## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

<u>A F</u>	or the	2022 calendar year, or tax year beginning and e	ending						
	Check if pplicable	C Name of organization		D Employer identifi	cation number				
Г	Addre	MAN IN THE MIRROR, INC.							
Ē	Name chang			59-31786	28				
	Initial return	T	Room/suite	E Telephone numbe	er				
Final		1375 STATE ROAD 436	,						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,613,177.				
	Ameno	casselberry, fl 32707		H(a) Is this a group r	eturn				
	Application	F Name and address of principal officer: BRETT CLEMMER		for subordinates					
	pendir	13/5 STATE ROAD 436, CASSELBERRY, FL 32	2707	H(b) Are all subordinates i	ncluded? Yes No				
<u> 1 1</u>	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions				
	<b>Nebsit</b>			H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 1993 i	<b>M</b> State of legal domicile; ${f FL}$				
Pa	art I	Summary							
Activities & Governance		Briefly describe the organization's mission or most significant activities: $FOR$ $EVERY$ $MAN$ .	EVERY	CHURCH TO D	ISCIPLE				
'n	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.				
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	10				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
80	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			68				
Viţi	6	Total number of volunteers (estimate if necessary)		6	10				
<b>Ç</b>	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	·····		0.				
				Prior Year	Current Year				
ē	1	Contributions and grants (Part VIII, line 1h)		4,395,335.	4,444,646.				
Revenue	1	Program service revenue (Part VIII, line 2g)		41,966.	78,093.				
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		615.	-16,359.				
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-325,648.	-857,917.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,112,268.	3,648,463.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	I .	Benefits paid to or for members (Part IX, column (A), line 4)		0. 2,929,529.	2,953,933.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  183,53		0.	0.				
Ϋ́	_b			795,228.	958,288.				
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,724,757.	3,912,221.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		387,511.	-263,758.				
	19	nevertue less experises. Subtract line 16 from line 12	Bei	ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		4,107,188.	3,720,305.				
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		855,600.	846,909.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,251,588.	2,873,396.				
Pa	art II	Signature Block		•					
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.					
		Brett Clemmer		8/17/20	)23				
Sig	n	Signature of officer		Date					
Her	е	BRETT CLEMMER, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	l l	Date Check [	PTIN				
Paid	I	SARAH E. MARSHALL, CPA SARAH E. MARSHAL	ь, с <u>о</u>	8/16/23 self-emplo					
-	arer	Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EIN 7	2-1396621				
Use	Only	Firm's address 1031 W. MORSE BLVD., SUITE 200							
		WINTER PARK, FL 32789-3750		Phone no. 40					
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

	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?
	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 \$ 2,622,890 • 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.
41-	(Code: ) (Expenses \$ 399,441 • including grants of \$ ) (Revenue \$ 0 • )
4b	(Code:) (Expenses \$
	BOOKS AND OTHER RESOURCE MATERIALS FOR PURCHASE BY CHURCHES, LEADERS,
	AND MEN DESIRING TO GROW IN THEIR FAITH. THESE RESOURCES INCLUDE:
	BOOKS, SMALL GROUP STUDY MATERIALS, AND MENTORING RESOURCES. ALL OF OUR
	RESOURCES ARE DESIGNED TO HELP MEN PURSUE GOD WHOLEHEARTEDLY, IN
	COMMUNITY WITH OTHER MEN.
4c	(Code:) (Expenses \$
-	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.
	THE THEIR ZOD AND SOD:
4d	Other program services (Describe on Schedule O.)
4d	

## Form 990 (2022) MAN IN THE MIRROR, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in 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	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,7
	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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ <del>-</del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ <del>-</del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- <del>"</del>		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2022)

## Form 990 (2022) MAN IN THE MIRROR, INC. Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C		28c		х
29	"Yes," complete Schedule L, Part IV	29		X
	Did the organization receive more than \$25,000 in nor-cash contributions: "If yes, complete schedule in	25		
00	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
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2022)

MAN IN THE MIRROR, INC.

