Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning MAY 1, 2025 **and ending** APR 30, 2026

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: MOVEMBER FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1616 17TH STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: SANTA MONICA, CA 90404

D Employer identification number: 77-0714052

E Telephone number: 310-450-3331

G Gross receipts $ 17,867,666.

F Name and address of principal officer: TIMOTHY GNANESWARAN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.MOVEMBER.COM

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 2007 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PLEASE REFER TO SCHEDULE O

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	44
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,255,433.	16,614,614.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,213,602.	1,143,452.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,284.	74,448.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,480,319.	17,832,514.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,137,692.	1,970,774.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,771,345.	4,401,451.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	566,802.
	b	Total fundraising expenses (Part IX, column (D), line 25) 3,633,993.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,634,007.	10,466,282.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,543,044.	17,405,309.
	19	Revenue less expenses. Subtract line 18 from line 12	937,275.	427,205.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	38,588,254.	40,265,376.
	21	Total liabilities (Part X, line 26)	4,483,607.	5,840,662.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,104,647.	34,424,714.

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: Timothy Gnaneswaran — Date 9/12/26

TIMOTHY GNANESWARAN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JONATHAN P. SCHUBERT, CPA	Jonathan Schubert JONATHAN P. SCHUBERT	9/11/26		P00103314

Firm's name: SINGERLEWAK LLP — Firm's EIN: 95-2302617

Firm's address: 2010 MAIN ST., STE 300, IRVINE, CA 92614 — Phone no. 949-261-8600

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

LHA **For Paperwork Reduction Act Notice, see the separate instructions.**

532001 12-15-25 Form **990** (2025) Created 4/30/25

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 12,544,707. including grants of $ 1,970,774.) (Revenue $)
SINCE 2003, MOVEMBER HAS BUILT A GLOBAL MEN'S HEALTH MOVEMENT, FUNDING MORE THAN 1,320 PROJECTS AROUND THE WORLD, CHALLENGING THE STATUS QUO, SHAKING UP MEN'S HEALTH RESEARCH AND TRANSFORMING THE WAY HEALTH SERVICES REACH AND SUPPORT MEN. MOVEMBER HAS TAKEN ON THREE OF THE BIGGEST HEALTH ISSUES AFFECTING MEN: PROSTATE CANCER, TESTICULAR CANCER, MENTAL HEALTH, AND SUICIDE.

GLOBALLY MOVEMBER HAS:

- INVESTED ALMOST $350 MILLION IN OVER 600 BIOMEDICAL RESEARCH PROJECTS, FOCUSING ON PROSTATE AND TESTICULAR CANCER.

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

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

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

4e Total program service expenses 12,544,707.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	31		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	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 **2a** 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	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)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	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 as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MOVEMBER GROUP PTY LTD - 310-450-3399

4TH FL. 21-31 GOODWOOD ST., RICHMOND VICTORIA AUSTRALIA 3121

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) TIMOTHY GNANESWARAN	40.00									
COUNTRY DIRECTOR, PRESIDEN				X				203,109.	0.	258.
(2) KYLIE BARRIE	40.00									
COMPANY SECRETARY				X				0.	182,108.	0.
(3) BRITTANY VENERIS	40.00									
DIRECTOR OF FUNDRAISING, US						X		166,136.	0.	9,300.
(4) TRAVIS GARONE	2.00									
DIRECTOR		X						0.	164,893.	0.
(5) ANNE LIAO	40.00									
DIRECTOR OF PARTNERSHIPS, US						X		152,500.	0.	353.
(6) KRIS BENNETT	40.00									
DIRECTOR EQUITY AND PERSONALIZED CAN						X		136,206.	0.	7,228.
(7) KEITH SEXTON	40.00									
ASSOCIATE DIRECTOR, DEVELOPMENT AND						X		126,377.	0.	9,574.
(8) REBECCA DABBS	40.00									
IMPLEMENTATION DIRECTOR, PROSTATE CA						X		126,500.	0.	348.
(9) DAMIEN ANGUS	2.00									
DIRECTOR, CHAIRPERSON		X						0.	0.	0.
(10) NATHAN APPO	2.00									
NON-EXECUTIVE DIRECTOR		X						0.	0.	0.
(11) DAVID BRYANT	2.00									
DIRECTOR		X						0.	0.	0.
(12) LINNSEY CAYA	2.00									
DIRECTOR		X						0.	0.	0.
(13) RICHARD DEUTSCH, UNTIL 10/25	2.00									
DIRECTOR, CHAIRPERSON		X						0.	0.	0.
(14) ANDREW EVANS	2.00									
DIRECTOR		X						0.	0.	0.
(15) DEANNA LOMAS, UNTIL 03/26	2.00									
DIRECTOR		X						0.	0.	0.
(16) ROB MOODIE	2.00									
DIRECTOR		X						0.	0.	0.
(17) MATT NACARD	2.00									
DIRECTOR		X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ROCHELLE WEBB DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								910,828.	347,001.	27,061.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								910,828.	347,001.	27,061.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 13

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UM LA PO BOX 74008228, CHICAGO, IL 60674-8228	MEDIA BUYING AND PAID ADVERTISING	614,105.
CAFE RACER AFICIONADO PTY LTD, 7 MITCHELL STREET, MARRICKVILLE, MARRICKVILLE NSW,	FUNDRAISING CAMPAIGN SERVICES	564,018.
ACORA PARTNERS LLC 175 NELSON RD, SCARSDALE, NY 10583	STRATEGIC CONSULTING/ADVISORY SERVICES	168,867.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	45,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,569,114.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			16,614,614.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,143,452.			1,143,452.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including $ 45,500. of contributions reported on line 1c). See Part IV, line 18	8a	28,082.				
	b Less: direct expenses	8b	35,152.				
	c Net income or (loss) from fundraising events			-7,070.			-7,070.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a GAIN ON FOREIGN EXCHAN		900099	81,518.			81,518.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			81,518.			
	12 **Total revenue.** See instructions			17,832,514.	0.	0.	1,217,900.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,859,667.	1,859,667.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	111,107.	111,107.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	204,450.			204,450.
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	3,648,058.	2,590,728.	137,515.	919,815.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	257,762.	164,355.	12,264.	81,143.
10 Payroll taxes	291,181.	190,804.	10,654.	89,723.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	37,119.		37,119.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	566,802.			566,802.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	652,367.	645,042.	1,472.	5,853.
12 Advertising and promotion	1,586,519.	877,107.	18,278.	691,134.
13 Office expenses				
14 Information technology	41,380.	-5,681.	41,641.	5,420.
15 Royalties				
16 Occupancy	537,869.	184,117.	339,285.	14,467.
17 Travel	317,641.	203,453.	36,639.	77,549.
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	60,321.	8,109.	50,382.	1,830.
23 Insurance	20,705.		20,705.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GLOBAL SERVICE ALLOCATI	5,156,684.	4,256,032.	463,903.	436,749.
b PROGRAM DELIVERY EXPENS	1,139,828.	1,139,828.	0.	0.
c HEALTH EDUCATION, AWARE	553,510.	292,204.	0.	261,306.
d BANK AND MERCHANT FEES	265,084.	15.	47.	265,022.
e All other expenses	97,255.	27,820.	56,705.	12,730.
25 **Total functional expenses.** Add lines 1 through 24e	17,405,309.	12,544,707.	1,226,609.	3,633,993.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	3,797,630.	1	5,628,862.
	2	Savings and temporary cash investments	20,766,199.	2	20,918,706.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	61,067.	4	144,882.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	240,965.	9	206,055.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 499,047.			
	b	Less: accumulated depreciation — 10b: 329,748.	188,804.	10c	169,299.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	11,012,328.	12	11,483,758.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,521,261.	15	1,713,814.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	38,588,254.	16	40,265,376.
Liabilities	17	Accounts payable and accrued expenses	1,097,417.	17	1,662,158.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,386,190.	25	4,178,504.
	26	**Total liabilities.** Add lines 17 through 25	4,483,607.	26	5,840,662.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	34,104,647.	27	33,474,714.
	28	Net assets with donor restrictions		28	950,000.
		Organizations that do not follow FASB ASC 958, check here [ ] and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	34,104,647.	32	34,424,714.
	33	Total liabilities and net assets/fund balances	38,588,254.	33	40,265,376.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,832,514.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,405,309.
3	Revenue less expenses. Subtract line 2 from line 1	3	427,205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,104,647.
5	Net unrealized gains (losses) on investments	5	-107,138.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,424,714.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization MOVEMBER FOUNDATION

