

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the **2009** calendar year, or tax year beginning **MAY 1, 2009** and ending **APR 30, 2010**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>MOVEMBER, INC.</b> Doing Business As		<b>D</b> Employer identification number <b>77-0714052</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1518 ABBOTT KINNEY BLVD.</b>		<b>E</b> Telephone number <b>310-450-3331</b>
		City or town, state or country, and ZIP + 4 <b>VENICE, CA 90291</b>		<b>G</b> Gross receipts \$ <b>3,236,338.</b>
<b>F</b> Name and address of principal officer: <b>ADAM GARONE</b> <b>SAME AS C ABOVE</b>				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.MOVEMBER.COM</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: <b>2007</b>
<b>M</b> State of legal domicile: <b>CA</b>				

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PLEASE REFER TO SCHEDULE O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>6</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>3</b>
	5	Total number of employees (Part V, line 2a) ..... <b>5</b> <b>6</b>
	6	Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>3</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
b	Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	
	9 Program service revenue (Part VIII, line 2g) .....	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>653,764.</b> <b>9,310.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>653,764.</b> <b>3,236,338.</b>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,007,505.</b>	
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>167,793.</b> <b>231,739.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>264,669.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>466,853.</b> <b>937,902.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>634,646.</b> <b>3,177,146.</b>	
19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>19,118.</b> <b>59,192.</b>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) ..... <b>547,752.</b> <b>1,354,226.</b>	
	21 Total liabilities (Part X, line 26) ..... <b>528,634.</b> <b>1,275,916.</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>19,118.</b> <b>78,310.</b>	

**Part II Signature Block**

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

Sign Here	Signature of officer	Date		
	<b>ADAM GARONE, GLOBAL CEO</b> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.</b> <b>19600 FAIRCHILD, STE 320</b> <b>IRVINE, CA 92612</b>	EIN ▶	Phone no. ▶ <b>949-833-2815</b>

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

Part III Statement of Program Service Accomplishments

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 2,594,520. including grants of \$ 2,007,005. ) (Revenue \$ 11,450. ) MOVEMBER INCORPORATED RUNS THE ANNUAL MEN'S HEALTH INITIATIVE, MOVEMBER. EACH YEAR, MOVEMBER, THE MONTH FORMERLY KNOWN AS NOVEMBER, CHALLENGES MEN TO GROW MOUSTACHES TO RAISE AWARENESS AND FUNDS FOR MEN'S HEALTH - SPECIFICALLY PROSTATE AND OTHER CANCERS AFFECTING MEN. MEN WHO GROW MOUSTACHES FOR THE MONTH OF MOVEMBER BECOME WALKING, TALKING BILLBOARDS FOR THE CAUSE, RAISING AWARENESS BY PROMPTING PRIVATE AND PUBLIC CONVERSATION AROUND THE OFTEN IGNORED ISSUE OF MEN'S HEALTH. AS AN ORGANIZATION WE ARE COMMITTED TO CONTINUALLY FINDING ENGAGING AND INNOVATIVE WAYS OF ENCOURAGING MEN TO BECOME AWARE OF AND ACTIVELY INVOLVED IN THEIR OWN HEALTH ISSUES. OF THE REVENUES RECORDED FOR THIS CAMPAIGN YEAR WE DONATED \$2,007,505 TO OUR BENEFICIARY PARTNERS, THE PROSTATE CANCER FOUNDATION AND THE LANCE ARMSTRONG

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

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

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

4e Total program service expenses \$ 2,594,520.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 6		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELAINE FARRELLY - 3104503399**  
**MOVEMBER AUSTRALIA P.O. BOX 292 VIC, 3181 AUSTRALIA**







Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,208,672.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,208,672.			
	Program Service Revenue	2 a OTHER INCOME GALA PART	Business Code 900099	11,450.	11,450.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			11,450.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,906.		6,906.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	9,310.				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory		9,310.	9,310.		
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		3,236,338.	20,760.	0.	6,906.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	2,007,505.	2,007,505.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	85,943.	43,415.	16,744.	25,784.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	119,390.	77,093.	6,482.	35,815.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	9,045.	2,205.	5,712.	1,128.
10 Payroll taxes .....	17,361.	10,189.	1,964.	5,208.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	5,354.		5,354.	
c Accounting .....	22,119.		22,119.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	27,311.			27,311.
13 Office expenses .....	8,217.		8,217.	
14 Information technology .....	20,557.	2,628.	11,714.	6,215.
15 Royalties .....				
16 Occupancy .....	16,537.		16,537.	
17 Travel .....	51,609.	37,760.		13,849.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	256.		256.	
23 Insurance .....	10,150.		10,150.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>HEALTH EDUCATION, AWARE</b> .....	326,355.	318,614.		7,741.
b <b>GLOBAL SERVICE ALLOCATI</b> .....	212,615.	95,111.	72,993.	44,511.
c <b>FOREIGN EXCHANGE LOSS</b> .....	126,396.		126,396.	
d <b>BANK AND MERCHANT FEES</b> .....	101,146.		4,039.	97,107.
e <b>PAYROLL PROCESSING AND</b> .....	3,558.		3,558.	
f All other expenses .....	5,722.		5,722.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,177,146.	2,594,520.	317,957.	264,669.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	326,355.	318,614.	0.	7,741.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	547,752.	<b>1</b>	37,243.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	1,266,160.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>	37,225.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	150.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,104.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 256.	0.	<b>10c</b>	3,848.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		0.	<b>15</b>	9,600.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		547,752.	<b>16</b>	1,354,226.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	32,274.	<b>17</b>	65,133.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		496,360.	<b>22</b>	207,031.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		0.	<b>25</b>	1,003,752.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		528,634.	<b>26</b>	1,275,916.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	19,118.	<b>27</b>	78,310.	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	19,118.	<b>33</b>	78,310.	
<b>34</b> Total liabilities and net assets/fund balances .....	547,752.	<b>34</b>	1,354,226.		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>		X
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					3208672.	3208672.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3					3208672.	3208672.
<b>5</b> 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)						34,933.
<b>6 Public support.</b> Subtract line 5 from line 4.						3173739.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4					3208672.	3208672.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					6,906.	6,906.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						3215578.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	20,760.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

<b>Name of organization</b>  <b>MOVEMBER, INC.</b>	<b>Employer identification number</b>  <b>77-0714052</b>
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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



Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

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

Form for Part II Conservation Easements, including checkboxes for purposes, a table for 'Held at the End of the Tax Year' (2a-2d), and various questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		4,104.	256.	3,848.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,848.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,236,338.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,177,146.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	59,192.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	59,192.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,236,338.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,236,338.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,236,338.

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

1	Total expenses and losses per audited financial statements	1	3,177,146.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,177,146.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,177,146.

**Part XIV Supplemental Information**

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**MOVEMBER, INC.**

Employer identification number

**77-0714052**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401	95-4418411	501(C)(3)	1,003,752.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH.
LANCE ARMSTRONG FOUNDATION 2201 E 6TH STREET AUSTIN, TX 78702	74-2806618	501(C)(3)	1,003,753.	0.			TO PROVIDE FUNDING FOR SUPPORT SERVICES FOR MEN WITH CANCER.

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

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

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ADAM GARONE	(i)	221,004.	0.	16,933.	0.	0.	237,937.	0.
	(ii)	0.	0.	0.	19,890.	0.	19,890.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

PART I, LINE 4B: THE SOLE MEMBER OF THE ORGANIZATION, MOVEMBER GROUP

PTY LTD MAKES MONTHLY PAYMENTS TO AN AUSTRALIAN RETIREMENT PLAN FOR ADAM

GARONE.

THE OFFICER REPORTED ON PART VII OF FORM 990 IS

COMPENSATED BY THE ORGANIZATION. THE COMPENSATION AMOUNTS REPORTED IN PART

VII OF FORM 990 REPRESENT 100% OF THE COMPENSATION PAID BY THE

ORGANIZATION. THE OFFICER SERVES AS A CORPORATE OFFICER FOR THE AFFILIATED

ENTITY, MOVEMBER GROUP PTY LTD. THE ORGANIZATION RECEIVES REIMBURSEMENTS

FROM THE AFFILIATE FOR THE SHARED EMPLOYEE COSTS AND FURTHER DETAIL IS

PROVIDED ON SCHEDULE R AND O. ADAM GARONE DEVOTES 26 HOURS TO THE

AFFILIATED ENTITY AND 14 HOURS TO THE FILING ORGANIZATION. OF THE \$237,937

OF REPORTABLE W-2 COMPENSATION PAID BY THE ORGANIZATION, \$158,624 WAS

REIMBURSED BY THE AFFILIATE TO THE ORGANIZATION. THE \$19,890 OF OTHER

COMPENSATION IS PAID BY THE AFFILIATE AND \$6,630 IS REIMBURSED BY THE

ORGANIZATION TO THE AFFILIATE.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	THE MOVEMBER GROU	X				496,360.	207,031.		X	X
<b>Total</b>				▶ \$ 207,031.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH THE POWER OF MOVEMBER, WE WILL:

