#### \*\* PUBLIC DISCLOSURE COPY \*\*

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 Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning and	ending						
Вс	heck if	C Name of organization		D Employer identific	cation number				
	Addres								
	Name change		59-3178628						
	]initial return  Final	Number and street (or P.O. box if mail is not delivered to street address) 1375 STATE ROAD 436	E Telephone number 407-472-2100						
	-termin-			G Gross receipts \$	3,609,195.				
	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code CASSELBERRY, FL 32707		H(a) Is this a group re	turn				
	Application	F Name and address of principal officer:BRETT CLEMMER		for subordinates	? Yes X No				
	pendin	1375 STATE ROAD 436, CASSELBERRY, FL	32707	H(b) Are all subordinates in	cluded? Yes No				
1 T	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)				
JV	Vebsit	e: WWW.MANINTHEMIRROR.ORG		H(c) Group exemption	number >				
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1993 N	State of legal domicile; ${f FL}$				
	rt I	Summary							
ø	1 1	Briefly describe the organization's mission or most significant activities: FOR 1	EVERY	CHURCH TO D	ISCIPLE				
Activities & Governance		EVERY MAN.							
ř		Check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1					
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
S S	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7				
Sa	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	62				
Viti	6	Total number of volunteers (estimate if necessary)		6	6				
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
•	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.				
				Prior Year	Current Year				
a	8	Contributions and grants (Part VIII, line 1h)		3,662,189.	3,298,930.				
Revenue	9	Program service revenue (Part VIII, line 2g)		196,596.	132,539.				
eve	l'i	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,897.	1,891.				
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,528.	-38,545.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,867,210.	3,394,815.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)							
ιņ				2,623,927.	2,271,530.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  206,1		0.	0.				
per	Ь.	Total fundraising expenses (Part IX, column (D), line 25) 206, 1	73.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,141,185.	1,019,759.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30-30-30-3	3,765,112.	3,291,289.				
		Revenue less expenses. Subtract line 18 from line 12	CHICAGO CONTRACTOR	102,098.	103,526.				
Or Ses		Totalia isso superiore superiore to the time to		ginning of Current Year	End of Year				
ets or lances	20	Total assets (Part X, line 16)		3,130,003.	2,850,728.				
Ass	21	Total liabilities (Part X, line 26)	90100000	1,411,216.	1,028,415.				
Net Asse Fund Bal	22	Net assets or fund balances. Subtract line 21 from line 20	*******	1,718,787.	1,822,313.				
	rt II	Signature Block							
13.4 m 2-7		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh							
	*	Att Cour		14/27/	7018				
Sigr	,	Signature of officer		Date (	un g				
Her		BRETT CLEMMER, PRESIDENT							
		Type or print name and title							
_		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN				
Paid		JENNIFER CHRISTENSEN, CPAJENNIFER CHRISTI	ENSENO	4/26/18 salt-amplana	P00640891				
Prep		Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EIN	72-1396621				
Use		Firm's address 1031 W. MORSE BLVD., SUITE 200							
	<b>y</b>	WINTER PARK, FL 32789-3750		Phone no.40	7 644-7455				
May	the IF	S discuss this return with the preparer shown above? (see instructions)		1,	X Yes No				