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

0-	Fatew the number of employees reported an Form W.S. Transmittel of Wags and Tay Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 68			
b	filed for the calendar year ending with or within the year covered by this return	2b	х	
3a		3a	21	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b	-		
C	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-21
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form **990** (2022)

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 Schoolule O centains a response or note to any line in this Bort VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
000	tion A. Governing body and Management		V	NI-
4	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
ıa	,			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL , AK , CA , CO , DC , GA , HI , MD , MN	,MS	NV,	NH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRETT CLEMMER - 407-472-2100			
	1375 STATE ROAD 436, CASSELBERRY, FL 32707			

### 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(list how records or r	week st any		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	Reportable compensation from	Reportable compensation from related	<b>(F)</b> Estimated amount of other	
PRESIDENT & CEO  (2) DALE REDDER  VICE PRESIDENT & TREASURER  (3) GREGORY ENGLISH  AREA DIRECTOR  (4) SHARON CAREY  VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	st any log lated log log lated log		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations						
(2) DALE REDDER VICE PRESIDENT & TREASURER  (3) GREGORY ENGLISH  AREA DIRECTOR  (4) SHARON CAREY  VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0.00							104 074	•		
VICE PRESIDENT & TREASURER  (3) GREGORY ENGLISH  AREA DIRECTOR  (4) SHARON CAREY  VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0 00	Х		Х	Ш			134,374.	0.	29,699.	
(3) GREGORY ENGLISH  AREA DIRECTOR  (4) SHARON CAREY  VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0.00							00.050	•	26 262	
AREA DIRECTOR  (4) SHARON CAREY  VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  4(  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS				Х	Ш			98,258.	0.	36,069.	
(4) SHARON CAREY  VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  4(  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0.00							445 040	•	5 0 4 5	
VP FINANCE & SECRETARY  (5) JEREMY SCHURKE  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0 00				Ш	Х		117,910.	0.	5,047.	
(5) JEREMY SCHURKE  VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0.00							110 205	•	F 400	
VP OF CREATIVE STRATEGIES  (6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0 00			Х	$\vdash\vdash$			110,387.	0.	5,499.	
(6) PETER HONE  NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0.00					,,		106 000	0	4 606	
NATIONAL DEVELOPMENT DIRECTOR  (7) PATRICK M. MORLEY  EXECUTIVE CHAIRMAN  (8) BRAD MORRIS	0 00				Ш	X		106,082.	0.	4,626.	
(7) PATRICK M. MORLEY EXECUTIVE CHAIRMAN (8) BRAD MORRIS	0.00					,,		100 110	0	4 200	
EXECUTIVE CHAIRMAN (8) BRAD MORRIS	F 00				Н	X		100,110.	0.	4,320.	
(8) BRAD MORRIS	5.00							60 730	0	0.51	
	2 00			Х	Н			69,739.	0.	951.	
DIRECTOR	2.00							_	0	0	
(9) DAVID DELK	2 00	Х			Н			0.	0.	0.	
(9) DAVID DELK DIRECTOR	2.00	Х						0.	0.	0	
	2.00	Λ			$\vdash\vdash$			0.	0.	0.	
DIRECTOR	<b>2.</b> 00	Х						0.	0.	0.	
	2.00	Λ			$\vdash\vdash$			0.	0.	0.	
DIRECTOR/CHAIRMAN	4.00	Х						0.	0.	0.	
	2.00				$\vdash$			0.	0.	<u> </u>	
DIRECTOR	2.00	х						0.	0.	0.	
	2.00	25			$\vdash$			•	•	•	
DIRECTOR	2.00	х						0.	0.	0.	
	2.00	25			Н			•	•	•	
DIRECTOR		х						0.	0.	0.	
	2.00		Н		$\vdash$						
DIRECTOR		х						0.	0.	0.	
	2.00				$\Box$				3.	3.	
DIRECTOR		х						0.	0.	0.	
					$\Box$						
		1									

Form 990 (2022)

	990 (2022) MAN IN TH									59-3	178	628	Pa	age 8
Par	(A) Name and title  Section A. Officers, Directors, Trustees, Key Em  (B) Average hours per week			(B) Average nours per week  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from	(continued) (E) Reportable compensatio	on	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/ from the			e ion ed
			-											
			•											
	Subtotal								736,860.		0.	8 (	6,21	11.
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							736,860.		0.		6,21	0.
<u> </u>	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	<u> </u>		Yes	5 <b>N</b> o
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	х	
	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		Х
	Complete this table for your five highest conthe organization. Report compensation for the	•	•						the organization's tax y		pensat			
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	C	(C comper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than				
	y 100,000 of compensation from the organiz					_	-					Form <sup>9</sup>	990 (2	2022)

