



April 29, 2021

Man in the Mirror, Inc. 1375 State Road 436 Casselberry, FL 32707

Dear Sharon:

Enclosed is the organization's 2020 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 17, 2021.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Carr, Riggs & Ingram, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

Man in the Mirror, Inc. 1375 State Road 436 Casselberry, FL 32707

Prepared By:

CARR, RIGGS & INGRAM, LLC 1031 W. MORSE BLVD., SUITE 200 WINTER PARK, FL 32789-3750

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form	990
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Department of the Treasury Internal Revenue Service

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PUBLIC DISCLOSURE COPY

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.

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



АГ	or the	and and a second and a second and and and a second and and and and and and and and and a	enaing		
B c	heck if pplicabl	e: C Name of organization		D Employer identific	ation number
Address MAN IN THE MIRROR, INC.					
	Name chang	e Doing business as		59-317862	28
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1375 STATE ROAD 436		407-472-2	
	termir ated			G Gross receipts \$	4,358,336.
	Amen return	CASSELDERRI, FL 52/0/		H(a) Is this a group re	turn
	Applic dition	F Name and address of principal officer: DREII CLEMMER		for subordinates	? Yes X No
	pendi	I375 STATE ROAD 436, CASSELBERRY, FL 3	2707	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	list. See instructions
<u>ا ا</u>	Vebsi	te: WWW.MANINTHEMIRROR.ORG		H(c) Group exemption	n number 🕨
KF	orm o	organization: 🔀 Corporation 🔄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1993 N	l State of legal domicile: FL
Pa	art I	Summary			
lce		Briefly describe the organization's mission or most significant activities: FOR 1 EVERY MAN.	EVERY	CHURCH TO DI	SCIPLE
Activities & Governance	1	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets.
ver	3			3	10
ဗီ	1	Number of independent voting members of the governing body (Part VI, line 1b)			10
ళ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			61
itie		Total number of volunteers (estimate if necessary)			0
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
6	8	Contributions and grants (Part VIII, line 1h)		3,987,993.	4,215,085.
Revenue	9	Program service revenue (Part VIII, line 2g)		71,130.	34,998.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,087.	1,198.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-457,875.	30,456.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,606,335.	4,281,737.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,476,177.	2,555,968.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e dy	b	Total fundraising expenses (Part IX, column (D), line 25)	46.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		936,122.	1,009,309.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,412,299.	3,565,277.
		Revenue less expenses. Subtract line 18 from line 12		194,036.	716,460.
s or			Be	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)		3,047,486.	3,746,477.
tAs	21	Total liabilities (Part X, line 26)		899,869.	882,400.
Inet	22	Net assets or fund balances. Subtract line 21 from line 20		2,147,617.	2,864,077.

Part II Signature Block

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

Sign	Signature of officer		Date		
Here	BRETT CLEMMER, PRESIDENT				
	Type or print name and title				
	Print/Type preparer's name Preparer's	signature Date	Check PTIN		
Paid	SARAH E. MARSHALL, CPA SARAH	E. MARSHALL, C 04/29	/21 self-employed P00748415		
Preparer	Firm's name CARR , RIGGS & INGRAM ,	LLC	Firm's EIN 🕨 72–1396621		
Use Only	Firm's address 1031 W. MORSE BLVD., S	UITE 200			
	WINTER PARK, FL 32789-	3750	Phone no.407 644-7455		
May the IRS discuss this return with the preparer shown above? See instructions					
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)					

	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, EQUIPPING LEADERS, TRANSFORMING MEN. OUR ULTIMATE
	VISION IS TO SEE EVERY CHURCH DISCIPLE EVERY MAN, HELPING THEM LEAD
	POWERFUL LIVES TRANSFORMED BY JESUS CHRIST.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 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	
	AREA DIRECTORS - 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	
	RESOURCE MINISTRY (RESOURCES AND BOOKS) - MAN IN THE MIRROR 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.
4c	(Code:) (Expenses \$106,846. including grants of \$) (Revenue \$18,783.
4c	NMLB - MAN IN THE MIRROR TRAINS LEADERSHIP TEAMS WITH A PROVEN STRATEGY
4c	NMLB - MAN IN THE MIRROR TRAINS LEADERSHIP TEAMS WITH A PROVEN STRATEGY FOR DISCIPLING EVERY MAN IN THE CHURCH, THE NO MAN LEFT BEHIND MODEL.
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4c 4d	NMLB - MAN IN THE MIRROR TRAINS LEADERSHIP TEAMS 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.
4c 4d	NMLB - MAN IN THE MIRROR TRAINS LEADERSHIP TEAMS 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. Other program services (Describe on Schedule O.) (Expenses \$ 223,549. including grants of \$) (Revenue \$ 16,215.)
4c 4d 4d 4e	NMLB - MAN IN THE MIRROR TRAINS LEADERSHIP TEAMS 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. Other program services (Describe on Schedule O.)

