

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

Department of the Treasury

# 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.

Open to Public Inspection

A F	or the 2	2018 calendar year, or tax year beginning and ending							
Вс	heck if oplicable:	C Name of organization	D Employer ide	ntificat	tion number				
	Address	MAN IN THE MIRROR, INC.							
	Name	Doing business as		-317	78628				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite E Telephone nui	nber					
F	Final return/	1375 STATE ROAD 436	40	7-47	72-2100				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	G Groom receipts \$ 3,700,933.					
	Amende	CASSELBERRY, FL 32707	H(a) Is this a grou	up retu					
	Applica-	F Name and address of principal officer: BRETT CLEMMER	for subordin	ates?	Yes X No				
	pending	1375 STATE ROAD 436, CASSELBERRY, FL 3270	7 H(b) Are all subordina	tes inclu	ded? Yes No				
1.7	ax-exer	npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," atta	ch a lis	t. (see instructions)				
		:▶ WWW.MANINTHEMIRROR.ORG	H(c) Group exem						
			Year of formation: 199	3 M S	State of legal domicile: FL				
Pe	rt I	Summary		DIC	ICTRI E				
ce		riefly describe the organization's mission or most significant activities: FOR EVER	Y CHURCH TO	DIS	SCIPLE				
Activities & Governance		heck this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its ne	t asset	S.				
Ver	3 N	umber of voting members of the governing body (Part VI, line 1a)	(PATRALESI PATRALESA SANTALISA (PATRALESA (P	3	8				
Ö	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	7				
<u>ئ</u> ي	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	50				
/itie	6 T	otal number of volunteers (estimate if necessary)	***********	6	7				
cţ		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_	bΛ	let unrelated business taxable income from Form 990-T, line 38		7b	0.				
			Prior Year	^	Current Year				
به		Contributions and grante (Part VIII, line 1h)	3,298,93		3,374,835.				
Revenue		rogram service revenue (Part VIII, line 2g)	132,53		1,890.				
Zev		ivestment income (Part VIII, column (A), lines 3, 4, and 7d)	-38,54		-145,611.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,394,81		3,354,538.				
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
		arants and similar amounts paid (Part IX, column (A), lines 1-3) lenefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45 6	calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,271,53		2,325,806.				
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ë	loa r	otal fundraising expenses (Part IX, column (D), line 25)		313 (1)					
Ä	17 (	Otal fundation of expenses (Fart IX, column (A), lines 11a-11d, 11f-24e)	1,019,75	9.	897,464.				
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,291,28		3,223,270.				
		Revenue less expenses. Subtract line 18 from line 12	103,52	6.	131,268.				
15 OF	-		Beginning of Current Y	ear	End of Year				
Siets	20 T	otal assets (Part X, line 16)	2,850,72		2,869,431.				
ASS	21 1	otal liabilities (Part X, line 26)	1,028,41		915,850.				
- Ne		let assets or fund balances. Subtract line 21 from line 20	1,822,31	3.	1,953,581.				
P	art II	Signature Block							
		ies of perjury, I declare that I have examined this return, including accompanying schedules and st		of my ki	nowledge and belief, it is				
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.						
		Signature of officer	Date						
Sig	- 1	A STOCKED WAS TO THE WAS TO THE STOCKED SHOWN IN		5-1	3-19				
Hei	e	BRETT CLEMMER, PRESIDENT Type or print name and title							
-		E CARTON ACCOUNT SECURITION	Date Che	ck	PTIN				
Dal	. [	Print/Type preparer's name  JENNIFER CHRISTENSEN, CPA JENNIFER CHRISTENSE	N 05/10/19	employed	₽00640891				
Paid	- 1	Firm's name CARR, RIGGS & INGRAM, LLC	Firm's Ell		72-1396621				
		Firm's address 1031 W. MORSE BLVD., SUITE 200							
000	J.11.5	WINTER PARK, FL 32789-3750	Phone no	407	644-7455				
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SERVING PASTORS, TRAINING LEADERS, DISCIPLING MEN. OUR LONG-TERM GOAL
	IS THAT, WITH GOD'S HELP, 10 MILLION MEN WILL LEAD POWERFUL LIVES TRANSFORMED BY CHRIST BY 2020.
	TRANSFORMED BI CHRISI BI 2020.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,123,859 • including grants of \$) (Revenue \$)
	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 BEHIND, 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
	LIFEALL 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.
4b	(Code:) (Expenses \$ 87,641. including grants of \$) (Revenue \$ \$ 40,772.)
710	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 PROGRAM. THROUGH THIS PROGRAM, WE PARTNER WITH
	LOCAL LEADERS WHO PURCHASE THE BOOKS AT THESE GRATUITOUS DISCOUNTS AND
	THEN GIVE THEM AWAY TO FRIENDS, NEIGHBORS AND FELLOW PARISHIONERS FOR
	FREE.
	(Code: ) (Expenses \$ 124,462. including grants of \$ ) (Revenue \$ 18,294.)
4C	(Code:) (Expenses \$ 124,462. Including grants of \$) (Revenue \$
	WITH A PROVEN STRATEGY FOR DISCIPLING EVERY MAN IN THE CHURCH, THE NO
	MAN LEFT BEHIND MODEL. THE MODEL HELPS LEADERS CAST VISION, ASSESS THE
	SPIRITUAL STATE OF THEIR MEN, AND DEVELOP AN INTENTIONAL PLAN TO
	DISCIPLE ALL THEIR MEN OVER THE LONG TERM.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 276,550 · including grants of \$ ) (Revenue \$ 105,130 · )  Total program service expenses ▶ 2,612,512 ·
40	Total program service expenses ► 2,612,512.  Form 990 (2018)
	101111 999 (2010)