Chock it Schodule O contains a response or note to any line in this Part III  Serty Inc. PASTORS, TRAINING LEADERS, DISCIPLING MEN. OUR LONG-TERM GOAL IS THAN, WITH GOD'S HELP, 10 MILLION MEN WILL LEAD POWERFUL LIVES  TRANSFORMED BY CHRIST BY 2020.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 ero 990 EZ?	Pai	t III Statement of Program Service Accomplishments
SERVING PASTORS, TRAINING LEADERS, DISCIPLING MEN. OUR LONG-TERM GOAL 1S THAT, WITH GOD'S HELP, 10 MILLION MEN WILL LEAD FOWERFUL LIVES  TRANSFORMED BY CHRIST BY 2020.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form \$30 or \$30 ct \$30 ct \$27\$		Check if Schedule O contains a response or note to any line in this Part III
TS THAT, WITH GOD'S HELP, 10 MILLION MEN WILL LEAD FOWERFUL LIVES TRANSFORMED BY CHRIST BY 2020.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-E27	1	
TRANSFORMED BY CHRIST BY 2020.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (sign) and 501 (city) expensivation cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (sign) and 501 (city) expensivations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (cose		SERVING PASTORS, TRAINING LEADERS, DISCIPLING MEN. OUR LONG-TERM GOAL
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-62?  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these changes on Schedule 0.  Section 901(c)8) and 501(c)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported.  Section 901(c)8) and 501(c)40 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.  LEADERSHIP COMMUNITY: MAN IN THE MITROR HELPS CHURCHES DISCIPLE MEN THROUGH THE JOURNEY TO BIBLICAL MANHOOD, A FLEXIBLE PROCESS THAT COMBINES THE PRINCIPLES OF NO MAN INFT HE JOURNEY PROVIDES CHURCHES WITH 12 CHALLENGES TO DISCIPLE MEN IN THE MAJOR AREAS OF THE CHISTIAN LITH 2 CHALLENGES TO DISCIPLE MEN IN THE MAJOR AREAS OF THE CHISTIAN LITH 2 CHALLENGES TO DISCIPLE MEN IN THE MAJOR AREAS OF THE CHISTIAN LITH 2 CHALLENGES TO DISCIPLE MEN IN THE MAJOR AREAS OF THE CHISTIAN LITH 2 CHALLENGES TO DISCIPLE MEN IN THE MIRROR AREA DIRECTORS LINK ARMS WITH TABPLATES AND LEADERS IN THEIR AREA OF THE COUNTRY TO HELP THEM BE AS EFFECTIVE AS POSSIBLE IN REACHING MEN. LOCATED THROUGHOUT THE COUNTRY, THEY SERVE AS LOCAL MEN'S DISCIPLESHIP EXPERTS TO ANY CHURCH THAT WANTS HELP. THEY ALSO COORDINATE A LOCAL COALITION FOR MEN'S DISCIPLESHIP, MADE UP OF CHURCHES AND LEADERS COMMITTED TO THE CAUSE.  **Country of the Country (RESOURCES AND BOOKS) — MAN IN THE MIRROR ALSO — PROVIDES BOOKS FOR PURCHASE AT UP TO 85% OFF OF THE COURF PRINCE THROUGH OUR BOOKS BY THE BOX PROGRAM. THROUGH THIS PROGRAM, WE PARTNER WITH LOCAL LEADERS WHO PURCHASE THE BOOKS AT THESE GRATUITOUS DISCOUNTS AND THEM BOY THEM AND THE CHURCH THE NO MAN L		