Employer identification number 77-0714052

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,712,139.	16,405,924.	15,736,104.	15,255,433.	16,614,614.	81,724,214.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	17,712,139.	16,405,924.	15,736,104.	15,255,433.	16,614,614.	81,724,214.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						81,724,214.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	17,712,139.	16,405,924.	15,736,104.	15,255,433.	16,614,614.	81,724,214.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	219,785.	419,629.	1,070,298.	1,213,602.	1,143,452.	4,066,766.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,865.	17,905.	15,417.	23,820.	81,518.	157,525.
11 **Total support.** Add lines 7 through 10						85,948,505.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 95.09 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 96.14 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its upported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SALE OF GOODS OR SERVICES PERFORMED

2021 AMOUNT: $ 746.

2022 AMOUNT: $ 5,442.

2023 AMOUNT: $ 15,417.

GAIN ON FOREIGN EXCHANGE

2021 AMOUNT: $ 18,119.

2022 AMOUNT: $ 12,463.

2024 AMOUNT: $ 23,820.

2025 AMOUNT: $ 81,518.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMAZON.COM, INC 410 TERRY AVENUE SEATTLE, WA 98109	$ 834,793.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	THE GILLETTE COMPANY LLC 1 GILLETTE PARK BOSTON, MA 02127	$ 658,221.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD. SUITE 1200 JENKINTOWN, PA 19046	$ 550,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	EQUIMUNDO CENTER FOR MASCULINITIES AND SOCIAL JUSTICE 1367 CONNECTICUT AVENUE NW SUITE 210 WASHINGTON, DC 20036	$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MOVEMBER FOUNDATION

Employer identification number 77-0714052

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		227,744.	118,923.	108,821.
d Equipment		141,725.	118,409.	23,316.
e Other		129,578.	92,416.	37,162.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				169,299.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS	11,483,758.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	11,483,758.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES - CURRENT PORTION	301,899.
(3) LEASE LIABILITIES - RIGHT OF USE ASSET	1,743,032.
(4) RELATED PARTY PAYABLES	2,133,573.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	4,178,504.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	17,760,528.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-107,138.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	-107,138.
3	Subtract line 2e from line 1			3	17,867,666.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-35,152.		
c	Add lines 4a and 4b			4c	-35,152.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	17,832,514.

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

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

1	Total expenses and losses per audited financial statements			1	17,440,461.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	17,440,461.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-35,152.		
c	Add lines 4a and 4b			4c	-35,152.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	17,405,309.

Part XIII Supplemental Information

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL FUNDRAISING EVENT -35,152.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF SPECIAL FUNDRAISING EVENT -35,152.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		111,107.
3 a Subtotal	0	0			111,107.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			111,107.

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

Schedule F (Form 990) (Rev. 12-2024)

LHA 532071 04-01-25

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	TO PROVIDE FUNDING FOR SPEAKEASY FOR MENTAL HEALTH PROGRAM.	7,200.	WIRE	0.		BOOK
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	TO PROVIDE FUNDING TO TRANSLATE RESEARCH INTO PRACTICAL TOOLS, TRAININGS, AND	103,907.	WIRE	0.		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

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

PART II, COLUMN (D):
REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES
(D) PURPOSE OF GRANT: TO PROVIDE FUNDING TO TRANSLATE RESEARCH INTO
PRACTICAL TOOLS, TRAININGS, AND PROGRAMS TO STRENGTHEN COMMUNITY WELL
BEING

SCHEDULE F, PART I, LINE 2
BOTH FOREIGN GRANTS WERE PAYMENTS TO SPECIFIED FUNDING ACTIVITIES AS
DETAILED IN CONTRACTS AND AWARD LETTERS. BOTH RECIPIENTS ARE NON-PROFIT
ORGANIZATIONS IN THEIR RESPECTIVE COUNTRIES.

SCHEDULE F, PART II, LINE 1
BOTH FOREIGN GRANTS REPORTED ON SCHEDULE F, PART II, LINE 1, ARE
ACCOUNTED FOR USING THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [ ] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
CAFE RACER AFICIONADO PTY LTD - 7 MITCHELL STREET,	FUNDRAISING CAMPAIGN		X	2,997,085.	566,802.	2,430,283.
Total				2,997,085.	566,802.	2,430,283.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

SEE PART IV FOR CONTINUATIONS

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	73,582.			73,582.
	2 Less: Contributions	45,500.			45,500.
	3 Gross income (line 1 minus line 2)	28,082.			28,082.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	35,152.			35,152.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,152.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-7,070.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CAFE RACER AFICIONADO PTY LTD
(I) ADDRESS OF FUNDRAISER:
7 MITCHELL STREET, MARRICKVILLE NSW, AUSTRALIA 2204

PART I, LINE 2B, COLUMN (V):
PAYMENT IS MADE TO:
CAFE RACER AFICIONADO PTY LTD
7 MITCHELL STREET, MARRICKVILLE NSW 2204, AUSTRALIA

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 600 N. WOLFE STREET CMSC 130 BALTIMORE, MD 21287	52-0591550	501 (C) (3)	25,000.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
KOKUA KALIHI VALLEY 2239 NORTH SCHOOL ST HONOLULU, HI 96819	99-0149797	501 (C) (3)	189,567.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - P.O. BOX 748872 - LOS ANGELES, CA 90074-4872	94-3067788	501 (C) (3)	158,747.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - BOX 951738 - LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	291,300.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
UNITED WOMEN OF EAST AFRICA 6523 UNIVERSITY AVE SAN DIEGO, CA 92115	80-0516550	501 (C) (3)	94,166.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 400 PARNASSUS AVE. ROOM A631 - SAN FRANCISCO, CA 94143	94-6036493	501 (C) (3)	127,824.	0.			PAYMENT FOR EVALUATION SERVICES FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 18.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	12,220.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVE, ALC 100 TAMPA, FL 33620	59-3102112	501 (C) (3)	27,500.	0.			TO PROVIDE FUNDING FOR THE MAKING CONNECTIONS FOR MENTAL HEALTH PROGRAM
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, SUITE 300 SEATTLE, WA 98105	91-6001537	501 (C) (3)	303,804.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
PCCTC 1275 YORK AVE NEW YORK, NY 10065-6007	13-1924236	501 (C) (3)	104,611.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
ILLINOIS STATE UNIVERSITY CAMPUS BOX 1200 NORMAL, IL 61790-1200	37-6014070	501 (C) (3)	82,634.	0.			TO PROVIDE FUNDING FOR THE MOVEMBER GAME CHANGERS PROGRAM SUPPORTING YOUNG MEN'S
CALLING OUR SPIRITS FORWARD (FISCAL SPONSOR IS NATIVE ACTION INC) - PO BOX 409 - LAME DEER, MT 59043-0409	81-0450694	501 (C) (3)	10,000.	0.			TO PROVIDE FUNDING FOR THE SUPPORT OF INDIGENOUS-LED INITIATIVES
LAUREUS SPORT FOR GOOD FOUNDATION USA - 645 FIFTH AVE - NEW YORK, NY 10022	30-0047132	501 (C) (3)	256,500.	0.			SUPPORT FOR YOUTH MENTAL HEALTH AND WELLBEING PROGRAMS THROUGH SPORT.
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030-4009	74-6001118	501 (C) (3)	79,862.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES
ADELPHI UNIVERSITY ONE SOUTH AVENUE GARDEN CITY, NY 11530	11-1630741	501 (C) (3)	71,272.	0.			TO PROVIDE FUNDING FOR PROSTATE CANCER RESEARCH STUDIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN RESEARCH PROJECT 1104 7TH ST NE WASHINGTON, DC 20002	99-3431299	501 (C) (3)	6,000.	0.			RESEARCH REPORT ON YOUNG MEN'S MEDIA HABITS
SEXUAL MEDICINE SOCIETY OF NORTH AMERICA - 14305 SOUTHCROSS DRIVE W, SUITE 100 - BURNSVILLE, MN 55306-7006	94-3298855	501 (C) (3)	8,660.	0.			SUPPORT FOR RESEARCH TO ADVANCE MEN'S SEXUAL AND REPRODUCTIVE HEALTH.
LESBIAN & GAY COMMUNITY SERVICE CENTER, INC. - 208 WEST 13TH STREET - NEW YORK, NY 10011-7702	13-3217805	501 (C) (3)	10,000.	0.			SUPPORT FOR COMMUNITY-BASED MEN'S HEALTH AND MENTAL HEALTH PROGRAMS.

