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

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Quen to Public

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if MAN IN THE MIRROR, INC. Name change 59-3178628 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 407-472-2100 Final return/ 1375 STATE ROAD 436 4,611,791. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code CASSELBERRY, FL 32707 H(a) Is this a group return F Name and address of principal officer. BRETT CLEMMER for subordinates? \_\_\_\_ Yes X No pending H(b) Are all subordinates included? Yes No 1375 STATE ROAD 436, CASSELBERRY, FL 32707 I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or [ If "No." attach a list. See instructions J Website: ► WWW.MANINTHEMIRROR.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1993 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: FOR EVERY CHURCH TO DISCIPLE Activities & Governance EVERY MAN. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 62 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 13 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year** Current Year 4,395,335. 4,215,085. Contributions and grants (Part VIII, line 1h) 34,998. 41,966. 9 Program service revenue (Part VIII, line 2g) 1,198. 615. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 30,456. -325,648.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,281,737. 4,112,268. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 2,929,529. 2,555,968. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ......... Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,009,309. 795,228. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,724,757. 3,565,277. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 387,511. 716,460. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 Assets 4,107,188. 3,746,477. 20 Total assets (Part X, line 16) 882,400. 855,600. 21 Total liabilities (Part X, line 26) 2,864,077. 3,251,588. Net assets or fund balances. Subtract line 21 from line 20 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.

Cour Date Signature of officer Sign 2022 BRETT CLEMMER, PRESIDENT Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature SARAH E. MARSHALL, C 05/09/22 P00748415 SARAH E. MARSHALL, CPA self-employed Paid Firm's EIN > 72-1396621 Firm's name CARR, RIGGS & INGRAM, LLC Preparer Firm's address ▶ 1031 W. MORSE BLVD., SUITE 200 Use Only WINTER PARK, FL 32789-3750 Phone no. 407 644-7455 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SERVING PASTORS, 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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,414,851. including grants of \$) (Revenue \$)
	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.
	(Code:) (Expenses \$ 185,394 • including grants of \$) (Revenue \$ 13,279 • )
4b	(Code:) (Expenses \$185,394. including grants of \$) (Revenue \$13,279. )  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.
	GIVE THEM AWAI TO PRIEMDS, MEIGHDORD AND PEDDOW TARIBITIONERS FOR TREE.
4c	(Code:) (Expenses \$ 178,455 • including grants of \$) (Revenue \$)
	MIRROR LABS - MAN IN THE MIRROR PERFORMS RESEARCH TO BETTER UNDERSTAND
	THE CURRENT PROBLEMS FACING YOUNG MEN TODAY AND RALLY LOCAL LEADERS
	TOGETHER TO DEVELOP FRESH, EXPERIMENTAL SOLUTIONS TO BETTER ENGAGE MEN
	IN THEIR 20S AND 30S.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 356,223 · including grants of \$ ) (Revenue \$ 41,966 · )  Total program service expenses ▶ 3,134,923 ·
<u>4e</u>	Total program service expenses ► 3,134,923.  Form 990 (2021)
	Form <b>990</b> (2021)

Form 990 (2021) MAN IN THE MIRROR, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> a		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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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	Х	
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
	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	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
	, , ,	25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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 line 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			3,7
	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			₩.
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del> -
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Secti</u>	ion A. Governing Body and Management			
			Yes	No
1a E	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
t	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
	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		<u>X</u>
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
	Did the organization have members or stockholders?	6		<u>X</u>
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		<u>X</u>
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>-</b>		v
•	persons other than the governing body?	7b		<u>X</u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
		OD		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Secti	organization's mailing address? If "Yes," provide the names and addresses on Schedule O  ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a i	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
<b>c</b> [	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
(	on Schedule O how this was done	12c	Х	
13 [	Did the organization have a written whistleblower policy?	13	Х	
14 [	Did the organization have a written document retention and destruction policy?	14	Х	
<b>15</b> [	Did the process for determining compensation of the following persons include a review and approval by independent			
ŗ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
<b>b</b> (	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
	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		
	ion C. Disclosure  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	MC	NTS 7	мп
	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	ority) a	avallat	ле
	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)			
	LX Own website Another's website LX Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	Describe on Schedule O whether (and it so, now) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	miano	ıdı	
	State the name, address, and telephone number of the person who possesses the organization's books and records.			
}	State the name, address, and telephone number of the person who possesses the organization's books and records   BRETT CLEMMER - 407-472-2100			