prior form 990 or 990 cf.?    Yes   X   No   11 Yes, 'describe these new services on Schedule O.		TRANSFORMED BY CHRIST BY 2020.
prior form 990 or 990 cf.?    Yes   X   No   11 Yes, 'describe these new services on Schedule O.		
If "Yes," describe these news services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
H "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501c(3) and 501c(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.  4 (Code (Perpenses 2, 246, 446 • Including prints of 3) (Newmost 2) (Perpenses 2, 246, 446 • Including prints of 3) (Newmost 3) (Newmost 3) (Perpenses 3) (Perpen	•	·
40 Describe the organization's program services 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.  40 (cook ) [legomess 2 .246,346.  LEADERSHIP COMMUNITY: MAN IN THE MIRROR HELPS CHURCHES DISCIPLE MEN THROUGH THE JOURNEY TO BIBLICAL MANHOOD, A FLEXIBLE PROCESS THAT COMBINES THE PRINCIPLES OF NO MAN LEFT BEBLIND, CHURCH EVENTS, SMALL GROUP CURRICULA, BIBLE STUDY, AND MORE. THE JOURNEY PROVIDES CHURCHES WITH 12 CHALLENGES TO DISCIPLE MEN IN THE MAJOR AREAS OF THE CHRISTIAN LIFE—ALL OF WHICH ARE FULLY CUSTOMIZABLE WITH TEMPLATES AND TIMELINES.  MAN IN THE MIRROR AREA DIRECTORS LINK ARMS WITH PASTORS AND LEADERS IN THEIR AREA OF THE COUNTRY TO HELP THEM BE AS EFFECTIVE AS POSSIBLE IN REACHING MEN. LOCATED THROUGHOUT THE COUNTRY. THEY SERVE AS LOCAL MEN'S DISCIPLESHIP EXPERTS TO ANY CHURCH THAT WANTS HELP. THEY ALSO COORDINATE A LOCAL COALITION FOR MEN'S DISCIPLESHIP, MADE UP OF CHURCHES AND LEADERS COMMITTED TO THE CAUSE.  40 (Cook ) [Repomes 116,854. medicing genes of 8 RESOURCE MINISTRY (RESOURCES AND BOOKS) — MAN IN THE MIRROR ALSO PROVIDES BOOKS FOR PURCHASE AT UP TO 85% OFF OF THE COVER PRICE THROUGH OUR BOOKS BY THE BOX FROGRAM. THROUGH THIS PROGRAM, WE PARTNER WITH LOCAL LEADERS WHO PURCHASE THE BOOKS AT THESE GRATUTIOUS DISCOUNTS AND THEN GIVE THEM AWAY TO FRIENDS, NEIGHBORS AND FELLOW PARISHIONERS FOR FREE. APPROXIMATELY 94,000 BOOKS WERE DISTRIBUTED IN THIS FASHION IN 2016 ALONE.  44 (Cook ) [Expenses 188,635. holding gents of 8 PROVIDES BOOKS THE BOX FROGRAM. THROUGH THIS PROGRAM, WE PARTNER WITH LOCAL LEADERS WHO PURCHASE THE BOOKS AT THESE GRATUTIOUS DISCOUNTS AND THEN GIVE THEM AWAY TO FRIENDS, NEIGHBORS AND FELLOW PARISHIONERS FOR FREE. APPROXIMATELY 94,000 BOOKS WERE DISTRIBUTED IN THIS FASHION IN 2016 ALONE.  45 (Cook ) [Expenses 188,635. holding gents of 8 PROVIDED AN	3	0, 0 0
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#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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.			
а	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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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		Х
		_	000	(OO4 7)