# Form 990 (2018) MAN IN THE MIRROR, INC. 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	Х	
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		Х
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	<u> </u>		<del></del>
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ <b>.</b> ,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
<b>20</b> a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Pa	t IV Checklist of Required Schedules (continued)			age -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04 -	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	24-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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,			
	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<b> </b>		v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
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		x
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		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
50	N + AU = 000 ft	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х

Form 990 (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

	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	1	3					
	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					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other						
	officer, director, trustee, or key employee?			2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision						
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		_X_			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4	Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		_X_			
6	Did the organization have members or stockholders?			6		X			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?			7a		_X_			
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			7b		_X_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:						
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	ched at	the						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,	affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H$	Yes," de	escribe						
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment wi	th a			37			
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev	-	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
800	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure	OC C	A LIT MID MA	T MC	NTV 7	NTLI			
17	List the states with which a copy of this Form 990 is required to be filed <b>FL</b> , <b>AK</b> , <b>CA</b> , <b>CO</b> , <b>D</b>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	ıa 990-	(Section 501(c)(3	s only)	availab	ие			
	for public inspection. Indicate how you made these available. Check all that apply.								
40	X Own website Another's website X Upon request Other (explain		•	al <b>£</b> : :-	:=1				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ntiict of	interest policy, an	tinanc	ıaı				
00	statements available to the public during the tax year.	ales s	l voogwels -						
20	State the name, address, and telephone number of the person who possesses the organization's both BRETT CLEMMER $-407-472-2100$	oks and	records -						
	1375 STATE ROAD 436, CASSELBERRY, FL 32707								
2005 -	CHAMBE O BOD BUIL LIGH OF CHAMBE			Earn	990	(2010)			
332006	12-31-18 SEE SCHEDULE O FOR FULL LIST OF STATES			LOUII	1000	(ZU IÖ)			