- GET MEN TO GROW MOUSTACHES
- ENCOURAGE MEN TO PROACTIVELY MANAGE THEIR HEALTH
- REMOVE THE STIGMAS ASSOCIATED WITH MEN'S HEALTH ISSUES
- ACHIEVE BREAKTHROUGHS THAT WILL MOVE THE GLOBAL RESEARCH COMMUNITY CLOSER TO FINDING BETTER OUTCOMES FOR MEN'S HEALTH

WE WILL ACHIEVE THIS BY:

- CREATING AN INNOVATIVE, FUN AND ENGAGING ANNUAL CAMPAIGN THAT "CUTS THROUGH" WHICH RAISES FUNDS AND AWARENESS
- OPERATING A BEST PRACTICE CHARITY THROUGH THE SMART USE OF TECHNOLOGY, INNOVATIVE MARKETING AND LOW COST TO FUNDRAISING RATIOS
- WORKING WITH OUR BENEFICIARY PARTNERS TO DELIVER THE BEST POSSIBLE OUTCOMES

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

FOUNDATION. OUR VISION IS TO HAVE AN EVERLASTING IMPACT ON THE FACE OF MEN'S HEALTH AND TO BE ACKNOWLEDGED AS THE CATALYST THAT FOREVER CHANGED THE FACE OF MEN'S HEALTH

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

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED THE STATEMENT OF PURPOSE IN IT'S BY-LAWS AND REVISED THE BY-LAWS TO MAKE ANNUAL

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

MEETING DATES MORE FLEXIBLE.

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C: THE MOVEMBER GROUP PTY LTD  
MAINTAINS A "CONFLICTS REGISTER" THAT IS REGULARY REVIEWED AND APPROVED BY  
THE BOARD OF DIRECTORS. EVERY EFFORT IS MADE TO IDENTIFY POTENTIAL AREAS  
OF CONFLICT AND WHERE THEY ARE IDENTIFIED ACTION IS TAKEN TO REMOVE THE  
CONFLICT. THIS WOULD NORMALLY RESULT IN EXCLUSION OF THE CONFLICTEE FROM  
DELIBERATIONS AROUND OPERATIONAL AREAS WHERE THE CONFLICT ARISES.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO OF THE ORGANIZATION IS ALSO  
THE CEO OF THE MOVEMBER FOUNDATION. HIS SALARY WAS SET 2 YEARS AGO BASED ON  
BENCHMARKING EXERCISE BY AN INDEPENDENT CONSULTING FIRM. THE CORPORATE  
GOVERNANCE COMMITTEE OF THE MOVEMBER FOUNDATION THEN REVIEWED HIS SALARY AND  
MADE A RECOMMENDATION TO THE BOARD OF THE MOVEMBER FOUNDATION. HIS SALARY

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

HAS INCREASED BY 3% SINCE THE DATE OF THAT REPORT.

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

PART VII, SECTION A, LINE 1A

REPORTABLE COMPENSATION FROM ORGANIZATIONS FOR RELATED ORGANIZATIONS  
THE OFFICER REPORTED ON PART VII OF FORM 990 IS COMPENSATED BY THE  
ORGANIZATION. THE COMPENSATION AMOUNTS REPORTED IN PART VII OF FORM  
990 REPRESENT 100% OF THE COMPENSATION PAID BY THE ORGANIZATION. THE  
OFFICER SERVES AS A CORPORATE OFFICER FOR THE AFFILIATED ENTITY,  
MOVEMBER GROUP PTY LTD. THE ORGANIZATION RECEIVES REIMBURSEMENTS FROM  
THE AFFILIATE FOR THE SHARED EMPLOYEE COSTS AND FURTHER DETAIL IS  
PROVIDED ON SCHEDULE R. ADAM GARONE DEVOTES 26 HOURS TO THE AFFILIATED  
ENTITY AND 14 HOURS TO THE FILING ORGANIZATION. OF THE \$237,937 OF  
REPORTABLE W-2 COMPENSATION PAID BY THE ORGANIZATION, \$158,624 WAS  
REIMBURSED BY THE AFFILIATE TO THE ORGANIZATION. THE \$19,890 OF OTHER  
COMPENSATION IS PAID BY THE AFFILIATE AND \$6,630 IS REIMBURSED BY THE  
ORGANIZATION TO THE AFFILIATE.