Form **990** (2017)

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

			Yes	No
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		Х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
00	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			Х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		21
34		04		Х
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a		35a		21
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line?	2Eh		
26	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?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	30		

# Form 990 (2017) MAN IN THE MIRROR, INC. 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					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
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	62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	author	ity over, a			
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	accou	nt)?	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 A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				
	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 contribute		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of malification of the second state of the second stat			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining denor advised funds. Did a denor advised fund maintaining			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			35		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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				
	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 in Schedul	e O		14b		
				Form	990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	). See i	nstructions.				
	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7	7			
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	anv other				
	officer, director, trustee, or key employee?	-	•	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
_	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х	
6	Did the organization have members or stockholders?			6		X	
7a				ا ا		_	
	more members of the governing body?			7a		Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	=	8a	Х		
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 rea			0.0			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
	The state of the section 2 requests mornialism asset pointed not required by the internal re-	0.0	2 2 2 2 2 3		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c			100			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12a 12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			125			
Ŭ	in Schedule O how this was done			12c	Х		
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 approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		асренает				
а	The organization's CEO, Executive Director, or top management official			15a	Х		
	Other officers or key employees of the organization			15b		X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
ioa				16a		Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			104			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati	-	•				
	and the second of the second o			16b			
Sec	exempt status with respect to such arrangements?			100			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL , AK , CA , CO , D	C,G	A,HI,MD,M	I,MS	, NV	, NH	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-						
-	for public inspection. Indicate how you made these available. Check all that apply.	, - 200	(-/(-/2 2))				
	X Own website Another's website X Upon request Other (explain	in Sch	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finan	cial		
	statements available to the public during the tax year.	50	201 ponoj, un				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records: ▶				
	BRETT CLEMMER - 407-472-2100	u					
	1375 STATE ROAD 436, CASSELBERRY, FL 32707						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM HELMS DIRECTOR	2.00	X						0.	0.	0
(2) FRANK CAWTHON	2.00	1						0.	0.	
DIRECTOR	2.00	x						0.	0.	C
(3) TODD WOODARD	2.00	┢								
DIRECTOR		x						0.	0.	C
(4) PATRICK M. MORLEY	25.00									
EXECUTIVE CHAIRMAN		X		х				66,569.	0.	654
(5) DAVID DELK	2.00									
DIRECTOR		Х						0.	0.	(
(6) FRED MATEER	2.00									
DIRECTOR		Х						0.	0.	(
(7) DRU DALTON	2.00	ļ								
DIRECTOR	0.00	Х						0.	0.	C
(8) SCOTT MCCURDY DIRECTOR	2.00	X						0.	0.	(
(9) BRETT CLEMMER	40.00							_		
PRESIDENT & CEO		i		х				108,408.	0.	28,531
(10) SHARON CAREY	40.00									
SECRETARY & TREASURER				Х				84,787.	0.	4,408
		$\frac{1}{1}$								
		-								
		_								
		$\frac{1}{2}$								

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Pa	Section A. Officers, Directors, True	stees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimated		ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio		an	nount	of
		week (list any	$\vdash$	ou ai	10 0 0		2.7 d uS		from	from related			other	<b>1</b> :
		hours for	Individual trustee or director						the organization	organization: (W-2/1099-MIS			pensa om the	
		related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-10113	SC)		anizati	
		organizations	truste	Institutional trustee		ee/	mper		(11 2) 1000 111100)				d relat	
		below	idual	ution	, in	key employee	est co oyee	ъ					anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			-											
							_							
			-											
			1											
-														
			1											
			1											
			1											
1b	Sub-total	•					•	<u> </u>	259,764.		0.	3	3,5	93.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								259,764.		0.	3	3,5	93.
2	Total number of individuals (including but	not limited to th	ose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable	le			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer			-	•	•	•		•					
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s	· · · · · · · · · · · · · · · · · · ·							•	the organization		_		37
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or											_		Х
Soc	rendered to the organization? If "Yes," coretion B. Independent Contractors	npiete Scheaui	e J ī	or s	ucn	pers	son .					5		
1	Complete this table for your five highest or	omnensated in	don	anda	ant o	ont	ranti	ore +	hat received more than	\$100 000 of oo~	none	ation t	from	
'	the organization. Report compensation for										iheilig	auUII	10111	
	(A)	ano calendar y	Jai	oriul	ii ig V	VILII	J1 W	10111	(B)	y cai .		(0	<u></u>	
	Name and busines	s address	NO	INC	E				Description of s	ervices	С		nsatio	n
								$\dashv$						
								$\sqcap$						
2	Total number of independent contractors		ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					<u> </u>						000	
												Form	<b>990</b> (2	2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and | 1f | 3,298,930 similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 3,298,930. h Total. Add lines 1a-1f. Business Code 900099 71,602. 71,602. 2 a SEMINARS & SPEAKING FE Program Service Revenue 53,242. TUITION FEES 900099 53,242 REIMBURSEMENTS & OTHER 900099 7,695. 7,695. d All other program service revenue 132,539. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 1,891 1,891. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 4,281. 6 a Gross rents 3,565. **b** Less: rental expenses ...... 716. c Rental income or (loss) 716. 716. **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 171,554 and allowances ь 210,815. **b** Less: cost of goods sold -39,261-39,261. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 93,278. ,394,815. 2,607. Total revenue. See instructions.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons		_		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	293,357.	174,066.	71,487.	47,804.
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	1,544,763.	1,446,472.	40,440.	57,851.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	31,554.	27,991.	1,404.	2,159.
9	Other employee benefits	212,388.	192,395.	15,904.	4,089.
10	Payroll taxes	189,468.	168,242.	11,229.	2,159. 4,089. 9,997.
11	Fees for services (non-employees):	-	-	•	
	Management				
	Legal	841.	681.	118.	42.
	Accounting	18,875.	632.	18,204.	39.
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	51,239.	32,446.		18,793.
12	Advertising and promotion	67,159.	59,326.	678.	7,155.
13	Office expenses	166,009.	123,777.	10,140.	32,092.
14	Information technology	93,546.	88,609.	1,807.	3,130.
15	Royalties	7,771.	7,771.	,	·
16	Occupancy	61,225.	51,035.	7,252.	2,938.
17	Travel	148,990.	138,719.	920.	9,351.
18	Payments of travel or entertainment expenses	,	,		·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	277.	277.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,442.	30,328.	5,242.	1,872.
23	Insurance	32,576.	2,062.	30,424.	90.
24	Other expenses, Itemize expenses not covered	,			
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	UNRELATED BUSINESS INCO	580.		580.	
b	EVENTS	122,252.	119,503.	78.	2,671.
c	SERVICES RENDERED	99,122.	97,067.	2,055.	·
d	MISCELLANEOUS - PROGRAM	63,870.	53,781.	7,287.	2,802.
	All other expenses	47,985.	43,673.	1,014.	3,298.
25	Total functional expenses. Add lines 1 through 24e	3,291,289.	2,858,853.	226,263.	206,173.
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)				
72201	0 11-28-17			<u> </u>	Form <b>990</b> (2017)