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

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

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

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

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS STATE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE MOVEMBER
GAME CHANGERS PROGRAM SUPPORTING YOUNG MEN'S MENTAL HEALTH

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

LHA 532111 04-01-25

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY GNANESWARAN	(i)	203,109.	0.	0.	0.	258.	203,367.	0.
COUNTRY DIRECTOR, PRESIDEN	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KYLIE BARRIE	(i)	0.	0.	0.	0.	0.	0.	0.
COMPANY SECRETARY	(ii)	182,108.	0.	0.	0.	0.	182,108.	0.
(3) BRITTANY VENERIS	(i)	166,136.	0.	0.	0.	9,300.	175,436.	0.
DIRECTOR OF FUNDRAISING, US	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRAVIS GARONE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	164,893.	0.	0.	0.	0.	164,893.	0.
(5) ANNE LIAO	(i)	152,500.	0.	0.	0.	353.	152,853.	0.
DIRECTOR OF PARTNERSHIPS, US	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE L
(Form 990)
(Rev. December 2024)
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ..... $												

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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

LHA 532131 04-01-25

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
(1) TRAVIS GARONE	BOARD OF DIRECTOR O	164,893.	PROVIDED CO		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: TRAVIS GARONE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD OF DIRECTOR OF ORGANIZATION
(D) DESCRIPTION OF TRANSACTION: PROVIDED CONSULTANCY SERVICES TO RELATED
ORGANIZATION

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

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

MOVEMBER FOUNDATION IS A GLOBAL MEN'S HEALTH CHARITY WITH A VISION TO CHANGE THE FACE OF MEN'S HEALTH AND CREATE A FUTURE WHERE MEN AND THEIR COMMUNITIES LIVE HEALTHIER, LONGER LIVES.

MOVEMBER'S STRATEGY IS TO CONFRONT, CHALLENGE, AND CHANGE INDIVIDUAL BEHAVIOURS, HEALTH SYSTEMS, AND GENDER NORMS TO ADDRESS HEALTH INEQUALITIES FOR MEN.

MOVEMBER FOUNDATION ADVANCES ITS ORGANISATIONAL GOALS THROUGH THE DELIVERY OF ITS NEW IMPACT STRATEGY, WHICH GUIDES STRATEGIC INVESTMENT IN RESEARCH, PROGRAMS, AND ADVOCACY ACROSS KEY MEN'S HEALTH ISSUES INCLUDING MENTAL HEALTH, SUICIDE PREVENTION, PROSTATE CANCER, AND THE SOCIAL DRIVERS OF HEALTH AND WELLBEING. THESE EFFORTS ARE GROUNDED IN A COMMITMENT TO EQUITY, PREVENTION, AND GENDER-RESPONSIVE CARE THAT MEETS MEN WHERE THEY ARE.

RESULTS WE SEEK TO ACHIEVE:

1. LIFT THE PROFILE OF MEN'S HEALTH:

MOVEMBER CONTINUES TO ELEVATE MEN'S HEALTH AS A PUBLIC HEALTH AND POLICY PRIORITY, CHALLENGING HISTORICAL UNDERINVESTMENT AND RAISING AWARENESS OF THE FAR-REACHING IMPACTS OF POOR MALE HEALTH ON FAMILIES, COMMUNITIES, AND ECONOMIES. THROUGH POLICY ENGAGEMENT, LIVED EXPERIENCE STORYTELLING, AND STRATEGIC PARTNERSHIPS, WE AIM TO ENSURE MEN'S HEALTH IS RECOGNISED, RESOURCED, AND INTEGRATED INTO BROADER HEALTH AGENDAS.

2. STRENGTHEN MEN'S HEALTH LITERACY

MANY MEN DELAY HELP-SEEKING OR EVEN STRUGGLE TO RECOGNISE WHEN SOMETHING'S WRONG DUE TO LIMITED HEALTH KNOWLEDGE, SOCIAL STIGMA, AND ENTRENCHED MASCULINE NORMS. MOVEMBER'S PROGRAMS AIM TO EQUIP MEN WITH THE TOOLS, KNOWLEDGE, AND CONFIDENCE TO TAKE ACTION EARLIER, SEEK TIMELY SUPPORT, AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH ACROSS THE LIFE COURSE.

3. PROMOTE GENDER RESPONSIVE HEALTHCARE FOR MEN

HEALTH SYSTEMS OFTEN TAKE A ONE-SIZE-FITS-ALL APPROACH, OVERLOOKING THE UNIQUE NEEDS, PREFERENCES, AND LIVED EXPERIENCES OF BOYS AND MEN. THIS CAN CONTRIBUTE TO LOWER ENGAGEMENT IN CARE, DELAYED HELP-SEEKING, AND POORER HEALTH OUTCOMES. MOVEMBER IS WORKING TO CLOSE THIS GAP THROUGH INVESTMENTS IN CLINICIAN EDUCATION, PATIENT-REPORTED OUTCOMES, AND SYSTEM-LEVEL REFORM. OUR GOAL IS TO IMPROVE HEALTH OUTCOMES FOR MEN BY SUPPORTING A MORE GENDER-SENSITIVE APPROACH TO HEALTHCARE ONE THAT RECOGNISES AND RESPONDS TO THE UNIQUE WAYS MEN THINK, FEEL, AND BEHAVE WHEN IT COMES TO THEIR HEALTH.

4. IMPROVE YOUNG MEN'S MENTAL HEALTH

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

ADOLESCENCE AND EARLY ADULTHOOD ARE CRITICAL PERIODS FOR IDENTITY FORMATION, MENTAL HEALTH, AND HELP-SEEKING. YET MANY YOUNG MEN AT THIS LIFE STAGE EXPERIENCE DISTRESS AND TURN TO UNHEALTHY COPING BEHAVIOURS SUCH AS GAMBLING, ALCOHOL USE, OR DRUG MISUSE. MOVEMBER IS WORKING TO STRENGTHEN THEIR MENTAL FITNESS BY EMBEDDING SUPPORT IN THE SPACES THEY ALREADY GATHER FROM SPORTS FIELDS TO ONLINE GAMING PLATFORMS WHILE PROMOTING MORE FLEXIBLE AND HEALTHY REPRESENTATIONS OF MASCULINITY ACROSS DIGITAL AND CULTURAL ENVIRONMENTS. BY HELPING YOUNG MEN BUILD EMOTIONAL RESILIENCE, FORM MEANINGFUL SOCIAL CONNECTIONS, AND DEVELOP THE CONFIDENCE TO SEEK SUPPORT EARLY, WE AIM TO REDUCE LONG-TERM RISKS AND RELIANCE ON HARMFUL COPING STRATEGIES.