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check mo				nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week	_	l a		l	1711 43		from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	)#0	Ke	Hig	For			
(1) BRETT CLEMMER	40.00	-						142 500	_	00 001
PRESIDENT & CEO	40.00			Х		_		143,580.	0.	29,871
(2) DALE REDDER	40.00	-						01 201	_	25 520
VICE PRESIDENT & TREASURER	40.00			Х		-		91,301.	0.	35,739
(3) SHARON CAREY	40.00	-		,,				104 051	_	F 014
VP FINANCE & SECRETARY	25.00			Х		┝		104,051.	0.	5,214
(4) PATRICK M. MORLEY EXECUTIVE CHAIRMAN	25.00	Х		х				70 527	0.	040
(5) BRAD MORRIS	2.00	Λ		Δ		$\vdash$		70,537.	0.	949.
DIRECTOR	2.00	Х						0.	0.	0.
(6) DAVID DELK	2.00	Λ				┢		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(7) DRU DALTON	2.00					$\vdash$		•	•	, ·
DIRECTOR	2000	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				<u> </u>		0.	0.	0.
(14) ROBERT TUNMIRE	2.00								_	_
DIRECTOR		Х				ऻ_		0.	0.	0.
		-								
		-	_			_				
		-								
			_	_	_	_				
		]	1		l			1		

Form **990** (2021)

59-3178628

Pai	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do not check more than one						Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is both	h an	compensation	compensation	ı	ar	nount	of
		week (list any		Cei al	iu a u	0010	Jirarus	100)	from	from related			other	.a.:
		hours for	Individual trustee or director						the	organizations (W-2/1099-MIS(			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	/د		rom th janizat	
		organizations	truste	Institutional trustee		ee/	Highest compensated employee		1099-NEC)	1000 1420)		_	d relat	
		below	idual	ution	 	Key employee	est co	er	1			orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	High	Former						
						-					$\dashv$			
						-	-	-			$\dashv$			
						-		<u> </u>			$\dashv$			
						1					$\dashv$			
											$\neg \dagger$			
			•											
											$\neg$			
1b	Subtotal							<b></b>	409,469.		0.	7	1,7	73.
	Total from continuation sheets to Part VI							ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	409,469.		0.	<u> </u>	1,7	<u>73.</u>
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				_
	compensation from the organization													2
_											Г		Yes	No
3	Did the organization list any <b>former</b> officer	•	,	,	•	,	•	·		•				v
	line 1a? If "Yes," complete Schedule J for s										⊦	3		X
4	For any individual listed on line 1a, is the su												Х	
_	and related organizations greater than \$150										···	4		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con	•				•			· ·			5		Х
Sec	etion B. Independent Contractors	ipiete Scrieduii	9 J T	or st	icn į	pers	son							21
1	Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontr	acto	rs th	nat received more than \$	100,000 of compe	ensati	ion fro		
•	the organization. Report compensation for										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(A)	-							(B)			(0	 C)	
	Name and business	address	N	INC	3				Description of s	ervices	Co		nsatio	n
								_						
								$\dashv$						
	Total number of independent acutus to a	noludina but -	o+ 15:	nit -	4+~	th a	20 1:-	*to =1	abovo) who received	are then				
2	Total number of independent contractors (i \$100,000 of compensation from the organi		אנ וור	mec	י נט		se iis )	ieu	above, who received mo	חוב נוומוו				
	w 100,000 of compensation from the organi	2au011										Form	990 (	2021)
											,	OIIII	(	_021)