Form **990** (2017)

#### Part X Balance Sheet

Par	τχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	424,987.	1	647,680.
	2	Savings and temporary cash investments	778,247.	2	496,348.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	114,304.	4	77,605.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	164,518.	8	61,774
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 1,700,744.  10b 146,993.			
	b	Less: accumulated depreciation 10b 146,993.	1,590,995.	10c	1,553,751.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	54,312.	14	10,930.
	15	Other assets. See Part IV, line 11	2,640.	15	2,640
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,130,003.	16	2,850,728
	17	Accounts payable and accrued expenses	386,353.	17	128,288.
	18	Grants payable	0.4.000	18	10 564
	19	Deferred revenue	24,888.	19	19,764.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	0.61 110	22	040 600
-	23	Secured mortgages and notes payable to unrelated third parties	961,118.	23	849,670.
	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	20 057		20 602
		Schedule D	38,857.	25	30,693. 1,028,415.
	26	Total liabilities. Add lines 17 through 25	1,411,216.	26	1,028,413.
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	007 407		020 647
lan l	27	Unrestricted net assets	807,407. 911,380.	27	938,647. 883,666.
Ba	28	Temporarily restricted net assets	911,300.	28	003,000.
Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or	00	and complete lines 30 through 34.		00	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,718,787.	32	1,822,313.
_	33	Total net assets or fund balances	3,130,003.	33	2,850,728.
	34	Total liabilities and net assets/fund balances	3,130,003.	34	Z,030,720.