# 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.

Check this box if neither the organiza		orga	ııı∠a			ipen	odi			(F)
(A)	(B)			(C Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than c		Reportable	Reportable compensation	Estimated
	hours per week					s both or/trust		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		oyee	эш ре				and related
	below	idual	tutior	Ja Ja	Key employee	est c	Jer.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) WILLIAM HELMS	2.00									
DIRECTOR		Х						0.	0.	0.
(2) TODD WOODARD	2.00									
DIRECTOR		Х						0.	0.	0.
(3) PATRICK M. MORLEY	25.00									
EXECUTIVE CHAIRMAN		Х		Х				67,631.	0.	961.
(4) DAVID DELK	2.00									
DIRECTOR		Х						0.	0.	0.
(5) FRED MATEER	2.00									
DIRECTOR		Х						0.	0.	0.
(6) DRU DALTON	2.00									
DIRECTOR		Х						0.	0.	0.
(7) SCOTT MCCURDY	2.00								•	
DIRECTOR		Х						0.	0.	0.
(8) BRAD MORRIS	2.00								-	-
DIRECTOR		Х						0.	0.	0.
(9) BRETT CLEMMER	40.00								-	-
PRESIDENT & CEO		1		х				116,652.	0.	29,945.
(10) SHARON CAREY	40.00							, , , ,	-	- <b>,</b>
SECRETARY		1		х				89,315.	0.	4,602.
(11) DALE REDDER	40.00							00,0201	Ţ.	
VICE PRESIDENT & TREASURER		1		x				74,650.	0.	25,421.
								7 2 7 0 3 0 1		23,121
		1								
		1								
					$\vdash$					
		1								
		1								
	+	<del>                                     </del>			$\vdash$					
	-	1								
							-			
		-								
		]		<u> </u>		<b>I</b>		1		000

Form 990 (2018)

	990 (2018) MAN IN TH									59-3	<u> 178</u>	628	Pi	age 8
Par	t VII   Section A. Officers, Directors, Trust (A)	tees, Key Emp (B)	oloy	ees,		l Hig C)	ghes	st C	Compensated Employee (D)	es (continued) (E)			(F)	
	Name and title	Average hours per week (list any hours for	box	not c , unle: cer ar	ss per	more rson i	than of s both or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organization (W-2/1099-MIS	on d is	an com	stimate nount other pensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		,	and	anizati d relati anizatio	ed
			•						240 240				0 0	20
С	Sub-total  Total from continuation sheets to Part VII  Total (add lines 1b and 1c)	, Section A						<b>&gt;</b>	348,248. 0. 348,248.		0.	0. 0.		
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable	_		<u>, , , , , , , , , , , , , , , , , , , </u>	1
3	Did the organization list any <b>former</b> officer,	director, or tru	ıstee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		Х
	rendered to the organization? If "Yes," comption B. Independent Contractors											5		Х
	Complete this table for your five highest cor the organization. Report compensation for t	· ·	-						n the organization's tax y	•	oensat			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	C	(Compe	ز) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos		ted	l above) who received m	ore than				
		•										Form	990 (2	2018)