					E MI	RROR, IN	C		59-3178	628 Page <b>9</b>
Pa	rt VI	III Statement of Rev	ven	ue						
		Check if Schedule O c	onta	ains a res	sponse	or note to any lin			(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ស្ល	1 a	a Federated campaigns		1	а					
ant	ŀ	<b>b</b> Membership dues			b					
n G		c Fundraising events				1,121,958.				
ifts ar A				1						
s, G nila		e Government grants (contri			e					
Ons	f	f All other contributions, gifts,								
outi ther		similar amounts not included			f	3,273,377.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g Noncash contributions included in I			g \$					
Cor	ŀ	h Total. Add lines 1a-1f					4,395,335.			
						<b>Business Code</b>				
ë	2 8	a SEMINARS & SPEAKING	FEE	S		900099	22,308.	22,308.		
Program Service Revenue	k	b TUITION FEES				900099	14,831.	14,831.		
Se		c REIMBURSEMENTS & OTH	IER	INCOME		900099	4,827.	4,827.		
am		d								
ogr	•	e								
P	f	f All other program service	reve	nue						
	9	g Total. Add lines 2a-2f					41,966.			
	3	Investment income (includ								
		other similar amounts)					615.			615.
	4	Income from investment o		-	-					
	5	Royalties								
					leal	(ii) Personal	-			
	6 a	a Gross rents	6a		3,308.					
	k	<b>b</b> Less: rental expenses	6b		5,894.					
	(	c Rental income or (loss)	6с		7,414.		7 414			7 414
	- (	d Net rental income or (loss)		(i) Sec	uritios	(ii) Other	7,414.			7,414.
	/ 8	a Gross amount from sales of		H''	unities	(II) Other	-			
		assets other than inventory	7a							
Ф	,	<b>b</b> Less: cost or other basis	76							
evenue	_ ا	and sales expenses  c Gain or (loss)	7b 7c				1			
eve		d Net gain or (loss)				<u> </u>				
er Re		a Gross income from fundraisir								
Other	"	including \$1,1	-	-						
•		contributions reported on			`					
		Part IV, line 18		•	8a	60,915.				
	k	<b>b</b> Less: direct expenses				407,256.				
		c Net income or (loss) from t					-346,341.			-346,341.
		a Gross income from gamin								
		Part IV, line 19			9a					
	k	<b>b</b> Less: direct expenses			- 1					
		c Net income or (loss) from	gam	ing activ	ities	<b>&gt;</b>				
	10 a	a Gross sales of inventory, le	ess i	returns						
		and allowances			10a	99,652.				
	k	<b>b</b> Less: cost of goods sold			10b	86,373.				
		c Net income or (loss) from s	sales	s of inver	ntory	<b>&gt;</b>	13,279.	13,279.		
S						Business Code				
Miscellaneous Revenue	11 a	a								
lane	k	b								
Sev.	(	c								
Mis	(	d All other revenue								

12 132009 12-09-21

-338,312. Form **990** (2021)

4,112,268.