FORM 990, PART XI, LINE 2C

AUDIT AND COMPLIANCE COMMITTEE

FOR THE FIRST YEAR OF OPERATION, THE AUDIT COMMITTEE OF THE MOVEMBER  
GROUP (THE PARENT ENTITY OF MOVEMBER, INC.) HAS UNDERTAKEN

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MOVEMBER, INC.

Employer identification number

77-0714052

RESPONSIBILITY FOR ENGAGING INDEPENDENT AUDITORS AND MONITORING THE  
AUDIT PROCESS. CONSIDERATION WILL BE GIVEN THIS YEAR TO THE NEED FOR A  
SEPARATE AUDIT COMMITTEE FOR MOVEMBER INC.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

THE MOVEMBER GROUP PROPRIETY LIMITED AS TRUSTEE FOR THE MOVEMBER FOUNDATION

PART VI SECTION C LINE 20

PHONE NUMBER OF THE PERSON WHO POSSESSES THE BOOKS AND RECORDS

ELAINE FARRELLY MAY BE REACHED AT THE FOLLOWING FOREIGN TELEPHONE

NUMBER, +613 84163900. THE ORGANIZATION'S PHONE NUMBER WAS USED AT

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

IRS.

**Related Organizations and Unrelated Partnerships**

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE MOVEMBER GROUP PROPRIETY LIMITED AS TRUSTEE FOR THE MOVEMBER FOUNDATION, 233 PUNT ROAD, RICHMOND, AUSTRALIA	NOT FOR PROFIT CHARITY	AUSTRALIA			





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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....	X	
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....	X	
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	E	207,031.
(2) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	N	158,624.
(3) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	O	212,615.
(4) THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	N	-6,630.
(5)		
(6)		



2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	COMPUTER EQUIPMENT	10/10/09	SL	3.00		HY16	3,668.				3,668.			256.	256.
2	FURNITURE	10/10/09	SL	3.00		HY16	436.				436.			0.	
	* 990 PAGE 10 TOTAL														
	MANAGEMENT AND GENERAL						4,104.				4,104.	0.		256.	256.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,104.				4,104.	0.		256.	256.

2009

# California Exempt Organization Annual Information Return

199

Calendar Year 2009 or fiscal year beginning month **MAY** day **1** year **2009**, and ending month **APRIL** day **30** year **2010**.

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 **d** (insert letter) **C** CORP # **C3053899**  
 IRC Section 4947(a)(1) trust  **FEIN**

Corporation/Organization Name **MOVEMBER, INC.** **77-0714052**

Address **1518 ABBOTT KINNEY BLVD.**

City **VENICE** State **CA** ZIP Code **90291**

**C** Amended Return?  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption?  Yes  No  
 (a) Is this a group filing for affiliates? See General Instruction L  Yes  No  
 (b) If "Yes," enter the number of affiliates \_\_\_\_\_  
 (c) Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
 (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
 (e) Federal Group Exemption Number \_\_\_\_\_  
 (f) Is a roster of subordinates attached?  Yes  No  
**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date \_\_\_\_\_  
**F** Check the box if the organization filed the following federal forms or schedule:  
 (1)  990T (2)  990PF (3)  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

**H** Accounting method used (1)  Cash (2)  Accrual (3)  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No **STMT 2**  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

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

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	27,666.00
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	3,208,672.00
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C	<b>4</b>	3,236,338.00
	<b>5</b> Cost of goods sold	<b>5</b>	00
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	00
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	00
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	3,236,338.00
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	3,177,146.00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	59,192.00
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F	<b>11</b>	N/A 00
	<b>12</b> Total payments	<b>12</b>	00
	<b>13</b> Penalties and Interest. See General Instruction J	<b>13</b>	00
	<b>14</b> Use tax. See General Instruction K	<b>14</b>	00
	<b>15</b> Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	<b>15</b>	00