Form 990 (2022) MAN IN
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to anv lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ည ည	1	a Federated campaigns1a					
an		b Membership dues 1b					
يَ ق		c Fundraising events 1c	816,067.				
ifts		d Related organizations 1d	•				
nila		e Government grants (contributions)					
Sir		f All other contributions, gifts, grants, and					
uti		similar amounts not included above 1f	3,628,579.				
Q ţ		g Noncash contributions included in lines 1a-1f	, ,				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		4,444,646.			
Φ	2	a SEMINARS & SPEAKING FEES	900099	35,651.	35,651.		
, vic	_	h REIMBURSEMENTS & OTHER INCOME	900099	23,535.	23,535.		
Ser		C TUITION FEES	900099	18,907.	18,907.		
an Ve		d		,	,		
Program Service Revenue		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f		78,093.			
	3	Investment income (including dividends, inte					
		other similar amounts)		542.			542.
	4	Income from investment of tax-exempt bond					
	5	Royalties	· ·				
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	ii) Other				
		assets other than inventory 7a					
		<b>b</b> Less: cost or other basis					
ē		and sales expenses <b>7b</b>	16,901.				
en		c Gain or (loss) 7c	-16,901.				
Rev		d Net gain or (loss)		-16,901.			-16,901.
her Revenue		a Gross income from fundraising events (not					
₹		including \$816,067. of					
		contributions reported on line 1c). See					
		Part IV, line 18	3a 13,487.				
			826,688.				
		<ul> <li>Net income or (loss) from fundraising events</li> </ul>		-813,201.			-813,201.
		a Gross income from gaming activities. See					
		Part IV, line 19	Эа				
			9b				
		c Net income or (loss) from gaming activities_					
	10	a Gross sales of inventory, less returns					
		and allowances1	<b>0a</b> 76,409.				
		b Less: cost of goods sold1	<b>0b</b> 121,125.				
		c Net income or (loss) from sales of inventory		-44,716.	-44,716.		
s			Business Code				
Miscellaneous Revenue	11	a					
ane		b	-				
cell Sev		c	-				
Mis		d All other revenue					
		e Total. Add lines 11a-11d		2 6 12 15			065.75
	12	Total revenue. See instructions	<u></u>	3,648,463.	33,377.	0.	-829,560.

232009 12-13-22

Form **990** (2022)

## Form 990 (2022) MAN IN THE MIRROR, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	484,976.	310,356.	96,240.	78,380.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,936,480.	1,866,022.	57,888.	12,570.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	50,608.	42,295.	1,550.	6,763.
9	Other employee benefits	193,340.	158,464.	22,818.	12,058.
10	Payroll taxes	288,529.	243,538.	16,915.	28,076.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	500.		500.	
С		20,250.		20,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	85,553.	74,831.	804.	9,918.
12	Advertising and promotion	30,308.	17,434.	985.	11,889.
13	Office expenses	126,680.	119,119.	6,846.	715.
14	Information technology	104,167.	90,528.	7,932.	5,707.
15	Royalties	120.	120.		
16	Occupancy	59,230.	55,158.	4,072.	
17	Travel	173,283.	171,422.	1,861.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,757.	38,206.	3,820.	5,731.
23	Insurance	55,083.	19,498.	28,476.	7,109.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		20.515		
а	EVENTS - PROGRAMS	92,641.	92,641.		
b	SERVICES RENDERED - PRO	91,814.	91,814.		
С	MISCELLANEOUS - PROGRAM	16,609.	16,609.		
d	EQUIPMENT RENTAL & MAIN	15,337.	15,337.	10 506	4 600
е	All other expenses	38,956.	23,627.	10,706.	4,623.
25	Total functional expenses. Add lines 1 through 24e	3,912,221.	3,447,019.	281,663.	183,539.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,894,006.	1	1,391,489.		
	2	Savings and temporary cash investments			502,068.	2	502,594.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	167,697.	4	107,651.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied per	ons sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			49,665.	8	83,545.
ĕ	9	5			0.	9	53,681.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,760,429.			
	b	Less: accumulated depreciation		277,528.	1,447,729.	10c	1,482,901.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	6,558.	14	55,344.		
	15	Other assets. See Part IV, line 11	39,465.	15	43,100.		
	16	Total assets. Add lines 1 through 15 (must equa	4,107,188.	16	3,720,305.		
	17	Accounts payable and accrued expenses	102,505.	17	113,040.		
	18	Grants payable		18			
	19	Deferred revenue			2,332.	19	3,262.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of thes			E00 E10	22	680 635
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	720,510.	23	679,635.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-	· .	20 252		E0 072
		of Schedule D			30,253. 855,600.		50,972. 846,909.
	26			• X	655,600.	26	040,303.
g		Organizations that follow FASB ASC 958, chec	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			1,768,800.	27	1,974,606.
ala	27	Net assets with donor restrictions			1,482,788.	28	898,790.
В	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 95			1,402,700.	20	030,7300
n I		and complete lines 29 through 33.	o, che	ck liefe			
ō	20	•				29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
\ss	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,251,588.	32	2,873,396.
Ž	33	Total liabilities and net assets/fund balances	1	4,107,188.	33	3,720,305.	
					-,,,	-	Form <b>990</b> (2022)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,64					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,91					
3	Revenue less expenses. Subtract line 2 from line 1	3	-26					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	-11	4,4	<del>34.</del>			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,87	3,3	96.			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b					
			Form	990	(2022)			