e Total. Add lines 11a-11d

Total revenue. See instructions

55,245.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 302,160. 481,242. 93,459. 85,623. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  $1,953,\overline{519}$ 1,787,322. 34,848. 131,349. Other salaries and wages 7 Pension plan accruals and contributions (include 41,144. 34,829. 127. 6,188. section 401(k) and 403(b) employer contributions) 190,547. 162,785. 10,860. 16,902. Other employee benefits 9 263,077. 224,751. 12,906. 25,420. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 20,638. 20,638. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 50,554. 37,054. 13,500. column (A), amount, list line 11g expenses on Sch O.) 32,902. 20,283. 59. 12,560. Advertising and promotion 12 125,190. 121,463.  $3,\overline{727}$ . Office expenses 13 5,328. 102,931. 85,990. 11,613. Information technology 14 4,077. 4,077. 15 Royalties 60,888. 42,168. 3,553. 15,167. 16 Occupancy 112,115.98,226. 6,229. 7,660. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 <u>2</u>,959. 36,986. 18,493. 15,534. Depreciation, depletion, and amortization 22 33,589. 4,451. 26,122. 3,016. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 77,537. 77,537. SERVICES RENDERED - PRO **EVENTS - PROGRAMS** 59,239. 59,239. 23,142. 23,142. EQUIPMENT RENTAL & MAIN 10,731. 10,731. GIFTS - PROGRAM 44,709.  $20,2\overline{22}$ 13,075. 11,412. All other expenses 3,724,757. 3,134,923. 246,217. 343,617. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Pa	I L A	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,547,586.	1	1,894,006.
	2	Savings and temporary cash investments			501,551.	2	502,068.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		107,179.	4	167,697.	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			59,620.	8	49,665.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,714,531.			
	b	Less: accumulated depreciation		266,802.	1,482,332.	10c	1,447,729.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	8,744.	14	6,558.		
	15	Other assets. See Part IV, line 11		39,465.	15	39,465.	
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	3)	3,746,477.	16	4,107,188.
	17	Accounts payable and accrued expenses			80,918.	17	102,505.
	18	Grants payable		18			
	19	Deferred revenue		463.	19	2,332.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the				22	500 510
	23	Secured mortgages and notes payable to unrela			759,708.	23	720,510.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X	44 244		20 052
		of Schedule D			41,311.		30,253.
	26	Total liabilities. Add lines 17 through 25			882,400.	26	855,600.
S		Organizations that follow FASB ASC 958, che	eck here				
Š		and complete lines 27, 28, 32, and 33.			1 262 277		1 760 000
<u>ala</u> r	27				1,363,277.	27	1,768,800.
Ä	28	Net assets with donor restrictions			1,500,800.	28	1,482,788.
Ĕ		Organizations that do not follow FASB ASC 9	958, che	ck here  L			
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 064 077	31	2 251 500
ž	32	Total net assets or fund balances			2,864,077.	32	3,251,588.
	33	Total liabilities and net assets/fund balances			3,746,477.	33	4,107,188.

132012 12-09-21

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization MAN IN THE MIRROR, INC. 59-3178628 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3298930.	3374835.	3987993.	4215085.	4395335.	19272178.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	3298930.	3374835.	3987993.	4215085.	4395335.	19272178.				
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)						590,463.				
	Public support. Subtract line 5 from line 4.						18681715.				
Sec	ction B. Total Support				Г	T					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	3298930.	3374835.	3987993.	4215085.	4395335.	19272178.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,		10 000	10.005	40.000	4.0.00					
	and income from similar sources	1,891.	10,028.	13,206.	12,277.	13,923.	51,325.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)						10202502				
11	<b>Total support.</b> Add lines 7 through 10						19323503.				
12	Gross receipts from related activities,	`	,			12	702,594.				
13											
800							<b>P</b>				
	•			l (f))		44	96 68 %				
							26.45				
10a											
h											
b											
175											
174		-									
	· ·		•	-		•					
h		•	•								
J		ū				•	10/0 01				
	,		•								
18	•										
b 17a b	organization, check this box and stop here ection C. Computation of Public Support Percentage  4 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  14 96.68 %										

#### 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

### 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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.)

_		Yes	No
	1		
	2		
	За		
	3b		
	3с		
L	4a		
	4b		
	4c		
	5a		
	- Cu		
	5b		
	5с		
	6		
	7		
	Q		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ιιΙα Δ	(Form	n aan)	2021

Par	art 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	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		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	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.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A	(Form 990)	2021	MAN	IN	THE	MIRROR,	INC.			59-3	178628	Page (
Par	t۷	Type III	Non-Function	าally I	nteg	rated	509(a)(3) Su	pporting	Organizatio	ns			
1		Check here	e if the organization	n satis	fied th	e Integr	al Part Test as	a qualifying	trust on Nov. 20	, 1970 ( <sub>e</sub>	explain in Part VI	. See instru	ctions.

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).			

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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 (describe in Part VI). 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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

MAN IN THE MIRROR, INC.

Employer identification number

59-3178628

Organization type (check one):									
Filers of:		Section:							
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization							
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
		527 political organization							
Form 99	0-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules								
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year							
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).								

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### MAN IN THE MIRROR, INC.

59-3178628

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>111,000.</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
2		\$ 232,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>215,150.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 150,400.	Person X Payroll
(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 Occupate Part II for noncash contributions.)