Pa	TXI 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)		,39				
2	Total expenses (must equal Part IX, column (A), line 25)	2 3	,29				
3	Revenue less expenses. Subtract line 2 from line 1	3	103,526.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	.,71	8,7	<u>87.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10 1	.,82	2,3	13.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2017)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **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

Open to Public Inspection

Name of the organization Employer identification number MAN IN THE MIRROR, INC. 59-3178628 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,503,715.	3,120,458.	3,319,207.	3,662,189.	3,298,930.	15,904,499.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,503,715.	3,120,458.	3,319,207.	3,662,189.	3,298,930.	15,904,499.
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)						1,501,813.
6	Public support. Subtract line 5 from line 4.						14,402,686.
	etion B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2,503,715.	3,120,458.	3,319,207.	3,662,189.	3,298,930.	15,904,499.
	Gross income from interest,	, ,	. ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	835.	1,195.	1,889.	1,897.	1,891.	7,707.
9	Net income from unrelated business					_,	.,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							15,912,206.
12	Gross receipts from related activities,	etc (see instruction	ne)			12 1	,224,692.
13	First five years. If the Form 990 is for	•		fourth or fifth tax	 v vear as a section	•	, , ,
	organization, check this box and <b>stor</b>				•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2017 (	line 6. column (f) di	vided by line 11. co	olumn (f))		14	90.51 %
15	Public support percentage from 2016					15	85.99 %
16a	33 1/3% support test - 2017. If the o				· ·	nore, check this bo	x and
	stop here. The organization qualifies	•		•		•	$\triangleright$ X
b	33 1/3% support test - 2016. If the						is box
	and <b>stop here.</b> The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	=	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization						
	i invate iounidation. Il the organizatio	an ala not oncor a l	ook on mic 10, 10a	, 100, 110, 01 110,	, or look if its box a	ina see manuentina	,

#### 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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	•	•
	endar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>	1.6		504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			•		
80	check this box and stop here ction C. Computation of Publ						<u></u>
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2			(17)		18	%
	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	iu .		
	4b		
	4c		
	5a		
	Sa		
	5b		
	5c		
	6		
	J		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	33		
	10a		
	10b		
m 9	90 or 99	00-FZ	2017

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u></u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Seci	tion C. Type II Supporting Organizations		V	
_	When a section to the		Yes	No
	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		
	tion D. All Type III Supporting Organizations		ш	
000	tion 5.7th Type in Supporting Siguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations		
1	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.				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.		
Sect	ion 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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

MAN IN THE MIRROR, INC. 59-3178628 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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

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, 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

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

### MAN IN THE MIRROR, INC.

59-3178628

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 226,057.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$90,140.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

### MAN IN THE MIRROR, INC.

59-3178628

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt 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
		_	
		<u> </u>	
(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
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		   \$	
3453 11-01-	-17		990, 990-EZ, or 990-PF) (20

Name of organization Employer identification number 59-3178628 MAN IN THE MIRROR, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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. `fŕom 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAN IN THE MIRROR, INC.

**Employer identification number** 59-3178628

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 advise	ed 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 a		
	for charitable purposes and not for the benefit of the donor of		
	incompany to the least the terral field		No.
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
_	conservation easements.		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		<b>▶</b> \$

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Oth	er Simila	ar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		-						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII	l			
$\overline{}$	t V Endowment Funds. Complete i									
	·	(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	•		•						
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:				ı	
а	Board designated or quasi-endowment	<b>,</b>	%	9,	,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for t	he organiz	zation		
	by:	J					3		Г	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								·	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the									<u> </u>
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		). Part I\	V. line 11a. S	See Form 990	). Part X	line 10.			
	Description of property	(a) Cost or o		ı	or other		ccumulate	ed	(d) Book	value
	2 coonpliction of property	basis (investr			(other)	٠,	preciation		(4, 200	
	Land	,	,		2,690.				602	,690.
	Buildings				1,603.					,603.
	Leasehold improvements				,					<u> </u>
	Equipment			16	6,451.		146,9	93.	19	,458.
	Other						, -			<u> </u>
	Add lines 1a through 1e (Column (d) must e		X colur	nn (R) line i	10c)				1.553	,751.

	Ochicadic D (i onni a	JJUJ 2011			 
ĺ	Part VII Inves	stments - O	ther Secur	ities.	