232012 12-13-22

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Name of the organization

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

Inspection
Employer identification number 59-3178628

		MAN	IN THE MIRE	ROR, INC.				5	9-3178628	
Pa	ırt I	Reason for Public (	Charity Status. (	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general į	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	ganization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exen		•	` '				•	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
	$\Box$	See section 509(a)(2). (Con					201 1141			
11	H	An organization organized a								
12		An organization organized a	·	· · ·	-			•	•	
		more publicly supported or	-						Sheck the box on	
-		lines 12a through 12d that of <b>Type I.</b> A supporting orga	* *					-	aivina	
а	· L	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-				
		organization. <b>You must o</b>		• • • •	majority o	i tric direc	iors or trustee	23 01 1110 30	арроппід	
b		Type II. A supporting org	=		ion with its	s sunnorte	ed organization	n(s) hy hav	/ina	
~	, <u> </u>	control or management o	· ·				-			
		organization(s). You mus			arrio porco	110 11101 00	The or manag	jo ano oup	501154	
c	. [	Type III functionally inte			in connect	ion with, a	and functional	lv integrate	ed with.	
		its supported organization	-					.,		
d		Type III non-functionally	. , ,	·	•	-	•	ted organi:	zation(s)	
		that is not functionally int						_		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
0		vide the following information			(i)   - +h					
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)	
Tota	al									

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

(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	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	. ,		, ,	,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	3374835.	3987993.	4215085.	4395335.	4444646.	20417894.
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	3374835.	3987993.	4215085.	4395335.	4444646.	20417894.
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)						568,819.
6	Public support. Subtract line 5 from line 4.						19849075.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3374835.	3987993.	4215085.	4395335.	4444646.	20417894.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,028.	13,206.	12,277.	13,923.	542.	49,976.
9	Net income from unrelated business	.,	. ,	,	- ,	-	
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						20467870.
	Gross receipts from related activities,	etc (see instruction	ns)			12	777,335.
	First 5 years. If the Form 990 is for the						,
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		14	96.98 %
	Public support percentage from 2021					15	96.68 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual	•		•		*	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
r	10% -facts-and-circumstances test	-	•	*	-	7a. and line 15 is	
	more, and if the organization meets the	•				•	. 2,0 0.
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-		• • •		s
<u></u>	The second secon	a.a . lot offoot a f		., ,	, 555.K 1115 50% al		(Form 990) 2022

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b	- 000\	

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ı uı	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?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	J		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	J		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>:</u>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	a I		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1							
	All other Type III non-functionally integrated supporting organizations must						
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	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	on 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-functional		d Type III supporting orga	nization (see			
	instructions).						

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
NATIONAL CHRISTIAN FOUNDATION	978,176.	568,819
		568,819

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2022

Schedule B (Form 990) (2022)

**Employer identification number** 

59-3178628 MAN IN THE MIRROR INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

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		\$ 227,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$103,600 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 91,810.	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 Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization

### MAN IN THE MIRROR, INC.

59-3178628

Part II	Noncash Property (see instructions). Use duplicate copies of 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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 59-3178628 MAN IN THE MIRROR, INC. 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 B (Form 990) (2022)

### 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

2022
Open to Public Inspection

Name of the organization

MAN IN THE MIRROR, INC.