Name of organization Employer identification number

### MAN IN THE MIRROR, INC.

59-3178628

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
		   \$	

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** 59-3178628 MAN IN THE MIRROR, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

MAN IN THE MIRROR, INC. 59-3178628

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization driented (150 or) or other observations	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic state of the periodic		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, <sub>l</sub>	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

	rt III   Organizations Maintaining C	Olloctions of Ar			acurac a	r Othor		-31/			age <b>∠</b>
	•								(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing tha	t make sıç	gnificant use o	ot its			
	collection items (check all that apply):										
a	Public exhibition	C		Loan or excl							
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's co							Part XI	III.		
5	During the year, did the organization solicit o										٦
Do	to be sold to raise funds rather than to be ma								Yes		No
Fai	reported an amount on Form 990, Par		ete if the	e organizatioi	n answered	"Yes" on	Form 990, Pa	rt IV, IIn	e 9, or		
	· · · · · · · · · · · · · · · · · · ·		:								
та	Is the organization an agent, trustee, custodi								V		٦ ٨ ٦
	on Form 990, Part X?							. Ш	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					Amoun		
_	Deginning belongs						40		anoun		
C	Beginning balance										
u	Additions during the year						1 1				
•	Distributions during the year										
20	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•	—		H	] <b>NO</b>
	t V Endowment Funds. Complete i						 N				
	Jon prote	(a) Current year		rior year	(c) Two yea		(d) Three years	back (	(e) Four	years	back
1a	Beginning of year balance	( )		<b>,</b>	( )			,	. ,	,	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1c	a. column (a)	) held as:						
а	Board designated or quasi-endowment	•	%	<b>y</b> , ().	,						
b	Permanent endowment	%									
		<u></u> , - %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held an	d administe	red for the	e organization				
	by:	-								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ad	cumulated	(	<b>d)</b> Boo	k value	е
		basis (investr	nent)	basis (		dep	reciation				
1a	Land				2,690.					2,69	
b	Buildings			93	1,603.	1	.15,779		81	5,82	24.
С	Leasehold improvements										
d	Equipment			18	0,238.	1	.51,023	4	2	9,2	15 <b>.</b>
е	Other										

Schedule D (Form 990) 2021

1,447,729.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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

#### Other Liabilities.

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

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE	30,253.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,253.

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

Sche	edule D (Form 990) 2021 MAN IN THE MIRROR, INC.			59-3	3178628	Dage <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re		<u> </u>	age •
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	•			
1				1	4,611,7	791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b						
С						
d						
е	Add lines 2a through 2d			2e		0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,611,7	791.
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			-499,523.			
-	Add lines <b>4a</b> and <b>4b</b>			4c	-499,5	523.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,112,2	268.
_	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	_		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1				1	4,224,2	280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,	
-		2a				
b						
c	Other losses					
d			499,523.			
	Add lines <b>2a</b> through <b>2d</b>			2e	499,5	523.
3	Subtract line 2e from line 1			3	3,724,7	757.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
	A 1112			4c		0.
				5	3,724,7	-
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	3,124,1	57.
		2aut IV   linea 4h	and Ob. Dark V. line 4	. Dad V	/ line Or Dest VI	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, Part A	x, iirie 2, Part XI,	
ΡΔΙ	RT X, LINE 2:					
11						
THE	E ORGANIZATION HAS NOT RECOGNIZED ANY RES	SPECTIVE	LIABILITY	FOR		
UNE	RECOGNIZED TAX BENEFITS AS IT HAS NO KNOW	N TAX PO	SITIONS TH	AT V	NOULD	
SUE	BJECT THE ORGANIZATION TO ANY MATERIAL IN	COME TAX	K EXPOSURE.			

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-86,373.
RENT EXPENSES	-5,894.
DIRECT FUNDRAISING EXPENSES	-407,256.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-499,523.