Form 990 (2018) MAN IN
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
				J. 11030 30 311 J 111	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					012 011
ant		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		469,393.				
		Related organizations		,				
nig,		Government grants (contribution	·····					
Contributions, and Other Sin		All other contributions, gifts, grant						
her her	_	similar amounts not included abov		2,905,442.				
혈	q	Noncash contributions included in lines 1						
Sor	_	Total. Add lines 1a-1f		<b>&gt;</b>	3,374,835.			
				Business Code				
ø	2 a	SEMINARS & SPEAKING FEE	S	900099	62,173.	62,173.		
Ş	b	REIMBURSEMENTS & OTHER	INCOME	900099	42,957.	42,957.		
Ser	С	TUITION FEES		900099	18,294.	18,294.		
am eve	d	1						
Program Service Revenue	е	,						
Pr	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			123,424.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>	1,890.			1,890.
	4	Income from investment of tax						
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents	8,138.	,				
	b	Less: rental expenses	6,198	,				
	С	Rental income or (loss)	1,940	,				
	d	Net rental income or (loss)			1,940.			1,940.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		1				
		Gain or (loss)						
	d	Net gain or (loss)						
une	8 a	Gross income from fundraising including \$469,						
eve		contributions reported on line	1c). See					
E E		Part IV, line 18	а	55,000.				
Other Revenu	b	Less: direct expenses	k	243,323.				
٥	С	Net income or (loss) from fund	raising events	<b>_</b>	-188,323.			-188,323.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а	1				
	b	Less: direct expenses	k	·				
	С	Net income or (loss) from gami	ing activities .					
	10 a	Gross sales of inventory, less r	eturns					
		and allowances	а	137,646.				
	b	Less: cost of goods sold	k	96,874.				
	С	Net income or (loss) from sales	of inventory .	<b></b>	40,772.	40,772.		
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d					_	46
	12	Total revenue. See instructions		🕨	3,354,538.	164,196.	0.	-184,493.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 409,177. 253,802. 76,629. 78,746. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 152,100. 1,451,343. 1,261,759. 37,484. Other salaries and wages 7 Pension plan accruals and contributions (include 33,389. 26,515. 1,030. 5,844. section 401(k) and 403(b) employer contributions) <u>186,3</u>76. 231,058. 19,496.25,186. Other employee benefits 9 200,839. 170,291. 6,449. 24,099. 10 Payroll taxes 11 Fees for services (non-employees): Management 4,124. 4,124. Legal 17,890. 17,890. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 13,540. 13,540. column (A) amount, list line 11g expenses on Sch O.) 7,714. 2,399. 83,974. 73,861. Advertising and promotion 12 157,876. 101,073. 5,517. 51,286. Office expenses 13 65,810. 56,716. 4,966. 4,128. Information technology 14 6,900. 6,900. 15 Royalties 5,140. 55,502. 45,457. 4,905. 16 Occupancy 140,397. 118,743. 946. 20,708. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,420. 36,835. 29,468. 2,947. Depreciation, depletion, and amortization 22 32,281. 32,281. 23 Other expenses. Itemize expenses not covered 24 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 O.) 105,840. 105,840. SERVICES RENDERED - PRO **EVENTS - PROGRAMS** 100,022. 100,022. 21,679. 21,679. MISCELLANEOUS - PROGRAM 20,068. 20,068. d EQUIPMENT RENTAL & MAIN 34,726. 20.402. 7,786. 6,538. e All other expenses 3,223,270. 2,612,512. 226,322. 384,436. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2018)

if following SOP 98-2 (ASC 958-720)

Part 2	^	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			647,680.	1	765,480.
	2	Savings and temporary cash investments			496,348.	2	498,228.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			77,605.	4	21,313.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ted em	ployees. Complete			
		Part II of Schedule L		l		5	
	6	Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of section					
ıχ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
¥   ₃	8	Inventories for sale or use			61,774.	8	53,727.
	9	B				9	
1	0a	I and buildings and antiquent, and an allen	1 1				
		basis. Complete Part VI of Schedule D	10a	1,700,744.			
	b	basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10b	183,631.	1,553,751.	10c	1,517,113.
1	1	Investments - publicly traded securities		11			
1	2	Investments - other securities. See Part IV, line 1			12		
1	3	Investments - program-related. See Part IV, line 1		13			
1.	4	Intangible assets	10,930.	14	10,930.		
1	5	Other assets. See Part IV, line 11	2,640.	15	2,640.		
1	6	Total assets. Add lines 1 through 15 (must equa	2,850,728.	16	2,640. 2,869,431.		
1	7	Accounts payable and accrued expenses			128,288.	17	69,930.
1	8	Grants payable		18			
1	9	Deferred revenue			19,764.	19	3,106.
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete F		21			
္ 2	2	Loans and other payables to current and former	officers	s, directors, trustees,			
<u>≝</u>		key employees, highest compensated employees	s, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐   2	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	849,670.	23	819,026.
2	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
2	25	Other liabilities (including federal income tax, pay	ables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			30,693.	25	23,788. 915,850.
2	26	Total liabilities. Add lines 17 through 25			1,028,415.	26	915,850.
		Organizations that follow SFAS 117 (ASC 958)	, checl	k here ▶ X and			
ဖွ		complete lines 27 through 29, and lines 33 and	34.				
ဋ	27	Unrestricted net assets		938,647.	27	1,104,618. 848,963.	
[ 2	28	Temporarily restricted net assets	883,666.	28	848,963.		
띨 2	9			<u></u> .		29	
듄		Organizations that do not follow SFAS 117 (AS	SC 958	), check here 🕨 🔲			
<u></u>		and complete lines 30 through 34.					
st 3	0	Capital stock or trust principal, or current funds				30	
18s 3	1	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		31	
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated inc				32	
ž   3	3	Total net assets or fund balances			1,822,313.	33	1,953,581.
3	4	Total liabilities and net assets/fund balances			2,850,728.	34	2,869,431.