Employer identification number 59-3178628

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X					;	φ

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

	t III Organizations Maintaining C	ollections of Ar	t Hiet	orical Tre	acurac o	r Other	· Similar /		10020		age Z
	•								(contir	iued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
a											
b	Scholarly research	e	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							in Part	XIII.		
5	During the year, did the organization solicit o								7	_	7
D	to be sold to raise funds rather than to be ma								_ Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on	Form 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					A		
							<u> </u>		Amoun		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
	Ending balance								7		7
	Did the organization include an amount on F						ty?	L	Yes	늗	∐ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										
Fai	T V Endowment Funds. Complete							ro book	(a) Four		hook
		(a) Current year	(D) P	rior year	(c) Two yea	IS DACK	(d) Three yea	IS DACK	(e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	е		ſ	· ·	
	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								3b		
Do:	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm		D-4 D	/ 15 <b>44</b> - 0	000	D-4V					
	Complete if the organization answere	1	-								
	Description of property	(a) Cost or o			or other		ccumulated		<b>(d)</b> Boo	k valu	е
		basis (investr	nent)		(other)	dep	oreciation				
	Land				2,690.		150 501			2,69	
	Buildings			1,02	8,198.	1	L50,793	3 •	8.7	7,4	U5.
	Leasehold improvements	<b>I</b>		4.0	0 5 4 4		106 50	_			~ _
	Equipment			12	9,541.	1	L26,735	٠-		2,8	U6.
е	Other	1						1			

Schedule D (Form 990) 2022

1,482,901.

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

Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 000 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
	(S) Dook value	(5) Montage of Valuation, Cost of Or	or your market value
(1)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE			50,97
(3)			
(3) (4)			
(4)			
(4) (5)			
(4) (5) (6)			
<ul><li>(4)</li><li>(5)</li><li>(6)</li><li>(7)</li></ul>			50,97

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

Part XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	4,596,276.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments				
<b>b</b> Donated services and use of facilities				
c Recoveries of prior year grants	1 1			
d Other (Describe in Part XIII.)	-			0
e Add lines 2a through 2d			2e 3	4,596,276.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			3	4,330,270.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		-947,813.		
c Add lines 4a and 4b		-	4c	-947,813.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,648,463.
Part XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per F	Returr	).
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total expenses and losses per audited financial statements			1	4,860,034.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities				
<b>b</b> Prior year adjustments	2b			
c Other losses		0.47 012		
d Other (Describe in Part XIII.)	•	947,813.		047 013
e Add lines 2a through 2d			2e	947,813. 3,912,221.
3 Subtract line 2e from line 1			3	3,912,221.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
<ul> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> </ul>				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,912,221.
Part XIII Supplemental Information.				, , ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line 4	; Part X	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	dditional inforr	nation.		
PART X, LINE 2:				
THE ODGANIZATION HAG NOT DECOGNIZED ANY DEG		T T A D T T T T T T T T T T T T T T T T	E O D	
THE ORGANIZATION HAS NOT RECOGNIZED ANY RESI	PECTIVE	LIABILITY	FOR	
UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN	<b>ህ ሲጀል ይ</b>	אפדיידטאפ ייש	<b>Δ</b> Τ Τ	מ.זוזח <i>ו</i>
ONRECOGNIZED TAX DENEFTIS AS IT HAS NO KNOWL	N IAA F	DELLIONS III	VT A	<u>иоопр</u>
SUBJECT THE ORGANIZATION TO ANY MATERIAL INC	COME TAX	EXPOSURE.		
	301111 1111	I DIII ODOILD !		
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
COST OF GOODS SOLD				-121,125.
DIRECT FUNDRAISING EXPENSES				-826,688.
				0.45
TOTAL TO SCHEDULE D, PART XI, LINE 4B				-947,813.
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
IIMI AII, DIND 2D OTHER ADUUGINERIS.				
COST OF GOODS SOLD				121,125.
232054 09-01-22			Sched	ule D (Form 990) 2022

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  MAN IN THE MIRROR, INC.							Employer identification number		
		59-3178							
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not		
Indicate whether the organization rais	ed funds through any of the followin  e Solicita  f Solicita  g Special  or oral agreement with any individual	tion of tion of fundra (includ	non-g gover aising of	overnment grants nment grants events ficers, directors, trus	tees,	or <b>Yes</b>	□No		
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu				ne fur				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total									
3 List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration		