			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	Х	L
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
Ŀ.	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u></u>
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
032003	12-23-20	Form	990	(2020)

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032003 12-23-20

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			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
		<u></u>	Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		162	
ia b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
5	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
03000			990	(2020)
032004	12-23-20			(2020)

	Form	990 (2020) MAN IN THE MIRROR, INC. 59-3178	628	Р	_{age} 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 51 bit at least one is reported on line 2a, did the organization file at required federal employment tax returns? 2b X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e</i> / <i>ib</i> (see instructions) 3a X bit The sum of lines 1 and 2a is greater than 250, you may be required to <i>e</i> / <i>ib</i> (see instructions) 3b X bit Thes, 'has it field a form 360-1 for files year? They'to' <i>bit and by part</i> ? 3b X bit Thes, 'has it field a form 360-1 for files year? They'to' bit and year of the regenoutly ward. 4a X bit Thes, 'has it field a form 360-1 for files year? They'to' bit and year (bit or greatization have an intermoding the say year? 5c X bit Thes, 'relate the name of the fragen country' 4a X X X bit Thes, 'relate the name of the organization file organization file organization have an ormally greater than 300,000, and dit the organization file organization file organization necket the relate of the organization necket the advect the organization file organization are orterible tax shear? 5c cite organization necked a charted extentible contributions under section 170(c). 3b X bit Thes, 'did the organizatio	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interpret on the 2and draw grand of with or within the year covered by this return Lab 61 b If at least one is reported on the 2a, dd the organization file all required fedral emptyment Tax returns? 2a X Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to a-dig (see instructions) 3a X A Id the organization have unstated basiness greas income of \$1,000 or more during the year? 3a X A A at y 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 is with a stank account, securities account, or other financial accounts (FEAR). X B 'Y hes,'' neare the name of the foreign country I have or is a party to a prohibited tax sheler transaction at any time during the tax year? 5a X C B Was the organization in a party to a prohibited tax sheler transaction at any time during the tax year? 5a X C B Was the organization in automic strate an ormal gene with that as normal gene with that are normal gene with the any party or goods and services provided? 5a X C B Was the organization in the organization in the value of the party for goods and services provided? 5a X C B Was the organization and was that are normal gene with the any service formal dearth that second the organization and the any transet dearth that are normal dearth that are normal gene with that are normal gene with that are normal gene with that are normal			_	Yes	No
b If a least one is reported on line 2a, dirth organization field an required to e-fiel (see instruction) 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 34 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 35 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 36 At any time the name of the forgin country 4a X 3c X 36 If **s; * insat filed a forgin country settle transaction and any time during the tax year? 5c Sc X 37 If **s; * insat filed a forgin country settle* transaction and any time during the tax year? 5c X 38 Us dary taxable party notify the organization file from 888.7 5c Sc Sc 39 Did any taxable party notify the organization in clude with every solicitation an express statement that such contributions expressions any onthe settle statement on any particle tax particle particle tax settle* 5c X 40 Did the organization include with every solicitation an express statement that such contributions equiling the year? 7c X 7 Tyse, "did the organization expressis and partify for	2a				
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it field a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14a X b Is the organization subject to the section 4960 t			8		
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11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 11b 11b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," has it filed a Form 4720, Schedule N. 15 X 15 X If "Yes," complete Form 4720, Schedule N. 16 X 15 X			-		
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Note: See the instructions for additional information the organization must report on Schedule O. Image: Construction of the provide of the			13a		
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14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	с				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X			14a		Х
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If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O. If "Yes," complete Form 4720, Schedule O. If Wes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.			
	16	•	16		X
		If "Yes," complete Form 4720, Schedule O.		000	(0057)

Form **990** (2020)

032005 12-23-20

Form	990	(2020))
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MAN IN THE MIRROR, INC.