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SCHEDULE G (Form 990)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Quite www.iis.gov/i ormoso for instructions and the latest inform

Employer identification number

MAN IN	THE MIRROR, INC.				59-3178	628
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<u> </u>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration 
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z.	Schedule	G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	•	EZ, lines 1 and 6b. List e	, , ,	. ,
			(a) Event #1	(b) Event #2 FOUNDERS	(c) Other events NONE	(d) Total events (add col. (a) through
				WEEKEND		col. <b>(c)</b> )
ā			(event type)	(event type)	(total number)	551. <b>(5</b> )/
Revenue	1	Gross receipts	116,928.	1,065,945.		1,182,873.
	2	Less: Contributions	56,013.	1,065,945.		1,121,958.
	3	Gross income (line 1 minus line 2)	60,915.			60,915.
	4	Cash prizes				
ω	5	Noncash prizes				
kpense	6	Rent/facility costs	76,173.	314,496.		390,669.
Direct Expenses	7	Food and beverages		795.		795.
	8	Entertainment	5,500.			5,500.
	9	Other direct expenses	7,473.	2,819.		10,292.
	10				<b>•</b>	407,256.
	11	Net income summary. Subtract line 10 from lin				-346,341.
Pa	rt l	Gaming. Complete if the organization a				_
		\$15,000 on Form 990-EZ, line 6a.		I		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
R	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	cts gaming activities: _			Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the tax y	rear?	Yes No
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 MAN IN THE MIRROR, INC.	<u> 59-31</u>	<u> 1786</u>	<u> 528</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		·	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	1	<b>—</b> ,	Yes	No
12					
	Indicate the percentage of gaming activity conducted in:	ı	ا م		0.4
	The organization's facility		13a		<u>%</u>
b	An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
_	of gaming revenue retained by the third party > \$				
_					
С	If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<b>'</b>	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part	III. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	,,
	100, 100, 100, and 170, as approache. Also provide any additional illionination. Occ instructions.				

Schedule Gifform 990) MAN IN THE MIRROR, INC. 59–3178628 Page 4  Part IV Supplemental Information (continued)	Schedule G (Form 990)	MAN IN THE MIRROR,	INC.	59-3178628 Page 4
	Part IV   Supplemental Info	rmation <sub>(continued)</sub>		

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public Inspection

59-3178628

Internal Revenue Service Name of the organization

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

INC.

MAN IN THE MIRROR

Employer identification number

OMB No. 1545-0047

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

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BRETT CLEMMER	(i)	143,580.	0.	0.	0.	29,871.	173,451.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

FORM 990, PART III, LINE 2, **NEW PROGRAM SERVICES:** THE ORGANIZATION ADDED "MIRROR LABS" TO THE PROGRAM SERVICE ACCOMPLISHMENTS FOR TAX YEAR 2021. MIRROR LABS EXISTS TO BETTER UNDERSTAND THE CURRENT PROBLEMS FACING YOUNG MEN TODAY AND RALLY LOCAL LEADERS TOGETHER TO DEVELOP FRESH, EXPERIMENTAL SOLUTIONS TO MEET THE THE GOAL IS TO SERVE AS THE MIRROR UNIQUE FELT NEEDS OF THIS GROUP. MEETING YOUNG MEN WHERE THEY ARE TO LISTEN AND DEEPLY REFLECT ON THEIR EXPERIENCES AND THOUGHTS. AS WE LEARN AND OUTLINE PROBLEMS AS A MIRROR, WE SHIFT TO LABS. THROUGH CONNECTING LOCAL CHRISTIAN LEADERS AND PASTORS, WE COLLECTIVELY BEGIN TO DEVELOP EXPERIMENTAL APPROACHES AND FRESH SOLUTIONS TO THE CURRENT CHALLENGES. 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 \$ 105,115. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,308. 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 AND DEVELOP AN INTENTIONAL PLAN TO DISCIPLE ALL THEIR MEN OVER THE LONG TERM. EXPENSES \$ 129,785. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,831.

MONTHLY PARTNER PROGRAM AND OTHER MINISTRY ACTIVITIES

EXPENSES \$ 121,323. INCLUDING GRANTS OF \$ 0. REVENUE \$ 827.

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

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** 59-3178628 MAN IN THE MIRROR, INC. FORM 990, PART V, LINE 3B: THE CRITERIA TO EXCLUDE THE RENTAL INCOME FROM UBTI HAS BEEN 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 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.