5. IMPROVE PROSTATE CANCER MORTALITY AND QUALITY OF LIFE

PROSTATE CANCER IS ONE OF THE MOST COMMONLY DIAGNOSED CANCER IN MEN AND A LEADING CAUSE OF CANCER-RELATED DEATH. YET TOO MANY MEN EXPERIENCE POOR OUTCOMES NOT JUST DUE TO THE DISEASE ITSELF, BUT BECAUSE OF INCONSISTENT CARE PATHWAYS, DEBILITATING TREATMENT SIDE EFFECTS, AND A LACK OF PSYCHOSOCIAL SUPPORT. MOVEMBER IS INVESTING IN RESEARCH, REAL-WORLD DATA REGISTRIES, PERSONALISED CARE MODELS, AND SEXUAL WELLBEING INITIATIVES DESIGNED TO REDUCE TREATMENT VARIATION, IMPROVE SURVIVORSHIP, AND ENHANCE QUALITY OF LIFE, PARTICULARLY FOR THOSE MOST AT RISK.

DURING THE PRIOR YEAR, THE FOUNDATION COMMENCED THE PHASED IMPLEMENTATION OF THE UPDATED IMPACT STRATEGY. THE YEAR ENDING 30 APRIL 2026 MARKED THE SECOND FULL YEAR OF DELIVERY UNDER THIS NEW FRAMEWORK, GUIDING PROGRAM INVESTMENT AND EVALUATION EFFORTS ACROSS MENTAL HEALTH AND SUICIDE PREVENTION, PROSTATE CANCER, AND TESTICULAR CANCER AS OUTLINED BELOW.

PROSTATE CANCER PROGRAMS

THE FOUNDATION'S GLOBAL PROSTATE CANCER CLINICAL QUALITY REGISTRY, THE TRUE NORTH GLOBAL REGISTRY (TNGR), REMAINS THE ONLY GLOBAL CLINICAL QUALITY REGISTRY FOR MEN WITH LOCALISED AND REGIONAL PROSTATE CANCER, WITH THE UNITED STATES ONE OF 16 PARTICIPATING COUNTRIES. IN FY26, THE FOUNDATION FUNDED A UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA) RESEARCHER TO FAST-TRACK ANALYSIS AND REPORTING ON THE MULTINATIONAL TNGR DATASET, ALONGSIDE PARALLEL PROJECTS AT THE UNIVERSITY OF DSSELDORF AND UNIVERSITY COLLEGE LONDON.

IN HEALTH EQUITY, THE FOUNDATION AWARDED THREE GRANTS IN THE USA AS PART OF A BROADER FIVE-COUNTRY, 18-GRANT HEALTH EQUITY PROGRAM ADDRESSING DISPARITIES IN PROSTATE CANCER OUTCOMES. THESE INCLUDE UCSF'S GUIDE-PCA PROJECT GENERATING HEALTH EQUITY INTERVENTIONS IN LOW-SOCIOECONOMIC AREAS OF CALIFORNIA, THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER'S CONNECT STUDY EXAMINING SOCIAL ISOLATION AMONG BLACK MEN WITH PROSTATE CANCER IN HOUSTON, AND A PARTNERSHIP WITH MAYO CLINIC DELIVERING A NONCLINICAL NAVIGATION PROGRAM FOR BLACK MEN AND THEIR CAREGIVERS.

MEN'S HEALTH AND MASCULINITIES RESEARCH

THE FOUNDATION ADVANCED ITS WORK ON HEALTHY MASCULINITIES, MOVING THE

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

HEALTHY MANHOOD INDEX FROM A RESEARCH QUESTION TOWARD A VALIDATED TOOL. THIS INCLUDED COMPLETING A LANDMARK REVIEW OF 65 EXISTING MASCULINITY MEASURES SPANNING 50 YEARS, AND BUILDING AND TESTING A STRENGTHS-BASED BANK OF HEALTHY BEHAVIOURS ACROSS SIX LIFE DOMAINS WITH DIVERSE MEN ACROSS SIX MOVEMBER MARKETS INCLUDING THE UNITED STATES, LAYING THE GROUNDWORK FOR A SIX-COUNTRY VALIDATION STUDY.

MENTAL HEALTH AND SUICIDE PREVENTION PROGRAMS

THE FOUNDATION CONTINUED TO FUND MENTAL HEALTH AND SUICIDE PREVENTION INITIATIVES WITH A FOCUS ON PREVENTION AND EARLY INTERVENTION THROUGH SPORT. IN FY26, THE FOUNDATION DELIVERED ITS FIRST ROUND OF LAUREUS SPORTS FOR GOOD CITIES GRANTS IN CHICAGO AND PILOTED GAME CHANGERS, AN EIGHT-WEEK MENTAL FITNESS PROGRAM, ACROSS CHICAGO AND SAN DIEGO, ENGAGING NEARLY 200 YOUNG MEN. EARLY EVALUATION SHOWED STRONG RESULTS, WITH MORE THAN 80% OF PARTICIPANTS REPORTING GROWTH IN EMOTIONAL SKILLS, PURPOSE, SELF-AWARENESS, AND CONFIDENCE.

THE FOUNDATION ALSO FUNDED ADELPHI UNIVERSITY AND OREGON STATE UNIVERSITY TO DEVELOP THE FIRST EVIDENCE-BASED MENTAL HEALTH GUIDELINES FOR COMMUNITY SPORT IN THE US, DEFINING MINIMUM STANDARDS FOR A PSYCHOLOGICALLY SAFE CLUB ENVIRONMENT, CO-DESIGNED WITH A NATIONALLY RECOGNISED PANEL OF SPORT, MENTAL HEALTH, AND POLICY EXPERTS.

INDIGENOUS PROGRAMS

THE FOUNDATION'S FY26 FUNDING DROVE PROGRESS ACROSS ITS INDIGENOUS PORTFOLIO IN THE UNITED STATES, INCLUDING CONTINUATION OF A $250,000 INNOVATION GRANT IN HAWAII SUPPORTING A KALIHI VALLEY BOYS' PROGRAM CENTRED ON BIKE MAINTENANCE, COMMUNITY ENGAGEMENT, AND CULTURAL CONNECTION TO LAND AND PEERS, ALONGSIDE THE ANNUAL KALIHI AHUPUA'A RIDE.

VETERANS AND FIRST RESPONDERS MENTAL HEALTH GRANT FUNDING

IN FY26, THE FOUNDATION PARTNERED WITH BLUEPRINT TO EXPLORE ADAPTING THE FIRST RESPONDER RESILIENCY PROGRAM (FRRP) FOR US FIRE SERVICE ORGANISATIONS. FRRP IS A PEER-BASED, CLINICIAN-LED RETREAT ADDRESSING OPERATIONAL STRESS, INJURY-RELATED LEAVE, AND THE DOMESTIC IMPACTS OF SERVICE. PHASE 1 OF THE US ADAPTATION INVOLVED CONSULTATION WITH US FIREFIGHTERS TO CO-DESIGN AND CUSTOMISE THE PROGRAM FOR DELIVERY AND SCALING IN THE US.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
- FUNDED 4 PROSTATE CANCER REGISTRIES, WITH OVER 200,000 MEN ENROLLED FROM 23 COUNTRIES.

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

SINCE TAKING ON MENTAL HEALTH AND SUICIDE AS A CAUSE AREA IN 2006, MOVEMBER HAS UNITED EXPERTS, FUNDED BOLD NEW APPROACHES AND EMBRACED

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

FRESH PERSPECTIVES. WE'VE FOCUSED ON PREVENTION, EARLY INTERVENTION, AND HEALTH PROMOTION THROUGH A MALE LENS.

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

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

FORM 990, PART VI, SECTION B, LINE 11B:
THE IRS FORM 990 IS REVIEWED BY SENIOR MANAGEMENT OF MOVEMBER. WE ALSO ENGAGE A THIRD-PARTY FIRM TO ASSIST US IN PREPARING AND REVIEWING THE FORM 990. AFTER MANAGEMENT IS SATISFIED THAT THE 990 IS ACCURATE AND COMPLETE, THE 990 IS MADE AVAILABLE TO THE DIRECTORS PRIOR TO FILING THE FORMS.