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1 000 (
Part VI	Governance, Management, and Disclosure	For each "Yes" response to lines 2 through 7b be	elow, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances,		

ec	tion A. Governing Body and Management		
			Ye
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10		
	If there are material differences in voting rights among members of the governing body, or if the governing		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		
	officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		
	of officers, directors, trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>	
1a		7-	
	more members of the governing body?	7a	
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	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
			Ye
0a	Did the organization have local chapters, branches, or affiliates?	10a	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		
~		10b	
10	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X
		IId	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	in Schedule O how this was done	12c	X
3	Did the organization have a written whistleblower policy?	13	Х
4	Did the organization have a written document retention and destruction policy?	14	Х
5	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	Х
	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).		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
Ja		16-	
L	, , , , , , , , , , , , , , , , , , , ,	16a	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	
ec	tion C. Disclosure		
7	List the states with which a copy of this Form 990 is required to be filed FL , AK , CA , CO , DC , GA , HI , MD , MN ,	, MS ,	, N \
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avai
	for public inspection. Indicate how you made these available. Check all that apply.		
	X Own website Another's website X Upon request Other (explain on Schedule O)		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	cial
	statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records		
	BRETT CLEMMER - 407-472-2100		
	1375 STATE ROAD 436, CASSELBERRY, FL 32707		
		Form	00
	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	1 33

70-01361

Form 990 (2020) MAN IN THE MIRROR, INC.	59-3178628	Page 7			
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), regar 	dless of amount of compens	sation.			

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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRETT CLEMMER	40.00	_			-		-			
PRESIDENT & CEO				x				116,513.	0.	30,367.
(2) DALE REDDER	40.00									
VICE PRESIDENT & TREASURER				x				83,250.	Ο.	32,696.
(3) SHARON CAREY	40.00									
VP FINANCE & SECRETARY				x				89,962.	Ο.	4,624.
(4) PATRICK M. MORLEY	25.00									
EXECUTIVE CHAIRMAN		Х		Х				64,086.	0.	945.
(5) BRAD MORRIS	2.00									
DIRECTOR		Х						0.	0.	0.
(6) DAVID DELK	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DRU DALTON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) FRED MATEER	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SCOTT MCCURDY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) SHANE FLANNERY	2.00									
DIRECTOR		Х						0.	0.	0.
(11) TODD WOODARD	2.00									
DIRECTOR		Х						0.	0.	0.
(12) WILLIAM HELMS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) LAWRENCE SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ROBERT TUNMIRE	2.00									
DIRECTOR		Х						0.	0.	0.
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	990 (2020) MAN IN TH									59-31	78	628	Pa	age 8
Part	Jection A. Onicers, Directors, Trus		ploye	ees,			ghes	t C		· ,				
	(A) Name and title	(B) Average hours per week	box offic	not cl unles	ss per	nore son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	am	(F) timate iount other	
		(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(fro orga anc	oensa om the anizati I relate nizatio	e ion ed
			Ч	II	Of	Ke	Hi er	8						
	Subtotal Total from continuation sheets to Part VI							>	353,811.		0.	68	3,63	<u>32.</u> 0.
d	Total (add lines 1b and 1c)			<u></u>					353,811.		0.	68	3,63	32.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	UUU of reportable				1
•		- Constant for the set									ſ		Yes	No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	-		-	•	-		Ŭ	• •	•		3		Х
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from th	ne organization				
	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes." com	-				-			-			5		Х
	ion B. Independent Contractors													
	Complete this table for your five highest con the organization. Report compensation for t	-									ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C omper		า
	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than		Form	200	

