and	1					
17 Other Expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 17 8, 114, 977 10 Schedule L Balance Sheet Balance Sheet Balance Sheet Body 2, 592 00 Assts (a) (b) (c) dot of taxable year Assts (a) (b) (c) (d) 1, 0, 84, 659 3 1, 7, 423, 642 - 20, 522, 571 1, 0, 0, 46, 659 3 Net notes receivable 3, 132, 726 - 1, 0, 0, 46, 659 4 Investments in other bonds - - - 6 Investments in other bonds - - - 7 Investments in other bonds - - - - 9 Other investments STMT 5 1, 996, 150 247, 023 - - 9 Other assets STMT 6 312, 567 287, 821 - - 11 Land - - - - - - 12 Other assets <	Disbu	rse- 1	5 Rents				
18 Total expenses and disburgements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 15 15 15 16 17 18 19 18 19 18 19 18 19 18 18 19 18 18 19 18 18 18 19 18 19<	ments	: 1	6 Depreciation and depletion (See	instructions)		•	
Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 1 Cash 17,423,642 20,522,571 2 Net notes receivable 3,132,726 1,084,659 3 Net notes receivable - - 4 Inventories 2,799 2,397 5 Federal and state government obligations - - 6 Investments in other bonds - - 7 Investments STMT 5 1,996,150 - 9 Other investments STMT 5 - - 1 a Depreciable assets - - - 12 Other assets STMT 6 312,567 - 287,821 13 Total assets - - - 14 Accounts payable - - - 15 Contributions, gifts, or grants payable - - - 16 Bonds and notes payable - - - 16 Bonds and notes payable - - - 17 Orther assets STMT 7 2,046,063 - 18 Other iabititities<							
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1 Cash 17,423,642 • 20,522,571 2 Net accounts receivable 3,132,726 • 1,084,659 3 Net notes receivable • • 4 Investments 2,799 • 2,397 5 Federal and state government obligations • • 6 Investments in other bonds • • 7 Investments in stock • • 9 Other investments STMT 5 1,996,150 • 9 Other investments STMT 6 312,567 • 287,821 13 Total assets STMT 7 2,046,063 • • 14 Accounts payable • • • • 16 Bonds and notes payable • • • • 17 Mortgages payable • • • • 18 Other liabilities and net worth 19,974,708 • 22,487,437 22 (2,906,323 23,927,161 • • • 18 Other liabilities and net worth • • • • 2 Pole - no capital stock or principal fund • • • • 2 Federal ancear a	Sche	edule	L Balance Sheet				
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4 Inventories 2,799 • 2,397 5 Federal and state government obligations • • 6 Investments in other bonds • • 7 Investments in stock • • 8 Mortgage loans • • 9 Other investments STMT 5 1,996,150 • 10 a Depreciable assets 226,795 247,023 • 11 Land • • • • 12 Other assets STMT 6 312,567 • 287,821 13 Total assets 22,906,323 23,927,161 • Liabilities and net worth 885,552 • 1,439,724 16 Contributions, gifts, or grants payable • • • 18 Bonds and notes payable • • • • 19 Capital stock or principal fund • • • • 20 Paid-in or capital aurplas. Attach reconciliation 19,974,708 • 22,487,437 19 Capital stock or p					3,132,726		
5 Federal and state government obligations 6 Investments in other bonds 7 Investments in stock 9 Mortgage loans 9 Other investments 9 Other inabilities					0. 500		
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15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 19, 974, 708 • 22 other liabilities and net worth 22, 906, 323 23, 927, 161 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 1 Net income per books • 2, 512, 729 2 Federal income tax • 8 Deductions in this return 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year 4 Income not recorded on books this year • • • •					005 550		1 420 724
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20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 19,974,708 • 22,487,437 22 Total liabilities and net worth 22,906,323 • 23,927,161 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 • 2,512,729 7 Income recorded on books this year not included in this return 2 Federal income tax • • 8 Deductions in this return • 4 Income not recorded on books this year • • • • •	18 U	ther liab			2,040,003		
21 Retained earnings or income fund 19,974,708 • 22,487,437 22 Total liabilities and net worth 22,906,323 • 23,927,161 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. • 2,512,729 1 Net income per books • 2,512,729 7 Income recorded on books this year not included in this return 2 Federal income tax • • 8 Deductions in this return not charged against book income this year •							
22 Total liabilities and net worth 22,906,323 23,927,161 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 1 Net income per books • 2,512,729 2 Federal income tax • • 3 Excess of capital losses over capital gains • 8 4 Income not recorded on books this year •					10 07/ 709		
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 2, 512,729 7 Income recorded on books this year not included in this return 8 Deductions in this return not charged against book income this year against book income this year against book income this year against book income this year against book income this year 							
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1 Net income per books • 2,512,729 7 Income recorded on books this year 2 Federal income tax • • • 3 Excess of capital losses over capital gains • • • 4 Income not recorded on books this year • • • • • • • • • • • • •	SCIR	euule				s than \$50 000	
2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year	4 N	ot incom					
3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year 4 Income not recorded on books this year • •							
4 Income not recorded on books this year against book income this year							
						-	