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

Signature of officer **GLOBAL CEO** Title **GLOBAL CEO** Date \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

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



ORGANIZATION CHANGED THE STATEMENT OF PURPOSE IN ITS BY-LAWS AND CHANGED THE BY-LAWS TO MAKE ANNUAL MEETING DATES MORE FLEXIBLE. REVISED BY-LAWS ARE NOT ATTACHED IF NEEDED PLEASE REQUEST FROM THE FILING ORGANIZATION.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME GALA PARTY	11,450.
TOTAL TO FORM 199, PART II, LINE 7	11,450.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 4

ACTIVITY CLASSIFICATION: RESEARCH, EDUCATION AND AWARENESS OF MEN'S HEALTH I

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PROSTATE CANCER FOUNDATION	1250 FOURTH ST., SANTA MONICA, CA	NONE	1,003,752.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LANCE ARMSTRONG FOUNDATION	2201 E. 6TH ST., AUSTIN, TEXAS	NONE	1,003,753.

TOTAL FOR THIS ACTIVITY 2,007,505.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,007,505.

FORM 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT      5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PAUL VILLANTI 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
ELAINE FARRELLY 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
LUKE SLATTERY 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR RESIGNED 5/23/10 2.00	0.
ANDREW GIBBINS 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
TRAVIS GARONE 1518 ABBOTT KINNEY BLVD. VENICE, CA 90291	DIRECTOR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199    OTHER EXPENSES    STATEMENT      6

DESCRIPTION	AMOUNT
HEALTH EDUCATION, AWARE	326,355.
GLOBAL SERVICE ALLOCATI	212,615.
FOREIGN EXCHANGE LOSS	126,396.
BANK AND MERCHANT FEES	101,146.
PAYROLL PROCESSING AND	3,558.
OTHER EMPLOYEE BENEFITS	9,045.
LEGAL FEES	5,354.
ACCOUNTING FEES	22,119.
ADVERTISING AND PROMOTION	27,311.
OFFICE EXPENSES	8,217.
INFORMATION TECHNOLOGY	20,557.
TRAVEL	51,609.
INSURANCE	10,150.
ALL OTHER EXPENSES	5,722.
TOTAL TO FORM 199, PART II, LINE 17	930,154.



FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		0.	150.
DEPOSITS		0.	9,600.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		0.	9,750.

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.		496,360.	207,031.
TOTAL TO FORM 199, SCHEDULE L, LINE 16		496,360.	207,031.

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CHARITABLE DISTRIBUTIONS PAYABLE		0.	1,003,752.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		0.	1,003,752.

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		19,118.	78,310.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		19,118.	78,310.

# Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 77-0714052**

Corporation name

California corporation number

**MOVEMBER, INC.**

**C3053899**

**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California .....	<b>1</b>	\$25,000									
2 Total cost of Section 179 property placed in service .....	<b>2</b>										
3 Threshold cost of Section 179 property before reduction in limitation .....	<b>3</b>	\$200,000									
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>										
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	<b>5</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td><b>6</b></td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected Section 179 cost) .....</td> <td style="text-align: center;"><b>7</b></td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	<b>6</b>			7 Listed property (elected Section 179 cost) .....	<b>7</b>	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost									
<b>6</b>											
7 Listed property (elected Section 179 cost) .....	<b>7</b>										
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7 .....	<b>8</b>										
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>										
10 Carryover of disallowed deduction from prior taxable years .....	<b>10</b>										
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>										
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	<b>12</b>										
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12 .....	<b>13</b>										

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

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(e) Additional first year depreciation
<b>14 1 COMPUTER EQUIPMENT</b>							
	10/10/09	3,668.		SL	3.00	256.	
<b>2 FURNITURE</b>							
	10/10/09	436.		SL	3.00	0.	
<b>TOTALS</b>		<b>4,104.</b>					
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						<b>15</b>	<b>256.</b>

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	<b>16</b>	256.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	<b>17</b>	256.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	<b>18</b>	0.

**Part IV Amortization**

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

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

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

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

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

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

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

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 05/01/2009 ending 04/30/2010 ) list:  
 Gross annual revenue \$ 3,236,338. Total assets \$ 1,354,226.

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

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

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

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

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

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

**ADAM GARONE**

**GLOBAL CEO**

Signature of authorized officer

Printed Name

Title

Date