232081 10-27-22

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FOUNDERS		(add col. (a) through
			GALA	WEEKEND	1	col. (c)
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	100,063.	727,691.	1,800.	829,554.
æ						
	2	Less: Contributions	88,376.	727,691.		816,067.
	3	Gross income (line 1 minus line 2)	11,687.		1,800.	13,487.
	4	Cash prizes			555.	555.
	5	Noncash prizes				
ses			<b></b>	686 640	46 255	T.C. 0.C.0
oeu	6	Rent/facility costs	73,993.	676,618.	16,357.	766,968.
Direct Expenses			641	4.40	2 505	4 004
ect	7	Food and beverages	641.	448.	3,795.	4,884.
亩					100	120
	8	Entertainment	6,321.	3,454.	120. 44,386.	120. 54,161.
	9	Other direct expenses				826,688.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines				-813,201.
Pa	rt I			1990 Part IV line 19 or r	reported more than	013,201.
		\$15,000 on Form 990-EZ, line 6a.	anowered res entrem	1000, 1 41114, 11110 10, 01 1	oported more than	
		,		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
JSe						
Direct Expenses	3	Noncash prizes				
Ĥ						
ie	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		Not consider in consequence Outstand line 7	form the decision (all)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	ete gamina activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				1es 140
	"	To, Oxpiditi.				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended. or te	rminated during the tax v	rear?	Yes No
		Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Schedule	e G (Form 990) 2022 MAN IN THE MIRROR, INC.	<u> 59-3.</u>	17862	8 Page <b>3</b>
<b>11</b> Doe	es the organization conduct gaming activities with nonmembers?		Yes	s No
	ne organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	idminister charitable gaming?		Yes	s No
	cate the percentage of gaming activity conducted in:			
	organization's facility		13a	%
	outside facility		13b	
	er the name and address of the person who prepares the organization's gaming/special events books and records		100	
14 -	er the name and address of the person who prepares the organization's gaming/special events books and records	/ <u>-</u>		
Nar	ne			
Add	dress			
<b>15a</b> Doe	es the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	s L No
<b>b</b> lf "ነ	res," enter the amount of gaming revenue received by the organization \$ and the amo	unt		
of g	aming revenue retained by the third party \$			
c If "ነ	es," enter name and address of the third party:			
Nar	ne			
Add	dress			
<b>16</b> Gar	ning manager information:			
10 Gai	ming manager information.			
Nar	no.			
ivai				
0				
Gar	ming manager compensation \$			
Des	cription of services provided			
_				
	Director/officer Employee Independent contractor			
<b>17</b> Mar	ndatory distributions:			
a Is th	ne organization required under state law to make charitable distributions from the gaming proceeds to			
reta	in the state gaming license?		Yes	s No
<b>b</b> Ente	er the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	anization's own exempt activities during the tax year \$			
Part IV		and Part	III. lines 9	9. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	2, 22, 122,
	100, 100, 10, and 170, as approado. The provide any additional information. Coo methodoloric.			
-				
-				

Schedule G	i (Form 990)	MAN	IN THE	MIRROR,	INC.	59-3178628	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)				
			(00000000000000000000000000000000000000				
_							
-							

### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

MAN IN THE MIRROR, INC.

 $Employer\ identification\ number \\ 59-3178628$ 

Pa	rt I Questions Regarding Compensation	170020		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D		16		
,	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			
ļ	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
3	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?			X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		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
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_		a		
	Regulations section 53.4958-6(c)?	9		

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

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

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

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

(A) Name and Title		(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRETT CLEMMER	(i)	134,374.	0.	0.	0.	29,699.	164,073.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 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 \$ 76,263. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,470. NMLB - MAN IN THE MIRROR TRAINS LEADERSHIP TEAMS WITH A PROVEN STRATEGY FOR DISCIPLING EVERY MAN IN THE CHURCH, THE NO MAN LEFT BEHIND MODEL. THE MODEL HELPS LEADERS CAST VISION, ASSESS THE SPIRITUAL STATE OF THEIR MEN, AND DEVELOP AN INTENTIONAL PLAN TO DISCIPLE ALL THEIR MEN OVER THE LONG TERM. EXPENSES \$ 149,295. INCLUDING GRANTS OF \$ 0. REVENUE \$ 18,907. MONTHLY PARTNER PROGRAM AND OTHER MINISTRY ACTIVITIES EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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

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

Schedule O (Form 990) 2022

FOR THEIR CONSIDERATION.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization  MAN IN THE MIRROR, INC.	Employer identification number 59-3178628
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
FL,AK,CA,CO,DC,GA,HI,MD,MN,MS,NV,NH,ND,OH,SC,TN,UT,VA,WV,W	A,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 PR	OCESS.