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(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)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(9)

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE	30,693.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,693.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial State		Revenue per F	łeturn	1-
Complete if the organization answered "Yes" on Form 990, Part IV, line			1 . 1	3,609,195.
Total revenue, gains, and other support per audited financial statements			1	3,009,193.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما			
a Net unrealized gains (losses) on investments			-	
b Donated services and use of facilities			-	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.)			-	0
e Add lines 2a through 2d			2e	0. 3,609,195.
3 Subtract line 2e from line 1			3	3,009,193.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		-214,380.	-	
b Other (Describe in Part XIII.)				21/ 200
c Add lines 4a and 4b			4c	-214,380. 3,394,815.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial States			5   Dotu	
Complete if the organization answered "Yes" on Form 990, Part IV, line		ii Expenses per	netu	111.
Total expenses and losses per audited financial statements			1	3,505,669.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				3,303,003.
	2a			
			-	
b Prior year adjustments			-	
c Other losses		214,380.	-	
d Other (Describe in Part XIII.)			_	214,380.
e Add lines 2a through 2d			2e	3,291,289.
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>				3,231,203.
	امدا			
a Investment expenses not included on Form 990, Part VIII, line 7b			-	
b Other (Describe in Part XIII.)	•		1 4	0.
c Add lines 4a and 4b			4c	3,291,289.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	)		1 2 1	3,231,203.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h	and 2h: Part V line	1. Dart	Y line 2: Part YI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4, 1 alt	A, IIIIe Z, I alt Ai,
and 45, and 1 are All, lines 2d and 45. Also complete this part to provide any	, additional linor	mation.		
PART X, LINE 2:				
THE ORGANIZATION HAS NOT RECOGNIZED ANY RE	ESPECTIVE	LIABILITY	FOI	₹.
UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNO	WN TAX F	OSITIONS T	'HAT	WOULD
SUBJECT THE ORGANIZATION TO ANY MATERIAL I	NCOME TA	X EXPOSURE	i	
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
COST OF GOODS SOLD				-210,815.
DENM EVDENCEC				2 565
RENT EXPENSES				-3,303.
TOTAL TO SCHEDILE D. DART YT. LINE AR				-21/ 380
TOTAL TO SCHEDULE D, PART XI, LINE 4B				-214,300.
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
COST OF GOODS SOLD				210,815.
COST OF GOODS SOLD 732054 10-09-17			Sched	lule D (Form 990) 2017

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MAN IN THE MIRROR, INC.

**Employer identification number** 59-3178628

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**SEMINARS:** TO ENCOURAGE MEN TO DRAW CLOSER TO CHRIST AND SHOW LEADERS

HOW TO USE AN EVENT TO MOVE MEN FORWARD IN THE DISCIPLESHIP PROCESS.

EXPENSES \$ 61,103. INCLUDING GRANTS OF \$ 0. **REVENUE** \$ 79,297.

MONTHLY PARTNER PROGRAM AND OTHER MINISTRY ACTIVITIES

EXPENSES \$ 245,815. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 3B:

THE CRITERIA TO EXCLUDE THE RENTAL INCOME FROM UBTI HAS BEEN MET.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE WERE NO MEETINGS HELD BY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE 990 WILL BE REVIEWED AT A BOARD OF DIRECTORS MEETING OR VIA EMAIL BEFORE FILING THE RETURN.

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

THE ORGANIZATION WILL RESEARCH ANY CONCERNS THAT RELATE TO A CONFLICT OF INTEREST WHEN MADE AWARE OF IT VERBALLY OR IN WRITING.

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

DATA IS PROVIDED TO THE BOARD OF DIRECTORS, WHICH INCLUDES COMPARABLE DATA,

FOR THEIR CONSIDERATION.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  MAN IN THE MIRROR, INC.	Employer identification number 59-3178628
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
FL, AK, CA, CO, DC, GA, HI, MD, MN, MS, NV, NH, ND, OH, SC, TN, UT, VA, WV,	WA,WI
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST AND ON THE WEBSITE	
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT OR SELECTION P	ROCESS.