Form **990** (2018)

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Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	35.	45	38.			
2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	2				70.			
3		3				68.			
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1			13.			
5	Net unrealized gains (losses) on investments	5		, 0 2					
6		6							
7		7							
8		8							
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					0.			
	column (B))  10								
Pa	rt 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		ſ						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<del></del> Э.	_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:		- 1						
	Separate basis Consolidated basis Both consolidated and separate basis		- 1						
b	Were the organization's financial statements audited by an independent accountant?		L	<b>2</b> b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		- 1						
	consolidated basis, or both:		- 1						
	X 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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	J						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	lit						
	Act and OMB Circular A-133?			За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

**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

2018

Open to Public Inspection

**Employer identification number** Name of the organization MAN IN THE MIRROR, 59-3178628 INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3120458.	3319207.	3662189.	3298930.	3374835.	16775619.
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	3120458.	3319207.	3662189.	3298930.	3374835.	16775619.
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)						1092732.
6	Public support. Subtract line 5 from line 4.						15682887.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3120458.	3319207.	3662189.	3298930.		16775619.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,195.	1,889.	1,897.	1,891.	10,028.	16,900.
9	Net income from unrelated business		•			·	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						16792519.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,035,960.
	First five years. If the Form 990 is for	•	,			501(c)(3)	
	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	93.39 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	90.51 %
	33 1/3% support test - 2018. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		<b>&gt;</b>
18	Private foundation. If the organization			•	,		s
			<u>-</u>	<u> </u>			or 990-EZ) 2018

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	_
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
0	check this box and stop here						<b>.</b>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	<del>-</del>			20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						<b>.</b> .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
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2		
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3b		
3с		
4a		
4b		
4c		
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<b></b>		
5b		_
5c		
6		
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9a		
34		
9b		
35		
9с		
36		
10a		
401-		
10b		

Pal	Supporting Organizations (Continued)			
			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		-
	A family member of a person described in (a) above?	11b		<u> </u>
	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.  tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type i Supporting Organizations		V	N <sub>2</sub>
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	7 7 1			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ruotiono		
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.,,,
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	tion 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		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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	tion 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-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	1 ypc in Non 1 anotionally integrated 505	aj(o) Supporting Orga	(continuea)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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

**2018** 

Employer identification number

	MAN IN THE MIRROR, INC.	59-3178628
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, 0	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions
rector only a section so	T(0)(1), (0), Or (10) Organization out oneon boxes to both the denotal ride and a openial rid	70. 000 mondono.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a) any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amod-EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	icational purposes, or for the
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sions exclusively for religious, charitable, etc., purposes, but no such contributions totaled reter here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the General Rule applies to this organization because it itable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
but it <b>must</b> answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	

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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$125,000.	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
3		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Moncash 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.)

Employer identification number Name of organization

### MAN IN THE MIRROR, INC.

59-3178628

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
		<b>\$</b>	
(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
		   \$	

Name of organization **Employer identification number** 59-3178628 MAN IN THE MIRROR, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MAN IN THE MIRROR, INC.