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		/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(B)		
					(A) Total revenue	(D) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns 1a					
oun		b	Membership dues 1b					
Am C		с	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
ns, Simi				502,800.				
er o		f	All other contributions, gifts, grants, and	710 005				
i B H E H I H				712,285.				
nd		-	Noncash contributions included in lines 1a-1f		4,215,085.			
n C		h	Total. Add lines 1a-1f	Business Code	±,213,003•			
	2	а	TUITION FEES	900099	15,715.	15,715.		
Program Service Revenue	2		SEMINARS & SPEAKING FE	900099	13,721.	13,721.		
Ser			REIMBURSEMENTS & OTHER	900099	5,562.	5,562.		
		d			.,			
Bag		е						
Pre		f	All other program service revenue					
		g	Total. Add lines 2a-2f		34,998.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		1,198.			1,198.
	4		Income from investment of tax-exempt bond p	· · F				
	5		Royalties					
			(i) Real Gross rents 6a 11,079.	(ii) Personal				
	6							
			Less: rental expenses 6b 4,155. Rental income or (loss) 6c 6,924.	<u> </u>				
		c d	Net rental income or (loss)		6,924.			6,924.
	7		Gross amount from sales of (i) Securities	(ii) Other	0,5210			0,5210
	•	u	assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses 7b					
Revenue		с	Gain or (loss) 7c					
Rev			Net gain or (loss)	►				
Other	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	I				
			Less: direct expenses 8b					
	~		Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Less: direct expenses 9b					
				>				
	10		Gross sales of inventory, less returns					
		-		95,976.				
		b		72,444.				
			Net income or (loss) from sales of inventory		23,532.	23,532.		
			, , ,, , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,	Business Code				
e e	11	а						
ellanec evenue		b		ļ ļ				
cell Seve		с		ļ ļ				
Miscellaneous Revenue			All other revenue					
-			Total. Add lines 11a-11d			E0 520		0 100
	12		Total revenue. See instructions	🕨 🕴	4,281,737.	58,530.	0.	8,122.

MAN IN THE MIRROR, INC.

Form 990 (2020)

13500429 794202 70-01365.000

2020.03040 MAN IN THE MIRROR, INC. 70-01361

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Form 990 (2020)

MAN IN THE MIRROR, INC. 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).

0000	Check if Schedule O contains a reasons				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	422,443.	265,650.	79,373.	77,420.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,670,397.	1,495,206.	35,320.	139,871.
8	Pension plan accruals and contributions (include	-,,,,	_,,,		
5	section 401(k) and 403(b) employer contributions)	31,962.	25,661.	920.	5 381
0		199,039.	162,278.	16,454.	<u>5,381.</u> 20,307.
9 10	Other employee benefits	232,127.	198,099.	10,454.	23,065.
10	Payroll taxes	<u>474,14/•</u>			2J,00J.
11	Fees for services (nonemployees):				
	Management	135.		135.	
	Legal		201		20
	Accounting	19,559.	391.	19,132.	36.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	70,624.	70,624.		
12	Advertising and promotion	27,663.	19,477.	13.	8,173.
13	Office expenses	126,049.	88,059.	2,661.	35,329.
14	Information technology	96,847.	90,861.	2,531.	3,455.
15	Royalties	2,830.	2,830.		
16	Occupancy	56,474.	43,642.	8,473.	4,359.
17	Travel	103,521.	99,328.	256.	3,937.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,100.	31,280.	4,692.	3,128.
22		34,500.	4,517.	26,994.	2,989.
23 24	Other expenses. Itemize expenses not covered	51,500.			2,505.
24	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10 ^k of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) EVENT EXPENSE - FR	126,452.			126,452.
a L		113,337.	113,337.		140,4J4•
b		94,826.			
c	EVENTS - PROGRAMS		94,826.		
d	MISCELLANEOUS - PROGRAM	57,980.	57,980.	2 17 2 4	<u> </u>
	All other expenses	39,412.	33,237.	3,731.	2,444.
25	Total functional expenses. Add lines 1 through 24e	3,565,277.	2,897,283.	211,648.	456,346.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

032011 12-23-20

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11 2020.03040 MAN IN THE MIRROR, INC. 70-01361