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

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD'S PEOPLE & CULTURE COMMITTEE OVERSEE MOVEMBER'S REMUNERATION AND PERFORMANCE FRAMEWORK. THIS INCLUDES REVIEWING THE REMUNERATION OF THE CEO AND ALL SENIOR EXECUTIVES. THE MEMBERSHIP OF MOVEMBER'S PEOPLE & CULTURE COMMITTEE COMPRISES TWO INDEPENDENT NON-EXECUTIVE DIRECTORS (LINNSEY CAYA AND ROCHELLE WEBB) AS WELL AS A THIRD INDEPENDENT NON-EXECUTIVE COMMITTEE MEMBER (MOANA WEIR). IN OVERSEEING EMPLOYEE REMUNERATION SETTING, THE PEOPLE & CULTURE COMMITTEE REVIEWS EMPLOYEE REMUNERATION AGAINST DATA SOURCED FROM THIRD PARTIES TO BENCHMARK COMPENSATION FOR EACH ROLE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NV,NY,NC ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

FORM 990, PART VI SECTION C LINE 20
MOVEMBER GROUP PTY LTD MAY BE REACHED AT THE FOLLOWING TELEPHONE NUMBER, +61 3 8416 3900. THE ORGANIZATION'S PHONE NUMBER WAS USED AT SECTION C LINE 20 IN ORDER TO ELECTRONICALLY FILE THE RETURN TO THE IRS.

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

FORM 990, PART VII, COMPENSATION FROM RELATED PARTY
TRAVIS GARONE IS A DIRECTOR OF MOVEMBER GROUP PTY LTD AND IS ENGAGED IN A NON-BOARD CAPACITY TO PROVIDE CONSULTANCY SERVICES TO THE GLOBAL BRAND AND MARKETING TEAM BY A RELATED ORGANIZATION.

FORM 990, PART X, LINE 25
MOVEMBER GROUP PTY LTD (MGPL) CHARGED THE ORGANIZATION FOR ITS SHARE OF CERTAIN COSTS FOR CENTRAL SERVICES. THESE SERVICES ARE CONDUCTED CENTRALLY TO ACHIEVE ECONOMIES OF SCALE FOR MOVEMBER'S GLOBAL PROGRAMS, THEREBY RESULTING IN LOWER COSTS IN EACH COUNTRY. THE SERVICES CARRIED OUT CENTRALLY INCLUDE: WEBSITE DEVELOPMENT; HOSTING AND MAINTENANCE; CAMPAIGN THEME DESIGN AND RELATED MATERIALS; FINANCIAL & ACCOUNTING SERVICES; HUMAN RESOURCES, LEGAL SERVICES AND GENERAL MANAGEMENT WHICH INCLUDES PROGRAM IMPLEMENTATION AND BENEFICIARY PARTNER MANAGEMENT SERVICES. THE CHARGE FROM MGPL IS SIGNIFICANTLY LESS THAN IF THE MOVEMBER FOUNDATION WERE TO CONDUCT ALL OF THESE ACTIVITIES ON A STAND-ALONE LOCAL BASIS. AS OF APRIL 30, 2026, THE ORGANIZATION'S PAYABLE TO MGPL FOR THE CROSS CHARGES TOTALED $2,155,840. THE RELATED PARTY PAYABLE OF $2,133,573 REPORTED ON PART X, LINE 25 IS THE NET POSITION ACROSS ALL MOVEMBER ENTITIES, AFTER OFFSETTING AMOUNTS RECEIVABLE FROM THEM."

FORM 990, PART X, LINES 27 AND 33
OF THE $34,424,714 OF TOTAL NET ASSETS, $26,485,301 HAS BEEN DESIGNATED BY THE BOARD OF DIRECTORS TO FUND SPECIFIC MEN'S HEALTH PROGRAMS. THE REMAINING BALANCE OF NET ASSETS, THE UNDESIGNATED RESERVES, ARE TO COVER FUTURE CAMPAIGNS AND ENSURE THE LONG-TERM CONTINUITY OF THE ORGANIZATION. THE ORGANIZATION'S UNDESIGNATED RESERVES ARE ALLOCATED IN LINE WITH THE BOARD-APPROVED RESERVES POLICY, WHICH SETS AN ACCEPTABLE LEVEL OF RESERVES FOR THE ORGANIZATION (AND SIMILARLY FOR OTHER MOVEMBER ENTITIES OVERSEAS) TO MAINTAIN. THIS IS CURRENTLY SET AT BETWEEN 9 AND 12 MONTHS OF FORECASTED OPERATING COSTS, AND THE ORGANIZATION'S RESERVES ARE COMPLIANT WITH THIS POSITION.

FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS A SEPARATE AUDIT COMMITTEE, WHICH IS RESPONSIBLE FOR PROPOSING TO THE BOARD THE ENGAGEMENT OF INDEPENDENT AUDITORS AND FOR MONITORING THE AUDIT PROCESS. MEMBERSHIP OF THE COMMITTEE COMPRISES INDEPENDENT NON-EXECUTIVE DIRECTORS. DEANNA LOMAS AND RICHARD DEUTSCH BOTH RESIGNED DURING FY26 AND WERE REPLACED BY MATT NACARD AND DAMIEN ANGUS.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: MOVEMBER FOUNDATION

Employer identification number: 77-0714052

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

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

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

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

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

SEE PART VII FOR CONTINUATIONS

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
MOVEMBER E.V PRINZREGENTENSTRASSE 11A, 80538 MUNICH, GERMANY	NOT FOR PROFIT CHARITY	GERMANY			THE MOVEMBER GROUP PROPRIETARY LIMITED		X
MOVEMBER AUSTRALIA 4TH FL, 21-31 GOODWOOD ST RICHMOND, VICTORIA, AUSTRALIA	NOT FOR PROFIT CHARITY	AUSTRALIA			THE MOVEMBER GROUP PROPRIETARY LIMITED		X

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	O	182,108.	ACCRUAL
(2)	THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	P	954,856.	ACCRUAL
(3)	MOVEMBER AUSTRALIA	P	327,899.	ACCRUAL
(4)	MOVEMBER CANADA	P	253,870.	ACCRUAL
(5)	THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	Q	1,255,548.	ACCRUAL
(6)	MOVEMBER AUSTRALIA	Q	230,176.	ACCRUAL

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	MOVEMBER CANADA	Q	115,134.	ACCRUAL
(8)	MOVEMBER FOUNDATION NZ	Q	118.	ACCRUAL
(9)	THE MOVEMBER GROUP PTY LTD AS TRUSTEE FOR THE MOVEMBER FOUNDATION	M	5,156,684.	ACCRUAL
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

THE MOVEMBER GROUP PROPRIETARY LIMITED AS TRUSTEE FOR

MOVEMBER FOUNDATION

4TH FL, 21-31 GOODWOOD ST

RICHMOND, VICTORIA, AUSTRALIA

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

990

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
MOVEMBER FOUNDATION	FORM 990 PAGE 10	77-0714052

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

1	Maximum amount (see instructions)	1	2,500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	4,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	53,282.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		21,122.	5 YRS.	HY	200DB	4,226.
c	7-year property		19,693.	7 YRS.	HY	200DB	2,813.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	50-year property	/		50 yrs.	MM	S/L	
i	Residential rental	/		27.5 yrs.	MM	S/L	
	property	/		27.5 yrs.	MM	S/L	
j	Nonresidential real	/		39 yrs.	MM	S/L	
	property	/			MM	S/L	

Section C - Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
e	50-year	/		50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025) Created 10/9/25

LHA 516251 01-08-26

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	60,321.
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a	Do you have evidence to support the business/investment use claimed?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						28		
29 Add amounts in column (i), line 26. Enter here and on line 7							29	

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) (continued)

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

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

		Yes	No
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2025 tax year:					

43 Amortization of costs that began before your 2025 tax year	**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report	**44**	

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STATE COPY

MOVEMBER FOUNDATION
1616 17TH STREET
SANTA MONICA, CA 90404

Franchise Tax Board
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

FORM 199

526340
04-01-25

MOVEMBER FOUNDATION
1616 17TH STREET
SANTA MONICA, CA 90404

Registry of Charities and Fundraisers
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

FORM RRF-1

526340
04-01-25

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

528941 01-22-26
FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) 05/01/2025 , and ending (mm/dd/yyyy) 04/30/2026 .