**Employer identification number** 59-3178628

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	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 advised	d 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	dvisors in writing that grant funds can be us	sed only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area		
	Protection of natural habitat	Preservation of a certif	ied 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		
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired a		I I		
	listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax		
_	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements in				
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emorcing conse	rvation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on assements during the year		
•	\$ \$	alling of violations, and emorcing conservation	or easements during the year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)		
Ŭ	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organiza	•	,		
	conservation easements.		gg		
Par		f Art, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,		
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri	bes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts		
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ç			
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
<u>b</u>	Assets included in Form 990, Part X		\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018		

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

Par	rt III Organizations Maintaini	ng Collections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar Ass	sets (continu	ued)
3	Using the organization's acquisition, ac	ccession, and other record	ls, check	any of the f	following that	are a signi	ficant use of	its collection if	tems
	(check all that apply):								
а	Public exhibition		d 🔲 L	_oan or exc	hange progra	ams			
b	Scholarly research	•	e 🗌 (	Other					
С	Preservation for future generation	ns							
4	Provide a description of the organization	on's collections and explai	n how the	ey further th	ne organizatio	n's exemp	t purpose in I	Part XIII.	
5	During the year, did the organization so	olicit or receive donations	of art, his	torical treas	sures, or othe	er similar as	sets		
	to be sold to raise funds rather than to	be maintained as part of t	he organi	ization's co	llection?			Yes	☐ No
Par	rt IV Escrow and Custodial A	rrangements. Compi	lete if the	organizatio	n answered '	"Yes" on Fo	orm 990, Parl	IV, line 9, or	
	reported an amount on Form 99			_					
1a	Is the organization an agent, trustee, co	ustodian or other intermed	diary for c	ontribution	s or other ass	sets not inc	luded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Pa								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f							1f		
2a	Did the organization include an amoun						?	Yes	No
	If "Yes," explain the arrangement in Pa					•		· <del></del>	$\Box$
	rt V Endowment Funds. Com								
	<u> </u>	(a) Current year		rior year	(c) Two year			ack (e) Four	vears back
1a	Beginning of year balance		` '			,	•		
b									
С	Net investment earnings, gains, and los	l l							
d	Grants or scholarships								
е	0.0								
	and programs								
f									
a	End of year balance								
2	Provide the estimated percentage of the	•	e (line 1a	. column (a)	)) held as:				
а			%	,	•				
b		%							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2	c should equal 100%.							
За	Are there endowment funds not in the		ation that	are held ar	nd administer	ed for the	organization		
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	for							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses	of the organization's endo	wment fu	ınds.					
Par	rt VI Land, Buildings, and Eq	uipment.							
	Complete if the organization and	swered "Yes" on Form 990	0, Part IV,	, line 11a. S	ee Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated	(d) Book	value
		basis (investi	ment)	basis	(other)	depre	eciation		
1a	Land			60	2,690.				,690.
b				93	1,603.	4	6,580.		,023.
С									
		<b>I</b>		16	6,451.	13	37,051.	29	,400.
	Other								
Total	al. Add lines 1a through 1e. (Column (d) n		X colum	n (B) line 1	0c.)		<b></b>	1,517	,113.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 MAN IN THE MIRROR, I	NC.	59-3178628 <sub>Page</sub>
Part VII Investments - Other Securities.		<u></u> g-
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11b. See Form 990, F	Part X, line 12.
(a) Description of security or category (including name of security) (b) Book va		aluation: 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" on Form 990, Par		
(a) Description of investment (b) Book va	ulue (c) Method of va	aluation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11d. See Form 990, F	
(a) Description		(b) Book value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
<u>(7)</u>		
(8)		
(9)		<b>L</b>
Part X Other Liabilities.		<b>P</b>
Complete if the organization answered "Yes" on Form 990, Par		990, Part X, line 25.
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	00 500	

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	CAPITAL LEASE	23,788.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,788.	