		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			866,779.	1	1,547,586.
	2	Savings and temporary cash investments			500,364.	2	501,551.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			61,390.	4	107,179.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described		· · · · · · · · · · · · · · · ·		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			57,194.	8	59,620.
◄	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		1 514 531			
		basis. Complete Part VI of Schedule D	10a	1,714,531.	1 511 264		1 400 146
		Less: accumulated depreciation			1,511,364.	10c	1,480,146.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			10 020	13	10.020
	14	Intangible assets		<u>10,930.</u> 39,465.	14	<u> 10,930.</u> 39,465.	
	15	Other assets. See Part IV, line 11			3,047,486.	15	
	16	Total assets. Add lines 1 through 15 (must equa			67,513.	16 17	<u>3,746,477.</u> 80,918.
	17 18	Accounts payable and accrued expenses			07,515.	17	00,510.
	19	Grants payable Deferred revenue	721.	19	463.		
	20	Tax-exempt bond liabilities	, = = •	20			
	21	Escrow or custodial account liability. Complete F			21		
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F	786,944.	23	759,708.
	24	Unsecured notes and loans payable to unrelated		Г	-	24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			44,691.	25	<u>41,311.</u> 882,400.
	26	Tatal liskilities Add lines 17 through OF			899,869.	26	882,400.
		Organizations that follow FASB ASC 958, chee	ck here	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,105,958.	27	1,363,277.
Ba	28	Net assets with donor restrictions	1,041,659.	28	1,500,800.		
pun		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🛄			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
it A:	31	Retained earnings, endowment, accumulated inc		F		31	2 964 077
Re	32	Total net assets or fund balances			2,147,617. 3,047,486.	32	2,864,077.
	33	Total liabilities and net assets/fund balances			3,04/,400.	33	<u>3,746,477.</u>
							Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

MAN IN THE MIRROR, INC.

Form	1990 (2020) MAN IN THE MIRROR, INC.	59-3	178628	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,281		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,565		
3	Revenue less expenses. Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,147	7,6:	<u>17.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2,864	1,0	<u>77.</u>
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		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
_	Act and OMB Circular A-133?		3a		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2020)

032012 12-23-20

SCI	IED	ULE	Α
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Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2020	
Open to Public	

	Insp	pection	
-			-

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

Nan	ne of t	the organization						Employer	r identification number
		MAN	IN THE MIR	ROR, INC.				5	9-3178628
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box in
	_	lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
_		organization(s). You mus Type III functionally inte				tion with a	and functional	l, intograto	ad with
С		its supported organization	• • • •					iy integrate	eu with,
d		Type III non-functionally						ted organi	zation(s)
u		that is not functionally int	• •					•	
		requirement (see instructi			•		-		
е		Check this box if the orga	-	-				II Type III	
-		functionally integrated, or					.) po ., .) po	, . , p e	
f	Ente	er the number of supported of			0 0				
g		vide the following informatior	•						
		 Name of supported 	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 MAN IN THE MIRROR, INC. Part II Support Schedule for Organizations Described in Section

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3662189.	3298930.	3374835.	3987993.	4215085.	18539032.
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	2660100		0004005	2005000	404 5005	1050000
	Total. Add lines 1 through 3	3662189.	3298930.	3374835.	3987993.	4215085.	18539032.
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)						673,066.
	Public support. Subtract line 5 from line 4.						17865966.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3662189.	3298930.	3374835.	3987993.	4215085.	18539032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 0 0 7	1 0 0 1	10 000	12 200	10 077	20.000
	and income from similar sources	1,897.	1,891.	10,028.	13,206.	12,277.	39,299.
9							
	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.)						10570221
	Total support. Add lines 7 through 10						18578331.
	Gross receipts from related activities,	,	,			12	698,432.
13	First 5 years. If the Form 990 is for th						
800	organization, check this box and stor						
	ction C. Computation of Publi			(1)			96.17 %
	Public support percentage for 2020 (I					14	0.4 = 0
	Public support percentage from 2019					15	
108	33 1/3% support test - 2020. If the other have The experimentiate multilized						N V
h	stop here. The organization qualifies		•		line 15 is 22 1/20/		
D	33 1/3% support test - 2019. If the c						
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	-			-	7a and line 15 is	
D.	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organization				• •		
18	Trivate roundation. In the organizatio			a, 100, 17a, 01 170		dule A (Form 990	

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 MAN IN THE MIRROR, INC. 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here	•					·
Sec	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-25-21		<i>i</i>	i		edule A (Form 990) or 990-EZ) 2020
			15	5		•	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Pa	rt IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
<u>5ec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

13500429 794202 70-01365.000

b	Average monthly cash balances	1b	
с	1c		
d	1d		
е	Discount claimed for blockage or other factors		
	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	з	