Corporation/Organization name	California corporation number
MOVEMBER FOUNDATION	3053899
Additional information. See instructions.	FEIN 77-0714052

Street address (suite or room)	PMB no.
1616 17TH STREET	

City	State	ZIP code
SANTA MONICA	CA	90404

Foreign country name	Foreign province/state/county	Foreign postal code

A First return ☐ Yes ☒ No
B Amended return ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions ● ☐ Yes ☒ No
H Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $ _____
L Is the organization a limited liability company? ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	1,253,052 00
	2	Gross dues and assessments from members and affiliates			2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1			3	16,614,614 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B			4	17,867,666 00
	5	Cost of goods sold	5	00		
	6	Cost or other basis, and sales expenses of assets sold	6	00		
	7	Total costs. Add line 5 and line 6			7	00
	8	Total gross income. Subtract line 7 from line 4			8	17,867,666 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18			9	17,440,461 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	427,205 00
Payments	11	Total payments			11	00
	12	Use tax. See General Information K			12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00
	15	Penalties and interest. See General Information J			15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result			16	00

Sign Here

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

Signature of officer ▶	Title	Date	Telephone
	PRESIDENT		310-450-3331

Paid Preparer's Use Only

Preparer's name	JONATHAN P. SCHUBERT, CPA		
Preparer's signature ▶	JONATHAN P. SCHUBERT, CPA	Date	Check if self-employed ▶ ☐	PTIN P00103314
Firm's name (or yours, if self-employed) and address ▶	SINGERLEWAK LLP 2010 MAIN ST., STE 300 IRVINE, CA 92614		Firm's FEIN 95-2302617 Telephone 949-261-8600

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

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

528951 01-22-26

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income. Attach schedule	7		00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0	00
	12	Other salaries and wages	12		00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other expenses and disbursements. Attach schedule	17		00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		00

Schedule L **Balance Sheet**

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash				
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 **Total assets**				
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 **Total liabilities and net worth**				

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

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

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMAZON.COM, INC	410 TERRY AVENUE SEATTLE, WA 98109		834,793.
THE GILLETTE COMPANY LLC	1 GILLETTE PARK BOSTON, MA 02127		658,221.
NATIONAL PHILANTHROPIC TRUST	165 TOWNSHIP LINE RD. SUITE 1200 JENKINTOWN, PA 19046		550,000.
EQUIMUNDO CENTER FOR MASCULINITIES AND SOCIAL JUSTICE	1367 CONNECTICUT AVENUE NW SUITE 210 WASHINGTON, DC 20036		400,000.
KELLANOVA	1 KELLOGG SQUARE BATTLE CREEK, MI 49016		215,000.
CVS PHARMACY INC	1 CVS DR WOONSOCKET, RI 02895		100,000.
TILCON	642 BLACK ROCK AVENUE NEW BRITAIN, CT 06052		75,197.
TIM PERREIRA	7785 ANILLO WAY CARLSBAD, CA 92009		54,808.
PERFORMANCE APPAREL HOLDINGS, LLC D/B/A KINDTHREAD/SCRUBS & BEYOND	8511 FALLBROOK AVENUE LOS ANGELES, CA 91304		50,000.
AMAZON WEB SERVICES, INC.	410 TERRY AVENUE SEATTLE, WA 98109		50,000.
IMPERIAL MOTO HOLDINGS, LLC	7299 NW 2ND AVE, MIAMI , FL 33150		50,000.
J.C. KENNEDY FOUNDATION	6205A PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328		50,000.
IMC	233 SOUTH WACKER DRIVE, SUITE 4300 WILLIS TOWER CHICAGO, IL 60606		46,336.

CARROLL AND NANCY O'CONNOR	1925 CENTURY PARK EAST 16TH FLOOR LOS ANGELES, CA 90067	32,500.
NVIDIA	2788 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051	28,000.
PRESIDIO BRANDS, INC. D/B/A EVERY MAN JACK	100 SHORELINE HWY SUITE A-200 MILL VALLEY, CA 94941	25,941.
MARGARETTA J. TAYLOR	6205A PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	25,000.
MERCK	126 EAST LINCOLN AVENUE (P.O. BOX 2000) RAHWAY, NJ 07065	25,000.
ROBERT BOSCH LLC	38000 HILLS TECH DRIVE FARMINGTON HILLS, MI 48331	25,000.
BLACKROCK	60 STATE STREET BOSTON, MA 02109	23,698.
TOP GLORY TRADING GROUP INC.	9500 RAILROAD AVE NORTH BERGEN, NJ 07047-1422	22,901.
ASHLEI PETERSON	8854 FROST AVENUE BERKELEY, MO 63134	22,809.
HELEN CHU	20 PACIFICA STE 1450 IRVINE, CA 92618	21,000.
ALDRIGE ELECTRIC	844 E ROCKLAND RD LIBERTYVILLE, IL 60048	20,394.
AG1 USA INC	3064 SILVER SAGE DRIVE CARSON CITY, NV 89701	20,000.
JOHNSON & JOHNSON	1 JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	20,000.
PAM AND DAVID ZASLAV	WARNER BROS DISCOVER 230 PARK AVENUE SOUTH NEW YORK, NY 10003	20,000.
ANTHONY CHEN	66 HUDSON BOULEVARD E 32ND FLOOR NEW YORK, NY 10001	15,721.
NATIONAL BASKETBALL ASSOCIATION FOUNDATION	645 FIFTH AVENUE NEW YORK, NY 10022	15,000.
ROBIN PEDERSON	8511 PAVIA WAY LAKEWOOD RANCH, FL 34202	15,000.
SAM & SHEREEN ATTISHA	5293 FOXHOUND WAY SAN DIEGO, CA 92130	15,000.
TAYLOR FREEMAN	6133 NORTH RIVER ROAD, SUITE 500 ROSEMONT, IL 60018	12,800.
RONALD WEISER	320 N MAIN STREET ANN ARBOR, MI 48104	12,700.
CHAS INMAN	20 SIENA CT REDWOOD CITY, CA 94062	12,500.
ARIZONA COMMUNITY FOUNDATION	2201 E. CAMELBACK RD SUITE 405B PHOENIX, AZ 85016	12,000.
KELLY R. FRAZIER	4000 TOWER DR LOUISSVILLE, KY 40219	11,938.
LOUIS MCGUIRK	352 W THIRD STREET APT 8 BOSTON, MA 02127	11,690.
ALEXANDER MITCHELL	717 5TH AVENUE NEW YORK, NY 10022	11,427.
JAIME CAMIL	9000 W SUNSET BLVD STE 709 WEST HOLLYWOOD, CA 90069-5828	11,010.
LIVE TO GIVE MINNESOTA	P.O. BOX 172 ROGERS, MN 55374	11,000.