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

Schedule D (Form 990) 2018

Par	TXI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		1 1	2 500 000
1				1	3,700,933.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	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.
е 3	Add lines 2a through 2d			2e 3	3,700,933.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				3,100,333.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-346,395.		
	Add lines <b>4a</b> and <b>4b</b>			4c	-346,395.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,354,538.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,569,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses		246 205	-	
d	Other (Describe in Part XIII.)		346,395.		246 205
_	Add lines 2a through 2d			2e	346,395. 3,223,270.
3	Subtract line 2e from line 1			3	3,223,270.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40			
	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18			5	3,223,270.
Par	t XIII Supplemental Information.	<del>'</del>			•
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b	and 2b; Part V, line 4	l; Part X	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inforn	nation.		
PAR	T X, LINE 2:				
	ODGINITATION WIG NOT DEGOGNITHE AND DE	annam		<b>TOD</b>	
THE	ORGANIZATION HAS NOT RECOGNIZED ANY RE	SPECTIVE	LIABILITA	FOR	
TIME	ECOGNIZED TAX BENEFITS AS IT HAS NO KNO	אס צביי זווא	מדיידטאיפ ייש	יז ידיבו	TOIT.D
OIVI	ECOGNIZED TAX DENEFTIO AS IT HAS NO KNO	WIN IAZ I	DETITORS III	IAI V	100HD
SUE	JECT THE ORGANIZATION TO ANY MATERIAL I	NCOME TAX	K EXPOSURE.		
					_
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
COS	T OF GOODS SOLD				-96,874.
REN	T EXPENSES				-6,198.
DIE					
חדא	ECT FUNDRAISING EXPENSES - GALA				-443,343.
тОπ	AL TO SCHEDIILE D. PART YT. LINE /P				-346 395
101	AL TO SCHEDULE D, PART XI, LINE 4B				J=U,JJJ•
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

MAN IN THE MIRROR, INC. Employer identification number 59-3178628

	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	
Indicate whether the organization rais     a	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr					
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue	1	Gross receipts	524,393.			524,393.	
	2	Less: Contributions	469,393.			469,393.	
$\Box$	3	Gross income (line 1 minus line 2)	55,000.			55,000.	
	4	Cash prizes					
	5	Noncash prizes					
bense	6	Rent/facility costs	46,753.			46,753.	
Direct Expenses	7	Food and beverages	1,330.			1,330.	
ā	8	Entertainment				34,000. 161,240.	
	9	Other direct expenses	161,240.			161,240.	
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b>&gt;</b>	243,323.	
		Net income summary. Subtract line 10 from				-188,323.	
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.		T	Т	Т	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				bingo/progressive bingo		coi. (a) trirough coi. (c)	
Be							
$\dashv$	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
$\neg$			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No	No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
					_		
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9	Ent	ter the state(s) in which the organization condi	ucte gaming activities:				
			_	etates?		Yes No	
	a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:						
	_						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	year?	Yes No	
	<b>b</b> If "Yes," explain:						
	_						
	_						

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 MAN IN THE MIRROR, INC.	<u>59-3</u>	<u> 178628</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			□ Na
12	to administer charitable gaming?		Yes	L No
	Indicate the percentage of gaming activity conducted in:  The organization's facility	ĺ	13a	%
	o An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100	
	The the hame and address of the person who prepares the organization's gaming/special events books and record	J.		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	News N			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	MAN	IN THE	MIRROR,	INC.	59-3178628	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation	(continued)				

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 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 \$ 86,562. INCLUDING GRANTS OF \$ 0. REVENUE \$ 105,130. MONTHLY PARTNER PROGRAM AND OTHER MINISTRY ACTIVITIES EXPENSES \$ 189,988. REVENUE \$ 0. INCLUDING GRANTS OF \$ 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 4: THE BY LAWS WERE UPDATED. 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.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  MAN IN THE MIRROR, INC.	Employer identification number 59-3178628
FORM 990, PART VI, SECTION B, LINE 15:	
DATA IS PROVIDED TO THE BOARD OF DIRECTORS, WHICH INCLUDES	COMPARABLE DATA,
FOR THEIR CONSIDERATION.	
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, V	IW, AV
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 PR	ROCESS.
	_