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

3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting organ	nization (see
		-		

instructions)

Section A - Adjusted Net Income

1

2

Net short-term capital gain

Recoveries of prior-year distributions

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

(B) Current Year

(optional)

(A) Prior Year

1

2

Schedule A (Form 990 or 990-EZ) 2020	MAN	IN	\mathbf{THE}	MIRROR,	INC
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	<u>ed)</u>		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	· · · · · · · · · · · · · · · · · · ·	(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	s	Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
с	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 MAN	IN THE	MIRROR,	INC.		59-3178628	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	1. Provide the Bc, 4b, 4c, 5a, and 3; Part IV,	explanations re 6, 9a, 9b, 9c, 1 ⁻ Section E, lines	quired by Part II, I a, 11b, and 11c; I 1c, 2a, 2b, 3a, and	Part IV, Section B, line I 3b; Part V, line 1; Pa	s 1 and 2; Part IV, Section rt V, Section B, line 1e; Pa	C, rt V,
	Section D, lines 5, 6, and 8; and F (See instructions.)	art V, Section	E, lines 2, 5, an	d 6. Also complete	this part for any addi	tional information.	
032028 01-25-2	1				Sche	dule A (Form 990 or 990-	F7) 2020

Schedule A

023171 04-01-20

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ATIONAL CHRISTIAN FOUNDATION	1,044,633.	673,066
otal Excess Contributions to Schedule A, Part II, Line 5		673,066

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

59-3178628

Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

MAN IN THE MIRROR. INC.

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

General Rule

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

Special Rules

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

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

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

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

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

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 additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		- \$99,441. -	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
2		\$ <u>100,000.</u>	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		- \$ <u>150,000.</u>	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
4		\$ <u>502,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

2020.03040 MAN IN THE MIRROR, INC. 70-01361

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Name of organization

Employer identification number

59-3178628

MAN IN THE MIRROR, INC.

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

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

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Page 4

lame of or	ganization		Employer identification number
AN IN	I THE MIRROR, INC.		59-3178628
Part III	Exclusively religious, charitable, etc., contribution		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or le	. For organizations ss for the year. (Enter this info. once.) \$
a) No.	Use duplicate copies of Part III if additional s	pace is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d 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, an	d ZI P + 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		., -	
			[
F		(e) Transfer of gift]
			Polationship of the efference to the second
F	Transferee's name, address, an	u ∠ır' + 4	Relationship of transferor to transferee
454 11-25-	-20	I	Schedule B (Form 990, 990-EZ, or 990-PF) (20
		25	

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SCI	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the ora	anization answered "Yes" on Form 990.		2020
-	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service		90 for instructions and the latest information		Inspection
Nam	e of the organizati		INC		r identification number 9 - 3178628
Par	t I Organiza	MAN IN THE MIRROR, ations Maintaining Donor Advise	d Funds or Other Similar Funds or		
1 01	-	n answered "Yes" on Form 990, Part IV, lin		Accounts.	Complete li the
	organizatio		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year		. ,	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised f	unds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only	
			r donor advisor, or for any other purpose con	0	
Par					Yes No
			ganization answered "Yes" on Form 990, Part	IV, line 7.	
1		servation easements held by the organization of land for public use (for example, recrea		istorically impo	rtant land area
		f natural habitat	Preservation of a c		
		n of open space			
2		• •	ied conservation contribution in the form of a	conservation e	asement on the last
_	day of the tax year	• •			at the End of the Tax Year
а					
b		And and have a second data and a second second			
с	Number of conser		ucture included in (a)		
d			fter 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during	g the tax
	year 🕨				
4		where property subject to conservation eas			
5	U U	tion have a written policy regarding the per			
-		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easement	s during the year
7			ling of violations, and onforcing concernation	aaaamanta dur	ing the year
7	► \$	es incurred in morntoning, inspecting, nanc	ling of violations, and enforcing conservation	easements dur	ing the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
Ū					Yes No
9			on easements in its revenue and expense sta		
		-	ote to the organization's financial statements		the
	organization's acc	ounting for conservation easements.	-		
Par			Art, Historical Treasures, or Othe	r Similar As	sets.
		f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet v	vorks
			lic exhibition, education, or research in furthe	erance of public	
	· •		icial statements that describes these items.		_
b	-		8, to report in its revenue statement and bala		
		-	exhibition, education, or research in furthera	nce of public se	ervice,
		ng amounts relating to these items:		•	
				► ◄	
2	.,		asures, or other similar assets for financial ga	► Ψ in provide	
-		unts required to be reported under FASB A		, p. 9 100	
а	-			▶ \$	
	Assets included in				
		eduction Act Notice, see the Instructions			dule D (Form 990) 2020
	12-01-20				