deducted in this return

6 Total. Add line 1 through line 5

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2,512,729

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3652194

10 Net income per return.

Subtract line 9 from line 6

CA 199 CO	MPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRES	S	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANDREW GIBBINS 8559 HIGUERA ST CULVER CITY, CA		DIRECTOR 2.00	0.
COLLEEN NELSON 8559 HIGUERA ST CULVER CITY, CA		DIRECTOR 2.00	0.
NICK REECE 8559 HIGUERA ST CULVER CITY, CA		CHAIRPERSON 2.00	0.
SIMON TRAYNOR 8559 HIGUERA ST CULVER CITY, CA		DIRECTOR SEE SCH O 2.00	0.
KELLIE JOHNSTON 8559 HIGUERA ST CULVER CITY, CA	•	DIRECTOR 2.00	0.
JOHN HUGHES 8559 HIGUERA ST CULVER CITY, CA		CHAIRMAN UNTIL 2/20 2.00	0.
KATHERINE HOWAR 8559 HIGUERA ST CULVER CITY, CA	•	DIRECTOR, UNTIL 2/20 2.00	0.
MARK HEDSTROM 8559 HIGUERA ST CULVER CITY, CA		PRESIDENT, COUNTRY DIRECTC 40.00	DR 201,821.

MOVEMBER FOUNDATION		77-0714052
AMY FITZHENRY 8559 HIGUERA ST. CULVER CITY, CA 90232	SECRETARY, LEGAL COUNSEL, 40.00	154,214.
JENNIFER SHEU 8559 HIGUERA ST. CULVER CITY, CA 90232	TREASURER 40.00	111,574.
CATE BENNETT 8559 HIGUERA ST. CULVER CITY, CA 90232	SECRETARY, GENERAL COUNSEL 6.00	9,514.
TOTAL TO FORM 199, PART II, LINE 11		477,123.
CA 199 OT	HER EXPENSES	STATEMENT 4

DESCRIPTION P		
GLOBAL SERVICE ALLOCATI	3,651,303.	
HEALTH EDUCATION, AWARE	751,612.	
PROGRAM DELIVERY EXPENS	634,845.	
BANK AND MERCHANT FEES	336,101.	
OTHER EMPLOYEE BENEFITS	147,233.	
LEGAL FEES	6,540.	
ACCOUNTING FEES	23,041.	
OTHER PROFESSIONAL FEES	122,908.	
ADVERTISING AND PROMOTION	1,825,091.	
INFORMATION TECHNOLOGY	39,318.	
TRAVEL	149,310.	
INSURANCE	12,142.	
ALL OTHER EXPENSES	415,533.	
TOTAL TO FORM 199, PART II, LINE 17	8,114,977.	

CA 199 OTHER INVESTMENT	rs	STATEMENT 5		
DESCRIPTION	BEG. OF YEAR	END OF YEAR		
INVESTMENTS	1,996,150.	1,997,506.		
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,996,150.	1,997,506.		