SAN JOSE SHARKS	SAP CENTER, 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	10,774.
HAYDEN SNOWDON	16 CORDIS STREET CHARLESTOWN, MA 02129	10,299.
ARM INC	120 ROSE ORCHARD WAY SAN JOSE, CA 95134	10,000.
HIDDEN ROAD PARTNERS	589 5TH AVE NEW YORK, NY 10017	10,000.
REVOLUTION MARKETING	210 N. CARPENTER ST. 9TH FLOOR CHICAGO, IL 60607	10,000.
DICK CALDARAZZO AND EILEEN WEISER	855 COLLISTON RD ANN ARBOR, MI 48105	10,000.
SALESONE, LLC D/B/A INOX JEWELRY	16 FITCH ST NORWALK, CT 06855	10,000.
AIMEE WEISNER	402 OCEAN AVE SEAL BEACH, CA 90740	10,000.
AMERICAN TOWER	116 HUNTINGTON AVENUE, 11TH FLOOR BOSTON, MA 02116	10,000.
ANDREW STILL	135 MANSFIELD BLVD S UNIT #2 CHERRY HILL, NJ 08034	10,000.
BOONE FAMILY FUND	123 VIA FLORANCE NEWPORT BEACH, CA 92663	10,000.
BRETT CAYA	7861 EAST PORTICO TERRACE ORANGE, CA 92867	10,000.
CIBC	120 SOUTH LASALLE STREET CHI, IL 60603	10,000.
CLAIRE FRIEDLANDER FAMILY FOUNDATION	223 WALL ST #411 HUNTINGTON, NY 11743	10,000.
CMFA	2111 PALOMAR AIRPORT RD #320 CARLSBAD, CA 92011	10,000.
COX ENTERPRISES	6205-A PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	10,000.
EAMONN AND KATHLEEN DOLAN	15 PINE HILLS COURT OAKLAND, CA 94611	10,000.
EGECK FAMILY	8888 KEYSTONE CROSSING STE 1222 INDIANAPOLIS, IN 46240	10,000.
FIRST LIGHT	3300 EDINBOROUGH WAY STE 201 EDINA, MN 55435	10,000.
HENRY ALVAREZ	1315 SOUTHWEST 18TH STREET MIAMI, FL 33145	10,000.
INSIGHT GLOBAL	1224 HAMMOND DRIVE SUITE 1500 ATLANTA, GA 30346	20,000.
KEVIN TSE	10422 BRET AVENUE CUPERTINO, CA 95014	10,000.
LEVIS LADD FOUNDATION	3 TOPHET ROAD LYNNFIELD, MA 01940	10,000.
MATTHEW ARENS	3300 EDINBOROUGH WAY STE 201 EDINA, MN 55435	10,000.
MITEK	600 B STREET, SUITE 100 SAN DIEGO, CA 92101	10,000.
MUFG	1251 AVENUE OF THE AMERICAS NEW YORK, NY 10020	10,000.
PERRY ROTELLA	161 WEST 15TH STREET APT 5E NEW YORK, NY 10011	10,000.
ROBERT PERSONS	11 BLUFF HILL COVE FARM ROAD NARRAGANSETT, RI 02882	10,000.

WATTS WATERS	WATTS WATER TECHNOLOGIES INC. 815 CHESTNUT STREET NORTH ANDOVER, MA 01845	10,000.
ELEMIS USA, INC.	111 WEST 33RD STREET SUITE 1910 NY, NY 10120	9,685.
LAMBORGHINI	21826 PACIFIC BOULEVARD STERLING, VA 20166	9,500.
CHART HOUSE	1510 WEST LOOP SOUTH HOUSTON, TX 77027	9,350.
MANSCAPED, INC.	10054 OLD GROVE ROAD SAN DIEGO, CA 92131	9,200.
ROBERT EVANS	948 VA ST APT 110 DUNEDIN, FL 34698	9,000.
BART DE GRAAF	4046 AVENUE DEL TURA NORTH FORT MYERS, FL 33903	8,342.
RHOBACK, INC.	1835 BROADWAY STREET FLOOR 3 CHARLOTTESVILLE, VA 22902	8,171.
KELLY RALYEA	270 WEST 17TH STREET APT. 8C NEW YORK, NY 10011	8,000.
LUIGI & GINA BARILLARO	10011 - 157TH AVE HOWARD BEACH, NY 11414	7,965.
BENDER WEST FOUNDATION	FOUNDATION SOURCE, 501 SILVERSIDE RD WILMINGTON, DE 19809	7,500.
ANDREW BANFIELD	4 HIGHLAND STREET GREEN BROOK TOWNSHIP, NJ 08812	7,287.
JACKSON LIFE INSURANCE COMPANY	P.O. BOX 30314 LANSING, MI 48909	16,497.
JONATHAN KLEIN	1535 BEACHEY PLACE CARSON, CA 90746	6,034.
KAYNE ANDERSON	2121 AVENUE OF THE STARS 9TH FLOOR LOS ANGELES, CA 90067	6,009.
ANZ	277 PARK AVENUE 31ST FLOOR NEW YORK, NY 10172	11,950.
HONEY & HOPS BREW WORKS	212 E. MAIN ST. FRONT ROYAL, VA 22630	5,914.
BEYOURPOSSIBLE INC.	8 CROSBY ST FL2 NY, NY 10013	5,833.
MEGHANN QUESTAD	2105 COUNTRY CLUB DR HUNTINGDON VALLEY, PA 19006	5,500.
KRIS KEPPLER	9 OCTOBER HILL RD OAK RIDGE, NJ 07438	5,461.
MATTHEW CURRAN	3218 RANCHO QUARTILLO CARLSBAD, CA 92009	5,315.
ARON WOOLMAN	2702 PATHWAY DR CHAPEL HILL, NC 27516	5,270.
ROBERT PETERSON	6206 DESCO DR DALLAS, TX 75225	5,260.
DIAGEO	3 WORLD TRADE CENTER 175 GREENWICH STREET NY, NY 10007	10,500.
PHILIP JONES	1111 MCLYNN AVE NE ATLANTA, GA 30306	5,100.
NFL FOUNDATION	345 PARK AVENUE NEW YORK, NY 10154	5,050.
SANDRA LOGAN	2000 MORRIS AVENUE SUITE 1300 BIRMINGHAM, AL 35203	5,010.

MARK FREGAT	310 3RD ST SUITE 301 NEPTUNE BEACH, FL 32266	5,010.
ANTHONY MIRANDO	26 MAIN ST SUITE A KINGS PARK, NY 11754	5,010.
RYAN SEACREST	12400 WILSHIRE BLVD SUITE 1275 LOS ANGELES, CA 90025-1019	5,010.
EVA BASTON	9100 WILSHIRE BLVD SUITE 1000W BEVERLY HILLS, CA 90212	5,010.
JASON HARTJE	1227 MYSAKA DR UKIAH, CA 95482	5,010.
ALBERT BERRIZ	320 NORTH MAIN STREET ANN ARBOR, MI 48104	5,000.
TIMOTHY K MOLLOY	2784 NORMANDY COURT LIVERMORE, CA 94550	5,000.
ADVANCED REALTY	1430 US HIGHWAY 206 SUITE 100 BEDMINSTER, NJ 07921	5,000.
ALICIA MENENDEZ	40 CUMBERLAND ST 4C BROOKLYN, NY 11205	5,000.
ALLEGIS GROUP	7312 PARKWAY DRIVE SOUTH HANOVER, MD 21076	5,000.
ASSETMARK	1655 GRANT STREET, 10TH FLOOR CONCORD, CA 94520	5,000.
BRITON HILL	114 E 520 N PROVIDENCE, UT 84332	5,000.
BRUCE SPOHLER	158 E 78TH STREET NEW YORK , NY 10075	5,000.
CHRISTINA SALOMON	601 12TH STREET OAKLAND, CA 94607	5,000.
CIRCLE OF SERVICE FOUNDATION	150 N RIVERSIDE PLAZA SUITE 200 CHICAGO, IL 60606	5,000.
CRESTON FAMILY CHARITABLE FUND	1039 CALMAR DR JEANNETTE, PA 15644	5,000.
DADE COUNTY ASSOCIATION OF FIRE FIGHTERS	8000 NW 21ST STREET SUITE 222 DORAL, FL 33122	5,000.
EDWARD AND ELIZABETH WOLFE	1000 FOREST AVENUE RYE, NY 10580	5,000.
EDWARD HANLEY	3500 E. COAST HIGHWAY SUITE 100 CORONA DEL MAR, CA 96225	5,000.
GRIMCO	15905 COMMERCE WAY CERRITOS, CA 90703	5,000.
HOWARD BANCHIK	13027 SAN VICENTE BLVD LOS ANGELES, CA 90049	5,000.
JACLYN CUDA	6123 RESIDENCIA NEWPORT BEACH, CA 92660	5,000.
JONAH ALBEN	5049 ESTHER DR SAN JOSE, CA 95124	5,000.
JONATHAN CEURVORST	766 LAKEFIELD RD SUITE D WESTLAKE VILLAGE, CA 91361	5,000.
KIMBERLY COULTER	531 S UNION AVE SPRINGFIELD, MO 65802	5,000.
KITCHELL CORPORATION	1707 E. HIGHLAND AVE STE. 100 PHOENIX, AZ 85016	5,000.
LAMBORGHINI	100 NEW JERSEY 73 PALMYRA, NJ 08065	5,000.
LAURA LALLY	P.O. BOX 2131 NEW PORT RICHEY , FL 34656	5,000.
LEWIS FAMILY FOUNDATION	452 W 19TH ST APT 1D NY, NY 10011	5,000.