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020	03040	

Sche		THE MIRROR					59	-317	8628	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other S	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the t	following that	t make sigr	nificant use	of its		,	
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how t	hey further th	ne organizatio	on's exemp	t purpose ii	n Part XI	II.		
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	n answered	"Yes" on F	orm 990, Pa	art IV, lin	e 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
								ŀ	Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	d "Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (c	I) Three years	s back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation the	at are held ar	nd administer	ed for the	organizatior	n			
	by:	C C					U U		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part l	V, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			t or other		umulated	(d) Book	valu	e
		basis (investr		basis	(other)		eciation				
1 a	Land			60	2,690.				602	2,6	90.
	Buildings				1,603.		93,160	•	838	3,4	43.
	Leasehold improvements										
	Equipment			18	0,238.	14	41,225		39	, 0	13.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colu	mn (R) line 1	0c)		•	1	,480),14	46.
	<u> </u>							nedule D			
									•		

Schedule D (F	orm 990)	2020	MAN	IN	THE	MIRROR,	INC.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(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, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Ves" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	41,311.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▲1,311.

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 MAN IN THE MIRROR, INC.			59-3	3178628 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,358,336.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,358,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	-76,599.		
с	Add lines 4a and 4b			4c	-76,599.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,281,737.
	Total Tota				1 1
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		<u>າ.</u>
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F		າ.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		n. 3,641,876.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Return	າ.
Pa 1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Return	າ.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Return	າ.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Return	າ.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	Return	n. <u>3,641,876.</u>
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Return	n. <u>3,641,876.</u> 76,599.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n. <u>3,641,876.</u>
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>3,641,876.</u> 76,599.
Pa 1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>3,641,876.</u> 76,599.
Pa 1 2 a b c d 3 4 a	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>3,641,876.</u> 76,599.
Pa 1 2 b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>3,641,876.</u> <u>76,599.</u> <u>3,565,277.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e 3	n. <u>3,641,876.</u> 76,599.

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

PART X, LINE 2:

THE ORGANIZATION HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR

UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD

SUBJECT THE ORGANIZATION TO ANY MATERIAL INCOME TAX EXPOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-72,444.
RENT EXPENSES	-4,155.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-76,599.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	72,444.
032054 12-01-20	Schedule D (Form 990) 2020

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RENT EXPENSES 4,155.	Schedule D (Form 990) 2020 MAN IN THE MIRROR, INC. Part XIII Supplemental Information (continued)	
	DENT EYDENCEC	
	TOTAL TO SCHEDULE D, PART XII, LINE 2D	76,599.
Schedule D (Form 990) 2020		Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	
Name of the organization		Employer identification number 59-3178628	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:			
EVENTS - 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 \$ 74,729. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,441.			
MONTHLY PARTNER PROGRAM AND OTHER MINISTRY ACTIVITIES EXPENSES \$ 148,820. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,774.			
FORM 990, PART V, LINE 3B:			
THE CRITERIA	TO EXCLUDE THE RENTAL INCOME FROM UBTI HAS BE	EN MET.	
FORM 990, PART VI, SECTION B, LINE 11B: THE 990 WILL BE REVIEWED AT A BOARD OF DIRECTORS MEETING OR VIA EMAIL BEFORE FILING THE RETURN.			
FORM 990, PART VI, SECTION B, LINE 12C:			
THE ORGANIZATION WILL RESEARCH ANY CONCERNS THAT RELATE TO A CONFLICT OF			
INTEREST WHEN MADE AWARE OF IT VERBALLY OR IN WRITING.			
FORM 990, PART VI, SECTION B, LINE 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, WA, WI			

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
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Name of the organization

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 PROCESS.

Schedule O (Form 990 or 990-EZ) 2020

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