TAXABLE YEARC2019al	orporat nd Amo	ion Depr rtization	reciatio	n						CALIFORN 38	11A FORM 85
Attach to Form 100 or For	m 100W.			FORM	199			FE	IN	77-07	14052
Corporation name	on name							Califo	rnia corporati	on number	
MOVEMBER FOU	JNDATION	1								305389	9
Part I Election To Expension											
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											\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-											
5 Dollar limitation for tax	able year. Subtr	act line 4 from lin	e 1. If zero or le	ess, enter -0-					5		
(a) Description o	f property		(b) Cost (b	usiness use o	nly) (c) Elected c	ost			
6				_					_		
7 Listed property (electer	d IRC Section 1	79 cost)				7			-		
									8		
 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 											
 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 											
12 IRC Section 179 expen									12		
13 Carryover of disallowe											
Part II Depreciation and											
(a)	(b)		(C)	(d)	(e)	(f)		(g)	(h)
Description of property		ired Co	ost or	Depreciation	allowed or	Depreciation	Life c	r	Depre	eciation	Additional
	(mm/dd/y	yyy) othe	r basis	allowable in e	earlier years	method	rate		tor th	iis year	first year depreciation
14 1 COMPUT	rer equi	PMENT									
	VARIO	JS 1	53,206	1	06,340	200DB	5.00			23,482	
2 FURNIT	FURE ANI) FIXTUR	ES								
	VARIO	JS	61,156		49,355	200DB	5.00			2,978	
3 LEASEH	HOLD IME	PROVEMEN'									
	VARIO		32,661		32,661		5.00			0	
TOTALS		2	47,023	1	88,356						
15 Add the amounts in co	lumn (g) and co	lumn (h). The tota	al of column (h)) may not exce	ed \$2,000.						
See instructions for line 14, column (h) 15									26,460		
Part III Summary											
16 Total: If the corporation IRC Section 179 expen Additional first year de Depreciation (if no elec	ise, add the amo preciation under ction is made), e	^r R&TC Section 2 ⁴ inter the amount f	4356, add the a rom line 15, co	mounts on line lumn (g)					16		<u>26,460</u> 26,460
17 Total depreciation clair18 Depreciation adjustment									17		20, 200
If line 17 is less than li	•										
amounts are used to d							-		18		0
Part IV Amortization		onic before state			01111 10000, 11		13 110003341	y•)			<u> </u>
(a) Description of pr	operty	(b) Date acquired (mm/dd/yyyy)	() Cos other	t or	Amortizatio	d) n allowed or earlier years	(e) R&TC Section (see instructio	Peri	(f) od or entage	(g) Amortization for this year	
19											
20 Total. Add the amounts	s in column (g)								20		
21 Total amortization clair	(0)								21		
22 Amortization adjustme	nt. If line 21 is g	reater than line 2), enter the diff	erence here an	d on Form 100) or Form 100)W,				
Side 1, line 6. If line 21	l is less than line	e 20, enter the dif	erence here an	d on Form 100	or Form 100	N, Side 2, line	. 12	<u></u>	22		

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STATE OF CALIFORNIA DEPARTMEN RRF-1 (Rev. 09/2017) MAIL TO: ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA (For Registry Use Only) Mail TO: Sacramento, CA 94203-4470 Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312 (For Registry Use Only) Street Sacramento, CA 95814 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. Televenue & Taxation Code section		USTICE E 1 of 5		
MOVEMBER FOUNDATION Name of Organization Check if: Change of address Amended report				
List all DBAs and names the organization uses or has used 8559 HIGUERA ST. Address (Number and Street) CULVER CITY, CA 90232 City or Town, State, and ZIP Code 310-450-3331 INFO.US@MOVEMBER.COM Federal Employer ID No. 77-0714052				
SID-450-3331 INFO.US@MOVEMBER.COM Federal Employer ID No. 77-0714052 Telephone Number E-mail Address Federal Employer ID No. 77-0714052 ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice		_		
Arross Annual RevenueFeeGross Annual RevenueFeeGross Annual Revenueess than \$25,0000Between \$100,001 and \$250,000\$50Between \$1,000,001 and \$10 millionbetween \$25,000 and \$100,000\$25Between \$250,001 and \$1 million\$75Between \$10,000,001 and \$50 millionGross Annual RevenueFeeGross Annual RevenueBetween \$10,000,001 and \$10 millionBetween \$250,001 and \$10 million\$75Between \$10,000,001 and \$50 million				
For your most recent full accounting period (beginning05/01/2019 ending04/30/2020) list: Gross Annual Revenue \$18,405,321 Noncash Contributions \$0 Total Assets \$3,927 Program Expenses \$10,751,963 Total Expenses \$15,892,592 PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT	7,1	51		
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			
 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? 				
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?				
 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 9 				
5. During this reporting period, did the organization receive any governmental funding?				
6. During this reporting period, did the organization hold a raffle for charitable purposes?				
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		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my know and belief, the content is true, correct and complete, and I am authorized to sign.	vledge	X		

CAFE RACER AFICIONADO PTY LTD UNIT 4, 44 BOTANY ROAD ALEXANDRIA NSW 2015 AUSTRALIA PHONE +61 (0) 433 321 430 STATEMENT 9