LOGAN ROSENBERG	13914 18TH PLACE EAST BRADENTON, FL 34212	5,000.
MARK GAZZILLI	1700 CITY PLAZA DRIVE SPRING, TX 77389	5,000.
MARKEL	4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	5,000.
MICHAEL CONNORS	675 BLOOMFIELD ROAD CHARLOTTESVILLE, VA 22903	5,000.
MICHAEL J. NACARATO AND TERESA A. NACARATO	165 TOWNSHIP LINE ROAD SUITE 1200 JENKINTOWN, PA 19046	5,000.
MOJO FUND	3 LAGOON DR SUITE 400 REDWOOD CITY, CA 94065	5,000.
NEW JERSEY DEVILS	PRUDENTIAL CENTER, 25 LAFAYETTE STREET NEWARK, NJ 07102	5,000.
PEGGY AND JOHN GARSON FAMILY	25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	5,000.
PETER EMMOTT	10130 MALLARD CREEK RD SUITE 100 CHARLOTTE, NC 28262	5,000.
PUBLIC CONSULTING GROUP	148 STATE STREET, 10TH FLOOR BOSTON, MA 02109	5,000.
ROULA TAMER	893 CRYSTAL SPRINGS RD HILLSBOROUGH, CA 94010	5,000.
ROY H. PARKER, JR.	15 ASCOT PLACE ITHACA, NY 14850	5,000.
SCOTT SANS	318 BRYAN DRIVE ALAMO, CA 94507	5,000.
STEPHANIE CAO	5316 EAST CHAPMAN AVENUE ORANGE, CA 92869	5,000.
STEVEN GORHAM	10 RIVER ROAD IPSWICH, MA 01938	5,000.
TAD HERZ	90 IVY ST DENVER, CO 80220	5,000.
TODD BUILIONE	66 HUDSON BLVD E 32ND FLOOR NEW YORK, NY 10001	5,000.
WARREN PARK MOBILE HOME ESTATES	1500 EAST WARREN STREET SANTA ANA, CA 92705	5,000.
WILLIAM ARNOLD	1300 THAMES STREET WHARF 4TH FLOOR BALTIMORE, MD 21231	5,000.
SPC GLOBAL	501 SWANSTON STREET LEVEL 6 MELBOURNE, VICTORIA, AUSTRALIA 03000	10,000.
CHEONG HOI PENG	RUA TASSARA, NO.1, COLOANE, MACAU S.A.R. MACAO, MACAO, MACAU 999078	8,987.
JASON PREISS	44 MELROSE ARCH BOULEVARD OFFICE 501G MELROSE ARCH JOHANNESBURG, GAUTENG, SO	5,012.
MARIA	449 SUNSET BEACH ROAD RICHMOND HILL, ONTARIO, CANADA L4E 3J3	5,010.
TOTAL INCLUDED ON LINE 3		4,403,219.

TAXABLE YEAR **2025**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. Form 199 FEIN 77-0714052

Corporation name: MOVEMBER FOUNDATION

California corporation number: 3053899

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2026. Add line 9 and line 10, less line 12	13	

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

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14								
	SEE STATEMENT 2		499,047.	269,427.				

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	61,804	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	61,804
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	60,321
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	1,483

Part IV Amortization

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19							

20 Total. Add the amounts in column (g)	20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

CA 3885 DEPRECIATION STATEMENT 2

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE-CIATION	BONUS
1 COMPUTER EQUIPMENT	VARIOUS	120,603.	103,198.	200DB	5.00	10,985.	
2 FURNITURE AND FIXTURES	VARIOUS	109,885.	69,093.	200DB	5.00	20,510.	
3 LEASEHOLD IMPROVEMENTS	VARIOUS	227,744.	97,136.	200DB	5.00	21,787.	
4 BUILD OUT COST FOR EVERGREEN BARBERSHO	05/06/25	16,610.		200DB	7.00	4,746.	
5 BALANCE OF BARBER SHOP BUILD OUT - 8'H X	07/28/25	3,083.		200DB	7.00	661.	
6 2 X THINKPAD T14 GEN 5 INTEL (14"), 2 X	05/27/25	2,673.		200DB	5.00	980.	
7 2 X MBA 13 SLV/8C GPU/16GB/256GB-USA, 2	06/30/25	2,559.		200DB	5.00	853.	
8 2 X MBA 13 SLV/8C , 2 AC + 13 INCH MACBO	10/06/25	2,559.		200DB	5.00	597.	
9 2 X MBA 13 SLV/8C GPU/16GB/256GB-USA, 2	11/06/25	2,559.		200DB	5.00	512.	
10 RFB IPHONE 16 PRO,BLACK TITAN,512GB CA C	02/25/26	1,156.		200DB	5.00	77.	
11 THINKPAD T14 GEN 6 INTEL (14)	03/24/26	1,508.		200DB	5.00	50.	
12 MBA 13.6 SLV/8C GPU/16GB/512GB-USA RECYC	04/15/26	1,390.		200DB	5.00	46.	
13 MBA 13.6 SLV/8C GPU/16GB/512GB-USA RECYC	04/20/26	2,780.		200DB	5.00	0.	
14 THINKPAD T14 GEN 6 INTEL (14)	04/28/26	3,938.		200DB	5.00	0.	
TOTAL TO FORM 3885		499,047.	269,427.			61,804.	

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

MOVEMBER FOUNDATION
Name of Organization

List all DBAs and names the organization uses or has used

1616 17TH STREET
Address (Number and Street)

SANTA MONICA, CA 90404
City or Town, State, and ZIP Code

310-450-3331
Telephone Number

INFO.US@MOVEMBER.COM
E-mail Address

Check if:
- [ ] Change of address
- [ ] Amended report
- [ ] Organization requests email notifications

State Charity Registration Number 0165186

Corporation or Organization No. 3053899

Federal Employer ID No. 77-0714052

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2025 **ending** 04/30/2026 **) list:**

Total Revenue (including noncash contributions) $ 17,832,514 **Noncash Contributions $** 0 **Total Assets $** 40,265,376

Program Expenses $ 12,544,707 **Total Expenses $** 17,405,309

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

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

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 3	X	
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 4	X	
5.	During this reporting period, did the organization receive any governmental funding?		X
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

Signature of Authorized Agent	Printed Name	Title	Date
	TIMOTHY GNANESWARAN	PRESIDENT	

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 3
PART B, LINE 1

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

CA RRF-1 INFORMATION REGARDING COMMERCIAL FUNDRAISING SERVICES PART B, LINE 4 STATEMENT 4

CAFE RACER AFICIONADO PTY LTD
7 MITCHELL STREET
MARRICKVILLE NSW 2204
AUSTRALIA